THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

House Bill 122
Proponent Testimony
Ohio House Insurance Committee

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Chairman Brinkman, Vice Chair Lampton, Ranking Member Miranda, and members of the House Insurance Committee, my name is Dr. Arick Forrest. I am Vice Dean of Clinical Affairs for the Ohio State University College of Medicine and President of the Ohio State University Physicians, Inc., part of The Ohio State University Wexner Medical Center. I also am a practicing otolaryngologist. I am pleased to provide a written statement of support for House Bill 122, which would codify coverage for telehealth. I commend Representatives Fraizer and Holmes for introducing legislation to make permanent many of the advances we recently have made in providing service virtually to our patients.

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 personalized health care services, improving quality and safety and increasing access to care. I had the opportunity to present testimony last year before this Committee on the benefits and growth of virtual health. Virtual health remains an important part of our care model, and will remain so after the current public health emergency.

Ohio State has a long history of using telehealth. In 1995, Ohio State began using telemedicine to increase inmate access to care. We found that there were significant savings from a reduction in inmate trips to the emergency room and doctor's offices as well as unnecessary medical tests. We have provided more than 10,000 telemedicine

visits with inmates and are currently offering 14 specialty clinics to 29 prison sites across the state.

In 2011, the OSUWMC Comprehensive Stroke Center began tele-stroke services across the state – offering the highest level of timely, evidenced-based stroke care regardless of where someone lives.

In 2013, Ohio State psychiatrists began providing tele-behavioral health services for emergency department patients. Timely patient evaluation decreases length of stay, prevents escalation of psychiatric issues, and increases the number of patients that can be discharged to home instead of being admitted to a psychiatric facility.

Before the current pandemic, our primary care physicians (PCPs) and specialty areas, including dermatology, pulmonology, gastroenterology, hepatology, congestive heart failure, and otolaryngology, were all using telehealth.

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, one year ago we dramatically increased our care provided 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 at the time 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.

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.

OSUWMC jumped from 134 video visits and 39 telephone appointments during January and February 2020 to more than 364,000 visits from March 2020 through February 2021, representing approximately 29 percent of our outpatient visits during that time. We now have 1400 providers conducting more than 2500 video visits per day.

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 as transportation is a major barrier in seeking medical care for this patient population.

Telehealth is clearly increasing access to care, particularly for individuals with barriers to care such as transportation. It can save patients money as compared to coming to an in person visit, as it may save them the cost of gas, parking, lost wages and/or childcare, which for some patients is not insignificant. OSUWMC has seen telehealth patients from all 88 Ohio counties, with a savings (at 22.2 EPA average miles per gallon) of about 12 million miles of travel and 551,000 gallons of gasoline for a total of approximately $1.1 million.

We are pleased that House Bill 122 would codify some of the practices that have been put in place on an emergency and now permanent basis through Medicaid. While we support the steps the Department of Medicaid has taken, enactment of HB 122 will create a consistent approach to the regulation of telehealth across types of providers and public and private coverage.

We strongly support the bill's expanded list of providers who are eligible to provide care through telehealth, codifying coverage for both Medicaid and private plans, and providing for expanded behavioral health and substance use disorder services via telehealth. Further, OSUWMC supports the protection of the coverage parity included in current law.

We particularly appreciate the sponsors' willingness to add to the bill providers that were not included in the legislation considered last General Assembly. In particular, we support the inclusion of pharmacists, genetic counselors, and optometrists.

As important parts of the care team, pharmacists provide significant assistance in medication management and chronic disease management through consult agreements with physicians. Genetic counselors actively work with our cancer program patients, maternal/fetal medicine, cardiac care and more. Their patient consultations can be done by remote means and should be permitted to do so. And optometrists are able to utilize technology for remote patient monitoring and follow-up care.

We also appreciate your work to clarify that audio-only visits are covered by private plans through the legislation, in addition to video visits. Some of our patients do not have devices that allow for video visits or do not yet have sufficient broadband access to accommodate video visits. In many ways, the digital divide has become a social determinant of health. Further, some patients, for a variety of reasons, are not comfortable with the video technology or utilization of the MyChart application. For

these individuals, audio connections are preferable and needed.

Further, we support language to allow an initial patient visit to be conducted by telehealth through synchronous or asynchronous means, as long as it meets standard of care.

This language is particularly important to ensure coverage for e-consults. E-consults utilize secure technology to allow PCPs and specialists to communicate asynchronously about a patient's care. Studies have shown that e-consults improve access to specialist care, deliver high rates of patient and provider satisfaction, and lower costs.

As a tertiary/quaternary academic health center, patients from rural areas across the state, and indeed across the country, turn to OSUWMC's specialists and sub-specialists for their expertise and advice. E-consults allow our physicians to provide patient-specific recommendations without requiring patients to travel to Columbus.

Asynchronous technology is also critical for remote patient monitoring of chronic conditions, and we are pleased that coverage is included.

However, the use of asynchronous technology is not specifically included for those served by the Medicaid program. We ask the Committee to include the use of asynchronous technology in the definition of telehealth for Medicaid. Ensuring that Medicaid participants have access to e-consults will improve access to needed care for underserved populations. Further, utilizing remote patient monitoring will improve management of chronic conditions, potentially reducing the need for more expensive interventions.

We commend the sponsors for their efforts to create greater access to and coverage of telehealth in Ohio. Virtual health improves access to clinical experts and helps mitigate health disparities across communities, and has quickly become the new normal for providing care. We look forward to working with the sponsors and Committee to address these outstanding issues and ensuring that the great progress we have made in telehealth can continue for our patients and communities.