



Senate Bill 305
Proponent Testimony
Ohio Senate Insurance and Financial Institutions Committee

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December 1, 2020

Chairman Hackett, Vice Chairman Hottinger, Ranking Member Craig, and members of the Senate Insurance and Financial Institutions Committee, thank you for allowing me to submit a written statement supporting Senate Bill 305. The bill would codify coverage for telehealth through private health plans during an emergency declared by the Governor or U.S. President. I commend Senator Craig for addressing this important issue on behalf of patients and providers.

On November 18, I had the opportunity to present proponent testimony on HB 679, which would permanently codify private and Medicaid coverage for telehealth services. SB 305 would provide an important complement to that approach by addressing needed care during a declared emergency.

One of the nation's leading academic health centers, The Ohio State University Wexner Medical Center (OSUWMC) offers health care services in virtually every specialty and subspecialty in medicine. Thousands of patients come to us each month for treatments and services they cannot find anywhere else. Providing access to health care information is central to our research, education and patient care mission. At OSUWMC, we are dedicated to improving health in Ohio and across the world through innovation in research, education and patient care.

Virtual health, or telehealth, is a cost-effective method for delivering health care services, improving quality and safety and increasing access to care. Ohio State has a long history of using telehealth, beginning in 1995 to increase inmate access to care. We have a robust tele-stroke network that provides services across the state – offering the highest level of timely, evidenced-based stroke care regardless of where someone lives. Ohio State psychiatrists provide tele-behavioral health services for emergency department patients. Before the current pandemic, our primary care physicians (PCPs) started offering follow up video visits for established patients. PCPs also began

electronic consultation, keeping them as the coordinator of the patient's care with timely access to subspecialty providers.

Experience with telehealth prepared us well to respond to patients' needs during the COVID-19 pandemic. Telehealth has expanded exponentially, by necessity, to ensure that patients still have access to needed care while in person visits were not possible. Through flexibility provided through Medicaid and Medicare waivers, and corresponding coverage from private insurers, in March we quickly shifted our ambulatory care from primarily in-person to care almost exclusively through virtual means – including through our MyChart online application that supports live video visits and email - and through telephone calls.

Our shift to telehealth was particularly critical to ensure that we could handle routine or acute care for older or at-risk patients, including those with chronic conditions, without risking a visit to a medical office.

OSUWMC jumped from 134 video visits and 39 telephone appointments during January and February 2020 to more than 272,000 visits from March through October 2020. We now have 1400 providers conducting more than 2500 video visits per day.

While many have returned to in-person appointments, virtual visits have become part of our standard practice and many patients appreciate the convenience and ease of telehealth visits for their care. Telehealth has quickly become a normal way of providing care to our patients, across types of providers and conditions – from primary care to specialty care and disease management.

Since we have expanded telehealth visits, our no-show and late cancellation rates have dropped among our entire patient populations, but particularly for Medicaid participants. Telehealth is clearly increasing access to care, particularly for individuals with barriers to care. In particular, telehealth addresses lack of transportation, a social determinant of health.

We are pleased that Senate Bill 305 would require a health plan issuer, during a state of emergency declared by the Governor or the U.S. President, to cover any health service provided as a telemedicine service if the health care service is a covered service and it is determined by the provider that doing so is in the interest of the public.

We particularly support the bill's expanded list of providers that would be reimbursed for telehealth services. Current law requires health plan issuers to cover telehealth services provided by physicians, physician's assistants, and advanced practice registered nurses. The bill would expand coverage to include any health care practitioner licensed, accredited, or certified to perform health care services.

Providers still would be required to follow existing scope of practice. We believe this is critically important to ensure that a wide variety of patient needs can be addressed virtually.

Further, we support the bill's requirement that health plan issuers reimburse providers at the same rate as in person services during declared emergencies. At a time that providers have endured significant lost revenue due to costs associated with this pandemic, full reimbursement for services would help incentivize providers to create needed access to care through virtual services.

SB 305 would create greater access to and coverage of telehealth in Ohio during a declared emergency. We encourage the committee to support this important measure.