ata ACTION
Telehealth Policy to Transform Healthcare

November 17, 2026

The Honorable Stephen A. Huffman
Chair, Health Committee
The Ohio Senate
Senate Building
1 Capitol Square
Ground Floor
040
Columbus, OH 43215-6136

RE: ATA ACTION OPPOSITION TO HOUSE BILL 324

Dear Chair Huffman and members of the Health Committee,

On behalf of ATA Action, I am writing to express our opposition to House Bill 324, specifically the inclusion of an arbitrary in-person requirement prior to prescribing certain drugs. If this legislation is passed in its current form, patient access to Opioid Use Disorder (OUD) care via telehealth will be severely disrupted, to the detriment of Ohio patients.

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, increasing patient attendance rates and continuity of care, and reducing costs – if only allowed to flourish.

ATA Action firmly opposes the introduction of in-person examination requirements, through statute or regulation, which restrict the modalities that licensed providers can use to provide treatment to patients. Instead, our organization believes that so long as the provider obtains the patient's consent for the use of telehealth services, verifies the patient's identity, and discloses his or her own identity and credentials, he or she should be able to use any appropriate telehealth modality that is sufficient to evaluate and treat the patient for the condition presented that meets the standard of care. Prohibiting providers from conducting examinations for the purposes of prescription of certain drugs using telehealth modalities will make it far more difficult for patients, especially the Ohioans who live in rural or underserved areas, to obtain care. Instead of being able to acquire their needed prescriptions from convenient locations of their choice, many patients will be forced to take time out of their busy schedules and/or travel long distances, arrange childcare and take time off of work to meet with those providers in person. This will also exacerbate existing challenges with scheduling timely appointments, shortages of providers, and increase costs,

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particularly for Ohioans who may live in "health care dead zones" and are already struggling to make ends meet.[1]

Furthermore, if this legislation is passed in its current form Ohio patients would face significant barriers accessing care for OUD treatment via telehealth. Several drugs that are prescribed to treat OUD, such as Buprenorphine-containing Transmucosal products for Opioid Dependence including Suboxone, Zubsolv, and the generic equivalents of Subutex and Suboxone, have received a Risk Evaluation and Mitigation Strategy (REMS) from the FDA. **Therefore, this legislation would effectively prohibit the ability of providers to prescribe these drugs via telehealth due to the in-person examination requirement. Not only would this reduce access to care for patients seeking care for OUD, but this would disrupt ongoing care for the thousands of Ohio patients currently receiving OUD care via telehealth.**

For years, Ohio licensed providers have safely prescribed drugs with a REMS remotely using telemedicine to new and existing patients, increasing access to clinically appropriate medications, including for mental health and substance use disorder treatment. Telehealth is a proven, life-saving modality for addiction care that can reach patients traditional in-person systems have failed to serve. Of the estimated five million Americans with OUD, only one in five currently receives medication, the most effective treatment available.[2] A landmark 2023 study in JAMA Psychiatry—analyzing over 175,000 Medicare beneficiaries—found that receipt of OUD-related telehealth services and medications for OUD during the COVID-19 pandemic was associated with significantly reduced odds of fatal drug overdose.[3] A 2024 study from Oregon Health & Science University found that patients who initiated buprenorphine via telehealth had more than twice the six-month retention rate of those who began in traditional office-based settings—3.8% discontinued treatment compared to 9.7%.[4] These findings reflect a broader evidence base establishing that telehealth-delivered addiction care is comparable to, and in some cases better than, in-person treatment on key access and outcome measures.

Passage of this legislation would create a predictable and dangerous "care cliff" that risks abruptly disrupting treatment for countless patients, many of whom have relied on virtual care for months or years since the federal remote prescribing flexibilities were first implemented in early 2020. Additionally, this legislation would make Ohio a national outlier in requiring in-person examinations before prescribing drugs with a REMS and make Ohio prescribing policy significantly more restrictive than federal standards. By effectively forcing telemedicine OUD care providers to discontinue treatment for patients currently under their care, this bill sets the stage for a foreseeable and entirely preventable public health crisis, one that would have profound consequences for the mental health community broadly and the SUD treatment community in particular. Moreover, patients who began or maintained treatment via telehealth will be subject to retroactive limitations that are clinically unwarranted and logistically impractical.

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[1] Ohio suffers badly from health 'dead zones,' new report finds, Marty Schladen, Ohio Capital Journal, March 14, 2025.
[2] Pew Charitable Trusts, "Federal Government Permanently Extends Addiction Treatment Through Telehealth," January 2026 (citing SAMHSA/HHS data).
[3] 2 Jones CM, Shoff C, Blanco C, et al. JAMA Psychiatry. 2023;80(5):508-514. doi:10.1001/jamapsychiatry.2023.0310.
[4] "Buprenorphine Discontinuation in Telehealth-Only Treatment for OUD." Journal of Substance Use & Addiction Treatment, 2024 (OHSU). doi:10.1016/j.josat.2024.209223.

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Finally, ATA Action encourages the Legislature to consider the policy principles enumerated in the Federation of State Medical Boards' ("FSMB") most recent update *Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine,*[5] which was ratified by the organization in April 2022. In its "Standard of Care" section of the previously mentioned report, the FSMB articulates that "Treatment and consultation recommendations made in a virtual setting, including issuing a prescription via electronic means, will be held to the same standards of appropriate practice as those in in-person settings." Professional healthcare boards across the country have endorsed this view and HB 324's proposal to require in-person examinations outside of the standard of care would represent a step backwards for telehealth policy in Ohio.

We acknowledge that there are situations in which the standard of care for the condition presented by the patient cannot be met through telehealth modalities, synchronous or asynchronous. This could be due to any number of reasons such as inability to properly evaluate the patient's condition outside of an in-person setting or due to technological barriers such as requiring equipment that the patient does not have access to at their location. In these instances, it is the responsibility of the provider, not the legislature, to first determine whether or not care can be rendered without an in-person visit and then take steps to treat the patient in-person or direct them to seek other treatment that does meet the standard of care. **Our organization believes that licensed practitioners should be able to utilize the full range of available telehealth technologies while delivering virtual care, so long as the technologies being used are appropriate to meet the standard of care for the condition presented by the patient.**

Thank you for your consideration of our comments. If this legislation is to be advanced, we encourage the elimination of the in-person examination requirement which would infringe on licensed healthcare professionals' judgement and restrict patient access to telehealth care. Please let us know if there is anything that we can do to assist you in your efforts to adopt practical telemedicine policy in Ohio. If you have any questions or would like to engage in additional discussion regarding the telehealth industry's perspective, please contact me at hyoung@ataaction.org.

Kind regards,

Hunter Young

Hunter Young
Head of State Government Relations
ATA Action

[5] Federation of State Medical Boards, *The Appropriate Use of Telemedicine Technologies in the Practice of Medicine*, April 2022, https://www.fsmb.org/siteassets/advocacy/policies/fsmb-workgroup-on-telemedicineapril-2022-final.pdf.