April 10, 2019

The Honorable Mark Romanchuk, Chair
House Health and Human Services Subcommittee
Ohio House of Representatives
77 South High Street, 12th Floor
Columbus, Ohio 43215

Dear Chairman Romanchuk,

On behalf of the Ohio Association of Health Plans (OAHP), thank you for the opportunity to offer comments on House Bill 166 (HB 166), relative to proposed new section Ohio Revised Code (ORC) 3902.30, language requiring coverage for telemedicine services, on the same basis and to the same extent as in-person services.

OAHP applauds policymakers for recognizing the value in this technology to provide access to appropriate and timely health care services and to reduce healthcare system costs.

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. Telehealth is an important tool in improving access to quality and cost of care; however, OAHP would like to highlight the following:

**First, Ohio’s health plans are offering coverage of telemedicine.** Ohio's health plans – both commercial and Medicaid – are 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.
OAHP cautions against legislatively mandating telehealth coverage as 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, policymakers should 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. In addition, Ohioans should not be subjected to facility fees/”bricks and mortar” fees when they choose to utilize telemedicine services. Telemedicine should be used to ensure access and affordability of health care for Ohioans, and policymakers need to be vigilant about protecting Ohioans from facility fees and other embedded “bricks and mortar” costs that will drive up, rather than drive down, health care costs.

OAHP and its member plans stand ready to work with state policymakers to achieve the shared goal of utilizing telehealth to support access to affordable and quality health care for Ohioans.

Sincerely,

Miranda Creviston Motter  
President and CEO  
Ohio Association of Health Plans