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Written Testimony on House Bill 122 House Insurance Committee March 24, 2021 Holly Holtzen, AARP Ohio

Good afternoon and thank you Chairman Brinkman, Vice-Chair Lampton, Ranking Member Miranda, and distinguished members of the House Insurance committee. My name is Holly Holtzen, and I serve as the State Director for AARP Ohio. As you are aware, AARP, with 1.5 million members in Ohio, is a nonpartisan, nonprofit, nationwide organization that helps empower people to choose how they live as they age. We work to strengthen communities and fight for the issues that matter most to families, such as healthcare, employment, income security, retirement planning, affordable utilities, and financial abuse protection.

AARP is here today to express our support for House Bill 122. AARP believes that telehealth holds the promise of multiple solutions to help people access health care – including long-term services and supports – in new ways and make it easier for family caregivers to care for their loved ones. The use of telehealth technologies for the delivery of health care services, especially those that include family members in virtual visits with providers, has the potential to result in better access to care, reduced transportation barriers, and improved outcomes for the care recipient..

During the COVID-19 pandemic, temporary changes made to expand telehealth use have proven how valuable telehealth is to thousands of Ohioans. Telehealth has brought care to patients, rather than having patients travel and put themselves and others at risk for possible exposure. In the future, greater use of telehealth services should continue to increase access to health provider, and specialists, facilitate the sharing of clinical information for evaluation, and allow older Ohioans to remain in their homes and communities.

Notably, the use of telehealth can address the needs of family caregivers, who often struggle to care for their loved ones. These needs include reduced time and stress involving transporting a loved one to appointments, improved caregiving knowledge and skills, and greater confidence in their caregiving roles through telehealth education platforms.

When you take into account that Ohio has approximately 1,480,000 family caregivers who provide \$16.8 billion annually in unpaid care for their loved ones, telemedicine can play a meaningful role in helping patients and the family caregivers who are often providing the bulk of that patient's care.

This is also true for residents in rural, medically underserved areas and patients across the state who have mobility and travel issues. In Ohio, there are 41 medically underserved designated health

Real Possibilities

professional shortage areas¹. AARP wants to ensure that telehealth technologies will be used to help people live independently in their homes and communities and will also support the needs of family caregivers. H.B.122 moves Ohio in the right direction: it addresses key issues, which include: extending the definition of telehealth services to allow emails and phone calls in addition to virtual visits, remote patient monitoring, clear regulations for protecting patient privacy, and allowing more provider types to perform telehealth.

I appreciate the opportunity to speak on behalf of AARP today, and encourage the House Insurance Committee to pass H.B.122 to move Ohio forward on this vital issue.

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