

OSHGAC

The Honorable Robert Hackett
Chairman, Senate Insurance and Financial Institutions Committee
1 Capitol Square
Columbus, OH 43215

Re: HB 679 - Telehealth

Chairman Hackett:

I contact you today on behalf of the Ohio Speech and Hearing Governmental Affairs Coalition (OSHGAC) regarding HB 679, which expands telehealth services in Ohio. OSHGAC is made up of representatives from the Ohio Academy of Audiology, the Ohio Council of Speech & Hearing Administrators, the Ohio School Speech-Pathology and Educational Audiology Coalition and the Ohio Speech-Language and Hearing Association. In all, our coalition represents more than 2500 speech and hearing health care professionals across Ohio. OSHGAC wholeheartedly supports expanding telehealth services and would like to thank the sponsors for including audiology and speech-language pathology services in the bill. We also appreciate the changes made to the bill that removed the initial and annual in-person visit requirements. Such requirements seem to undermine the true intent of expanding telehealth services and serve as barriers to care.

By increasing telehealth opportunities, Ohio is able to extend clinical services to remote, rural, and underserved communities and to culturally and linguistically diverse populations. The speech and hearing health care needs are real in remote and rural parts of Ohio, yet there is a workforce shortage of speech-language pathologists (SLPs) and audiologists in these areas. These are also areas that have a high percentage of Medicaid consumers. We have seen an increase in access to care since Ohio allowed tele-speech and tele-audiology services in these areas in March 2020.

Additionally, telehealth reduces the burden of care for families whose children's academic and vocational futures depend on having access to high-quality evidence-based care. Speech therapy requires multiple appointments over a period of many months, and most appointments are necessarily scheduled during the day. Parents often have to take off work and get childcare for other children not receiving services. In addition to the time of the session, they have to take time to drive or take public transit to and from the appointment.

Telemedicine allows sessions to be scheduled in a way that better meet the needs of the patients and families, and also at a frequency that promotes faster progress. Due to the travel, work and

childcare issues noted above, sessions are usually scheduled for an hour per week. However, most children, particularly preschoolers, would gain more if the sessions were shorter and more frequent. Motor learning principles support short, distributed sessions throughout the week rather than one long session during the week for the best progress.

Research evidence clearly suggests that tele-speech and tele-audiology are evidence-based means for delivering these services, comparable to in-person services in benefit. Systematic reviews of multiple published studies have found telepractice to be effective in children for the treatment of language disorders (Wales, Skinner, & Hayman, 2017), speech sound disorders (Coulal, Parham, Jakubowitz, Howell, & Reyes, 2018), autism (Boisvert, Lang, Andrianopoulos, & Boscardin, 2010) and stuttering (McGill, Noureal, & Siegel, 2019) and, further, that delivery of family-centered early intervention for children who were deaf and hard of hearing through telepractice was an effective model of service delivery (McCarthy, Leigh, & Arthur-Kelly, 2018). In addition to being effective, tele-speech and tele-audiology services are often preferred by clients as compared to face-to-face models (Gabel, Grogan-Johnson, Alvares, Bechstein, & Taylor, 2013; Grogan-Johnson, Alvares, Rowan, & Creaghead, 2010; Swanepoel, Mngamane, Molemong, Mkwanazi, & Tutshini, 2010). For all of these reasons, we fully support the inclusion of speech-language pathology and audiology services in proposed the bill.

The Ohio House of Representatives wisely removed language in the bill requiring patients receive an initial in-person visit with a health care provider prior to receiving telehealth services as well as a face-to-face visit with a provider each year. GAC believes that a requirement for a face-to-face visit is practically cumbersome, serves as a barrier to care, and should be left to the discretion of the health care professional. In-person visits are particularly challenging for low income individuals, as they require time off work, access to transportation, and possible childcare costs. Except for West Virginia, no other state requires an in-person visit as a requirement for telehealth. Texas and Colorado previously had an in-person visit requirement; however, both have since rescinded that mandate. Again, we believe that health care professionals are in the best position to determine whether an in-person examination is necessary to meet the applicable standard of care as opposed to the state implementing a broad requirement for all individuals. We should urge the Senate to support the House-passed version of HB 679, which does not contain these restrictive, in-person visit requirements.

On behalf of OSHGAC, I would like to thank you for considering this testimony as you review HB 679 and I would also like to thank Representatives Fraizer and Holmes for their diligent work on this important piece of legislation.

Sincerely,

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Executive Director, Cleveland Hearing and Speech Center