

June 3, 2020

The Honorable Thomas E. Brinkman Jr.
Chairman
Insurance Committee
The Ohio House of Representatives
77 S. High St.
Room 116
Columbus, OH 43215

Dear Chairman Brinkman:

On behalf of The ERISA Industry Committee (ERIC), thank you for accepting comments from interested stakeholders as the Committee considers House Bill 679. ERIC is the only national association that advocates exclusively for large employers on health, retirement, and compensation public policies at the federal, state, and local levels. We speak in one voice for our member companies on their benefit and compensation interests, including many with employees and retirees in Ohio.

As plan sponsors, our member companies strive to provide the best health care possible to their employees, retirees, and families at an affordable cost. At ERIC, we seek to enhance our members' ability to provide high-quality, affordable health care, and we recognize the significant opportunity telemedicine has to modernize health care delivery and improve access to quality medical care for workers and their dependents. Telemedicine minimizes the time spent attending a health care provider visit, making telehealth a great value to working parents, caregivers, and others struggling to balance work and family demands. It also provides access to care for rural and urban underserved populations, retirees, the elderly, disabled employees, those with language barriers, chronic conditions, or transportation barriers who may otherwise not have access to care.

Unfortunately, at this time ERIC and our large employer member companies cannot support passage of H.B. 679. While the bill contains some important advances in telehealth, it also has several fundamental flaws that must be addressed before the bill advances.

We applaud Representatives Fraizer and Holmes for introducing H.B. 679 in an effort to expand telehealth at this critical time, but the legislation unnecessarily restricts patient access to care. Before ERIC and our allies could support the legislation, the following provisions must be removed:

- The bill mandates that telehealth services provided by e-mail or phone will be reimbursed based upon minutes spent per patient – reimbursement should be privately negotiated between providers and payers, rather than mandated via government price-setting;
- Patients would be required to have an in-person visit with a provider prior to utilizing telehealth with limited exceptions – making it impossible for many patients to use telehealth at all;
- Providers would be required to maintain a once-a-year in-person visit with patients who wish to use telehealth with the provider – again, burdening both patient and provider, and making it impossible for many patients to use telehealth;

- The bill also mandates that telehealth visits use secure video capabilities, rather than espousing technology neutral provisions – creating an unnecessary barrier to telehealth for individuals living in rural areas, people who lack access to broadband, people without smartphones, and others; and
- Under the proposed legislation, patient consent is not needed before billing for the telehealth service – which raises serious ethical questions.

Because the legislation encourages in-person visits in order to maintain a doctor-patient relationship, the legislation relies upon the telehealth provider being the patient’s primary care physician, which is not always possible, and serves only as a barrier to keep patients from using telehealth. ERIC encourages the Committee to consider supporting coordinated care between the telehealth provider and the patient’s primary care physician to better serve patient needs – which can be much better achieved by encouraging patient ownership of medical records, and other approaches. ERIC also encourages the bill sponsors to require providers to receive patient consent prior to billing as patients will be informed and aware of the service, which may avoid unexpected costs. Lastly, the standards used for reimbursement will not only pose a hardship on providers, but also on plan sponsors. **These problems in the legislation are so serious that, if they are not addressed, Ohioans would be better off if no legislation was passed.**

However, H.B. 679 does include several highly beneficial policies that are fundamental for telehealth’s expansion in Ohio. ERIC believes the following provisions are central to the legislation’s passage and we support including them in final legislation:

- The same standard of care applies to in-person visits and telehealth visits;
- “Telehealth services” is broadly defined to include synchronous or asynchronous information and technology to connect a provider in one location and a patient in a different location, and;
- There is no requirement for patients to travel to specific “originating sites” to access telehealth services.

Thank you for accepting our input on H.B. 679. ERIC is pleased to represent large employers with the goal of ensuring telemedicine benefits are accessible for millions of workers, retirees, and their families. If you have any questions concerning our written testimony, or if we can be of further assistance, please contact me at jgelfand@ERIC.org or 202-789-1400.



James P. Gelfand
Senior Vice President
Health Policy