



May 23, 2018

The Honorable Stephen Huffman, Chair
House Insurance Committee
Ohio House of Representatives
77 South High Street, 12th Floor
Columbus, Ohio 43215

Dear Chairman Huffman,

On behalf of the Ohio Association of Health Plans (OAHP), thank you for the opportunity to offer written interested party testimony on House Bill 546, legislation that would require health plans to provide coverage for telemedicine services, on the same basis and to the same extent as in-person services.

The Ohio Association of Health Plans (OAHP) is the state's leading trade association representing the health insurance industry. OAHP's member plans provide health benefits to more than 9 million Ohioans through employer-sponsored coverage, the individual insurance market, and public programs such as Medicare, Medicaid and the Federal Insurance Marketplace. Our members offer a broad range of health insurance products to Ohioans in the commercial marketplace and are committed partners in public programs.

Today's health care landscape presents us with several challenges. At the very top of such challenges is the need to ensure that consumers have access to quality and affordable health care services.

With that said, I write to express our interest in HB 546.

First, Ohio's health plans are offering coverage of telemedicine; unnecessary regulations may stifle innovation. Many of Ohio's health plans - both commercial and Medicaid - are already offering coverage of telemedicine services as a lower cost alternative. In fact, in the commercial market, many employers are demanding that health insurance products include coverage for telehealth services because of the impact on the total cost of care. And, the Medicaid managed care plans cover telehealth services to the extent permitted under current Ohio regulations.

We applaud the bill sponsor for recognizing the value in this technology to provide access to appropriate and timely health care services and to reduce healthcare system costs. OAHP, however, cautions against legislatively mandating telehealth coverage. Legislative intervention in

an area, where the market is already driving behavior, may have the unintended consequence of stifling innovation and the flexibility needed to meet Ohio's evolving health care demands.

Second, we encourage the Legislature to consider the barriers which inhibit the ability to maximize telehealth services in Ohio. Despite the current coverage of telehealth today, there are several barriers that inhibit the ability to maximize the technology to ensure access to health care services. One such barrier is that the current health care delivery system is incentivizing health care consumers to utilize "bricks and mortar" infrastructure, rather than technology. Telemedicine should be used as a tool to provide access and help drive down the cost of health care, rather than keep costs stagnant. However, medicine continues to invest in major infrastructure or "bricks and mortar" –such as free-standing emergency rooms, new hospital towers, new in and outpatient facilities. While investment in needed infrastructure is critically important, additional infrastructure for the sake of more infrastructure is not incentivizing or encouraging consumers to utilize technology.

Additional barriers for your consideration are included in the attached document. We look forward to working with the bill sponsor, the proponents and the members of the General Assembly to consider reduce and eliminate these barriers so that Ohioans can maximize telehealth services.

In light of the Ohio General Assembly' on-going regulatory reform work and efforts to maximize technology, OAHF respectfully requests thoughtful consideration of this bill and the impact on Ohio's health care consumers.

OAHF and its member plans stand ready to work with state policymakers to achieve the shared goal of affordable and quality healthcare for all Ohioans.

Thank you for the opportunity to comment on HB 546.

Sincerely,

A handwritten signature in black ink that reads "Miranda C. Motter". The signature is written in a cursive, flowing style.

Miranda C. Motter
President and CEO
Ohio Association of Health Plans



The mission of the Ohio Association of Health Plans is to promote and advocate quality health care and access to a variety of affordable health care benefits for all consumers in Ohio.

Telehealth

The intent of this memorandum is to provide information relative to the state of telehealth in Ohio and the barriers inhibit the ability to maximize the technology to ensure access to health care services.

State of Telehealth Coverage in Ohio

Ohio's health plans – both commercial and Medicaid - are all offering coverage of telehealth services as a lower cost alternative. In fact, in the commercial market, many employers are demanding that health insurance products include coverage for telehealth services because of the impact on the total cost of care. Additionally, the Medicaid managed care plans cover telehealth services to the extent permitted under current Ohio regulations (see below for opportunities for improvement in this area.)

Potential Barriers & Proposed Solutions

There are, however, several barriers which inhibit the ability to maximize telehealth services/technology in Ohio. OAHP would like to offer solutions that could eliminate or minimize these barriers. The barriers and associated solutions are provided below.

1. Ohio Medical Board Rule – Ohio Administrative Code Section 4731-11-09
 - <http://codes.ohio.gov/oac/4731-11-09> and <http://med.ohio.gov/Portals/0/DNN/PDF-FOLDERS/PRESCRIBER-RESOURCES-PAGE/4731-11-09%20FAQs.pdf>
 - Explore need to further clarify physical examination requirement and determine whether there is an opportunity to clarify and modernize this requirement in Ohio.
2. Ohio Department of Medicaid Rule – Ohio Administrative Code Section 5160-1-18
 - <http://codes.ohio.gov/oac/5160-1-18v1>
 - Barrier: Definition of originating site and that it does not currently include a member's place of residence, home and schools.
 - Solution: Expand the ODM rule to include a member's place of residence, home and school to meet the definition of "originating site"
3. Health Information Exchange
 - Barrier: In Ohio, we are fortunate to have at least two Health Information Exchanges (HIE): HealthBridge and Ohio Health Information Partnership (OHIP). This dual system of information exchange and a misunderstanding of HIPAA restrictions, however have caused a barrier in sharing the electronic information that would result from telehealth services.

- Solution: Identify a uniform standard for health information exchanges that can be utilized. A uniform, consistent approach would be incredibly impactful in ensuring that electronic information is shared across health care system partners.
4. HIPAA Sharing
 - 42 CFR Part 2
 - Barrier: Current federal regulations do NOT allow for the confidential sharing of information on substance use diagnosis and treatment to improve patient safety, quality and care coordination as is permitted with any other chronic illness.
 - Solution: Support federal advocacy efforts to allow for the confidential sharing of information and explore opportunities for state solutions.
 5. Medicine is Investing in Infrastructure/"Bricks and Mortar" rather than Technology
 - Barrier: Medicine is not incentivizing or encouraging consumers to utilize technology rather than "bricks and mortar" infrastructure. With free standing emergency rooms, new hospital infrastructure, non-verbal communication to Ohioans is that they should be using these physical locations to meet their health care needs.
 - Solution: Support state policy measures that would discourage, rather than encourage, un-necessary/un-needed "bricks and mortar" infrastructure. One example, might be certificate of need reform legislation.
 6. Broad Band Capability
 - Barrier: There are many areas of the state that still don't have broad band capacity.
 - Solution: Initial broad band capabilities of state libraries may serve to support a solution to this barrier.
 7. Consumer Engagement
 - a. Consumer engagement and utilization.
 - b. Generational issues. Barrier: There are some generations that will never utilize telehealth.
 - c. Provider/consumer education. Barrier: Patients need to hear directly from their providers about telehealth opportunities. As the state considers further health care transparency requirements and the need for providers to provide price information directly to consumers, policymakers should consider requiring providers to share information relative to telehealth services as a cost effective/efficient alternative to certain services.

Perceived Barriers

OAHP is very interested in understanding what barriers the providers would cite to maximizing technology and then assisting, where needed, to develop solutions to those barriers. One example, we've heard is that providers cite is that providers believe that they need to build their own technology platform to participate. That is not the case; providers may utilize current platforms.

OAHP and its member plans stand ready to work with state policymakers to achieve the shared goal of affordable and quality healthcare for all Ohioans.