

Senate Bill 6
Proponent Testimony
Ohio Senate Health Committee

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Chairman Huffman, Vice Chairman Antani, Ranking Member Antonio, and members of the Senate Health Committee, thank you for allowing me to submit a written statement supporting Senate Bill 6. The bill would enter Ohio as a party to the Interstate Medical Licensure Compact (IMLC). I commend Senators Roegner and Huffman for addressing this important issue on behalf of patients and providers.

The IMLC is an agreement among participating states to work together to streamline the licensing process for physicians who want to practice in multiple states. It offers a voluntary, expedited pathway to licensure for physicians who qualify.

Currently, 29 states and the District of Columbia are party to the Compact. Notably, the surrounding states of Michigan, West Virginia, and Kentucky are part of the Compact and Pennsylvania is in the process of implementing its participation. The Compact has been operational since 2017.

Physicians who meet the Compact's eligibility requirements can qualify to practice in multiple states by completing one application and receiving licenses from multiple states in which they seek to practice. It provides a greatly streamlined process for physicians, but maintains the authority for individual medical boards. The Compact also strengthens public protection by enhancing the ability of states to share investigative and disciplinary information.

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. At OSUWMC, we are dedicated to improving health in Ohio and across the world through innovation in research, education and patient care. Thousands of patients come to us each month for treatments and services they cannot find anywhere else. SB6 will expand access to care at OSUWMC, particularly via telehealth.

Virtual health, or telehealth, has become a vitally important way for us to provide care during the coronavirus pandemic. It 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.

OSUWMC jumped from 134 video visits and 39 telephone appointments during January and February 2020 to more than 326,000 visits from March through mid-January 2021. 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.

The Compact will increase access to these services in multiple ways. As a tertiary/quaternary academic health center, individuals seek our care from across the country in multiple specialties. In particular, as behavioral health needs have increased during the pandemic, we believe it is vital to extend our behavioral health care offerings without geographic restrictions. In addition, as a University, we treat students from every state in the nation. As many students continued to study remotely this academic year, maintaining care for our patients has been challenging if they live outside Ohio. Finally, as an institution that serves a disproportionately high number of Medicaid patients (referred to as a Medicaid high-DSH hospital), Medicaid patients from surrounding states, particularly Kentucky and West Virginia, seek specialty care at our institution. The Compact will increase our ability to virtually treat patients in all of these scenarios when, for whatever reason, they are unable to be seen in Columbus.

OSUWMC supports the mission of the Compact to increase access to health care and believes the Compact makes it possible to extend the reach of physicians, improve access to medical specialists, and leverage the use of telemedicine.

I urge the Committee's favorable consideration of SB 6.