



May 27, 2022

Nathan Smith  
Ohio State Medical Board  
30 E. Broad St., 30<sup>th</sup> Floor  
Columbus, OH 43215

Sent via Email to Medical Board at: [Nathan.Smith@med.ohio.gov](mailto:Nathan.Smith@med.ohio.gov) and Common Sense Initiative Office at: [CSIPublicComments@governor.ohio.gov](mailto:CSIPublicComments@governor.ohio.gov)

RE: Rule 4731-37-01

Dear Mr. Smith:

Thank you for the opportunity to comment on Rule 4731-37-01: Telehealth. We appreciate the ongoing discussion the board has had on this issue with interested parties.

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO), founded in 1824, is the region's professional medical association, and the oldest professional association in Ohio. We are a non-profit 501(c)6 representing physicians and medical students from all the contiguous counties in Northern Ohio. We are proud to be the stewards of Cleveland's medical community of the past, present and future.

The mission of the Academy of Medicine of Cleveland & Northern Ohio is to support physicians in being strong advocates for all patients and promote the practice of the highest quality of medicine. With that in mind, we offer the following comments.

**Proposed Language: A(6)**

*Consent for telehealth treatment" means a process of communication between a patient or, if applicable, the patient's legal representative and the health care professional discussing the risks and benefits of, and alternatives to, treatment through a remote evaluation that results in the agreement to treatment that is*

*documented in the medical record or signed authorization for the patient to be treated through an evaluation conducted through appropriate technology, as specified in this rule when the health care professional is in a location remote from the patient.*

We are concerned that this language creates different standard of consent for virtual versus in-person care. It is not necessary for a physician to outline alternatives to treatment for a standard office visit, and a virtual visit should be no different. We are also concerned the language surrounding “risks and benefits and alternatives to,” is vague, and may leave a physician unsure as to his or her responsibility under this language. For example, do the “risk, benefits and alternatives,” need to be specifically spelled out and explained to the patient, or just attested to? We would appreciate clarification on this language, and respectfully request there not be a different standard of consent for virtual versus in-person visits.

Thank you again for the opportunity to provide comment.

A handwritten signature in black ink, appearing to read "Gerard Isenberg MD". The signature is written in a cursive, somewhat stylized font.

Gerard Isenberg, MD  
President, AMCNO