



May 17, 2024

The Honorable Jill Smock
Executive Director, Ohio Chemical Dependency Professionals Board
77 S High St, 16th Floor
Columbus, OH 43215-6136
Jill@ocdp.ohio.gov

RE: ATA ACTION COMMENTS ON OHIO PROPOSED RULE 4758-8-04

Dear Executive Director Smock and members of the Ohio Chemical Dependency Professionals Board,

On behalf of ATA Action, I am writing to express our support for the adoption of proposed rule 4758-8-04, along with a recommended change to further improve the proposed rule.

ATA Action, the American Telemedicine Association's affiliated trade association focused on advocacy, advances policy to ensure all individuals have permanent access to telehealth services across the care continuum. ATA Action supports the enactment of state and federal telehealth policies to secure telehealth access for all Americans, including those in rural and underserved communities. ATA Action recognizes that telehealth and virtual care have the potential to truly transform the health care delivery system – by improving patient outcomes, enhancing safety and effectiveness of care, addressing health disparities, and reducing costs – if only allowed to flourish.

Telehealth is a valuable tool in the treatment of Substance Use Disorders. Surveys of administrators and personnel from SUD treatment and recovery organizations show strong support for continuing the inclusion of telehealth services for SUD treatment that were rapidly adopted during the COVID-19 pandemic.¹ Telehealth SUD treatment services also appear to improve patient initiation, engagement and retention as compared to in-person only services.² Most importantly, a review of eight studies of telehealth SUD treatment indicates SUD services delivered via telehealth can be just as effective as their in-person counterparts in terms of retention, therapeutic alliance, and substance use.³

While we support the adoption of this rule, we also ask that you incorporate asynchronous modalities into the definition of telehealth.

¹ Molfenter T, et al. Use of Telehealth in Substance Use Disorder Services During and After COVID-19: Online Survey Study. *JMIR Ment Health*. 2021 Feb 8;8(2):e25835. doi: 10.2196/25835. PMID: 33481760; PMCID: PMC7895293. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7895293/>.

² Erin O'Brien, *New Study Explores Efficacy of Telehealth in Addiction Treatment*, *Psychiatric Times* (Oct. 21, 2021), <https://www.psychiatrictimes.com/view/new-study-explores-efficacy-of-telehealth-in-addiction-treatment>.

³ Tami L. Mark, Ph.D., et al. *Addiction Treatment and Telehealth: Review of Efficacy and Provider Insights During the COVID-19 Pandemic*. *Psychiatric Services*. 2021 Oct. 13; 73(5), <https://ps.psychiatryonline.org/doi/10.1176/appi.ps.202100088>.

ATA ACTION

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Asynchronous modalities, which include collecting client health history, images, computerized web-based assessments, and more, are an important part of holistically providing substance use disorder telehealth treatment services. This can also include the Alcohol Use Disorders Identification Test and other computerized interventions that can be used at critical moments in patient recovery. Asynchronous tools used in SUD treatment “consistently show positive effects of these tools in addiction treatment” and are associated with “very few adverse outcomes.”⁴

Furthermore, Ohio law directs the inclusion of asynchronous modalities in telehealth regulations. Ohio statute 4743.09, which governs the adoption of telehealth rules by professional boards including the Chemical Dependency Professionals Board (4743.09(A)(3)(l)), states that regulated health care professionals may use either “synchronous or asynchronous technologies” (4743.09(C)(1) and (4)) when providing telehealth services.⁵ And in a similar vein, Ohio’s Behavioral Health Services regulations also include asynchronous modalities in the definition of telehealth.⁶ ATA Action would appreciate the Board aligning the proposed rule with these Ohio laws.

Thank you for your consideration of our comments. We support the adoption of proposed rule 4758-8-04 with the inclusion of asynchronous modalities in the definition of telehealth. Please let us know if there is anything that we can do to assist you in your efforts to adopt practical telemedicine positions in Ohio. ATA Action is available as a resource to you and your members throughout this process. If you have any questions or would like to engage in additional discussion regarding the telehealth industry’s perspective, please contact me at kzebley@ataaction.org.

Kind regards,

A handwritten signature in black ink, appearing to read "Kyle Zebley", is written over a light blue horizontal line.

Kyle Zebley
Executive Director
ATA Action

⁴ Oesterle, T. S., K. Bhanuprakash, C. J. Risma, S. A. Breitingner, D. B. Rakocevic, L. L. Loukianova, D. K. Hall-Flavin, M. T. Gentry, T. A. Rummans, M. Chauhan, M. S. Gold. “Substance Use Disorders and Telehealth in the COVID-19 Pandemic Era.” Mayo Clinic Proceedings 95, no. 12 (2020): 2709–18.
[https://www.mayoclinicproceedings.org/article/S0025-6196\(20\)31195-2/fulltext](https://www.mayoclinicproceedings.org/article/S0025-6196(20)31195-2/fulltext).

⁵ Ohio Revised Code Section 4743.09 <https://codes.ohio.gov/ohio-revised-code/section-4743.09>

⁶ Ohio Administrative Code Rule 5122-29-31 <https://codes.ohio.gov/ohio-administrative-code/rule-5122-29-31>