The Ohio House
House Insurance Committee
Representative Tom Brinkman, Chair

HOUSE BILL 122
PROPONENT WRITTEN TESTIMONY

Chair Brinkman, Vice-Chair Lampton, Ranking Member Miranda, and members of the House Insurance Committee, thank you for the opportunity to provide written testimony in support of House Bill 122 ("HB 122"), which would provide telehealth coverage under Medicaid and commercial health plans.

University Hospitals ("UH") is a Cleveland-based super-regional health system that serves more than 1.2 million patients in 16 Northeast Ohio counties. The hub of our 19-hospital system is University Hospitals Cleveland Medical Center, a 1,032-bed academic medical center known for advanced care. Included on UH's main campus are University Hospitals Rainbow Babies & Children's Hospital, among the nation's best children's hospitals. UH strives to strengthen the health care needs of our community by providing outstanding service, the highest quality physicians and nurses, and using innovative techniques. HB 122 ensures that hospital systems in Ohio, like UH, may improve access to and reduce the cost of care.

UH would like to take this opportunity to thank you, the bill sponsors of HB 122, and the Ohio Department of Medicaid ("ODM") for the work you have done, and continue to do, to assist health care systems, like UH, deliver necessary care to our patients throughout the public health emergency ("PHE") by providing numerous telehealth flexibilities that rewards high value care and stimulates innovation such as providing care at home. Your leadership in these efforts have improved the value of care for many. To that end, we appreciate the opportunity to provide written proponent testimony on HB 122.

The flexibility to provide additional telehealth services during the PHE has proven to be a life-saving tool during this COVID-19 pandemic and should continue beyond the pandemic to improve patient care, increase efficiencies, and reduce costs for patients and the government. We believe our successful use of telehealth demonstrates the improvements that could be achieved across the health care delivery system. We appreciate that ODM has acknowledged this through its recent rulemaking, and HB 122 will provide permanency and certainty afforded through a statutory change.

HB 122 is also critically important because it ensures continued access to telehealth in the commercial insurance market[1]. Also, it expands the list of the providers who can utilize telehealth to include specialties such as psychologists, pharmacists, optometrists, physical therapists, occupational therapists, dietitians, social workers, audiologists, speech-language pathologists, and many licensed counselors. We appreciate that new providers were added to the legislation compared to last General Assembly, including genetic counselors. This makes it easier for our patients to access their health care services in a cost-effective and convenient manner.

[1] HB 122 applies to health benefit plans, as defined in section 3922.01 of the Revised Code.

The flexibility to provide additional telehealth services during the PHE has proven to be a life-saving tool during this COVID-19 pandemic and should continue beyond the pandemic to improve patient care and increase efficiencies. The Government Accountability Office ("GAO") said it best when it described telehealth as having the potential to improve or maintain quality of care, increase access and convenience to patients, and alleviate provider shortages.[2] We believe the success we have encountered using telehealth with our patients provides a snapshot of the advances that could be achieved across the health care delivery system:

- **Demand**: Within one year, UH ramped up telehealth services to provide our patients. UH provided approximately 11,000 telehealth visits in 2019. In 2020, UH provided over 400,000 telehealth visits to our patients. Through these virtual visits we are seeing positive results for patients who may not have otherwise been able to access necessary care.

- **Utilization**: More than 50% of our outpatient visits during the stay-at-home order issued in Ohio were via telehealth. Post-reopening, approximately 15% of our outpatient visits continue to occur via telehealth, with the highest utilization in primary care and psychiatry.

- **Behavioral Health:** Over 95% of visits are performed virtually. Time to first visit with a counselor or psychiatrist is down significantly and access barriers related to geographic isolation have been greatly reduced. Our show rates pre-COVID were at around 88% - that has increased to around 93% since instituting virtual visits, which has meant that we are easily serving more individuals with the same amount of provider time. This has been true both for psychotherapy and psychiatry. Importantly, we also have provider and patient satisfaction survey data that shows both groups have satisfaction with this modality equal to or better than in person behavioral health visits.

- **Satisfaction and improved access to care**: Telehealth flexibilities during the pandemic have helped to remove socioeconomic and geographic barriers to care, while making healthcare more convenient and safe for patients to access care. According to our patient experience survey of 7,000 patients, at least 75% of our patients are "*very* satisfied with their overall experience" using telehealth.

- **Patients are more likely to get necessary care**: "No-show" rates occur at less than half the rate they do for in-person visits. Telehealth improves access to care, including among vulnerable patient populations. One day during February of this year, a significant weather event had a major effect on in-person appointments. Normally, this would have resulted in hundreds of canceled appointments. However, due to the PHE and the current increased use of telehealth, UH was able to convert 320 visits in a single day from in-person to virtual appointments. Thus, the virtual venue of care allows hospitals to be flexible and avoid disruptions in care.

- **Audio-only telehealth promotes access to care and helps to reduce health care disparities:** The barriers to audio and video communication are present, particularly among vulnerable populations, including the elderly, minority communities, and those with low socioeconomic status. Therefore, coverage for audio-only telehealth services has proven to help reduce inequities in access to services for the vulnerable populations we serve.

[2] Government Accounting Office June 2017 report on "Telehealth Use in Medicare and Medicaid."

- **Preventing avoidable utilization and costs**: Through Emergency Department telehealth consultations, UH has been able to reduce avoidable Emergency Department visits and prevent avoidable referrals of patients to the Emergency Department at a rate greater than 70%.

Additionally, remote physiologic monitoring ("RPM") is a game-changer to enhance value-based care. RPM promotes innovation for higher value care with reduced costs to both patients and the government. Importantly, it reduces risks to patients while improving health outcomes and lowering the cost of care. It is 10 to 20 times less expensive to care for people at home than in the hospital. We appreciate that this bill would promote access to RPM beyond the PHE, which would prove helpful to our acutely ill patients. Many of these patients have chronic diseases and can be kept healthy and safe at home with early interventions to reduce morbidity and mortality.

One such example involved a 75 year old female patient with a history of asthma and chronic obstructive pulmonary disease who was found to have flu at an office visit. She was sent home with RPM for oxygen saturation and other vitals. Twenty-four (24) hours later, she was found to have reduced oxygen levels and was put on home oxygen via nasal cannula. The use of RPM helped avoid a medical admission and hospital stay, thereby improving the patient's outcome and decreasing costs for both the patient and the government. Another example involved a 60 year old patient with a medical comorbidity of heart failure. He was discharged home with a blood pressure and heart rate monitoring RPM device. Forty-eight (48) hours later he was found to have increasing heart rate and lower respiratory rate, prompting an increase in heart failure medications, which avoided a readmission to the hospital.

In sum, we support HB 122 as it will solidify telehealth coverage, including RPM services, through a statutory change. This statutory change will also encourage our decisions to invest in telehealth infrastructure to continue meeting our patients wherever they can be best served. Importantly, HB 122 also promotes access to telehealth in the commercial insurance market. Providing a more certain future for the use of telehealth will improve quality of care well beyond the pandemic; reduce costs; alleviate provider shortages; and increase access and convenience to patients. Of course, we greatly appreciate the opportunity to work with the legislature to continue to refine the language of HB 122. We look forward to an ongoing dialogue with this Committee and the bill sponsors regarding improvements or language changes that may occur.

Thank you Chair Brinkman, Vice-Chair Lampton, Ranking Member Miranda, and members of the House Insurance Committee for this opportunity to provide feedback on this important legislation.

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