

# Ohio Introduces Proposed Legislation to Expand Telehealth Services

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Ohio legislators recently introduced H.B. 679, expanding telehealth services. As a result of the COVID-19 pandemic, telehealth has become more prevalent and necessary. Ohio lawmakers realize telehealth is only going to become more widespread in the future, as patient usage and acceptance continue to grow. If enacted, H.B. 679 would expand the existing telehealth laws to apply to more providers, including psychologists, audiologists, speech pathologists, independent social workers, occupational therapists, independent chemical dependency counselors, and dietitians.

The proposed bill would also expand Medicaid telehealth services as well as mental health and community addiction services through the Ohio Department of Mental Health and Addiction Services.

Additionally, the proposed bill would expand telehealth for dentistry, authorizing a dentist to practice via telehealth without obtaining a separate permit from the State Dental Board. This includes allowing digital scans to be taken by technicians without a permit. The proposed bill would still require the dentist to follow the standard of care and obtain informed consent from the patient. Similarly, the current telehealth law requiring dentists to obtain a teledentistry permit for certain dental services would still be in place.<sup>[i]</sup>

While the expansion of telehealth services seems to be widely accepted, the issues of cost sharing, standards of care, and payment parity are still up for debate. H.B. 679 would prohibit a health benefit plan from imposing cost sharing for telehealth services that exceed the cost sharing for comparable in-person services and would prohibit cost sharing for certain specified communications. The proposed bill would also require a health benefit plan to reimburse providers for covered telehealth services, but it would not require the reimbursement to be a specific amount.

Payment parity for telehealth services is an ongoing issue as to whether providers should be paid the same for in-person and telehealth visits is an ongoing issue. Some argue payment parity is not yet supported by research.<sup>[ii]</sup> James Woodward, PhD, an analyst with the Economic Research Center at the Columbus-based Buckeye Institute, argues a payment parity mandate would “steer payers away from covering telehealth services that have not yet proven their value and stifle growth in the industry.”<sup>[iii]</sup> Others argue providers should receive payments for embracing the new technology,

since it will ultimately reduce health care costs.[iv]

Telehealth is only going to expand, and the issues surrounding the provision and delivery of health care services via electronic platforms are going to become more complicated.

#### Footnotes

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[i] Under ORC 4715.431, a dentist may do either of the following under a teledentistry permit without examining a patient in person: (1) Authorize a dental hygienist or expanded function dental auxiliary to perform services at a location where no dentist is physically present; and (2) Prescribe a drug that is not a controlled substance for a patient who is at a location where no dentist is physically present.

[ii] Wicklund, Eric, *Ohio Think Tank Supports Telehealth Bill, But Not Payment Parity*, <https://mhealthintelligence.com/news/ohio-think-tank-supports-telehealth-bill-but-not-payment-parity> (Sept. 23, 2020).

[iii] *Id.*

[iv] *Id.*

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