What’s Up at the Statehouse?

Jon F. Wills
Executive Director

Ohio Osteopathic Association
HB 64 Biennial Budget

- Retained Medicaid Expansion, but established a Human Services Account/State Controlling Board
- Mandated the Medicaid Director to apply for CMS Waiver Request to implement Healthy Ohio (Medicaid HSAs)
- Cut the administration’s proposed fee increase for primary care physicians to half what the administration wanted and implemented its requested fee cuts for dual eligibles
- Created a GME Study Committee (Report Submitted)
- Established a Health Services Price Disclosure Study Committee
Current Focus Areas

• **Office of Health Transformation Payment Reform**
  – Episodes of Care and Patient Centered Medical Homes

• **Governor’s Cabinet Opioid Action Team**
  – Guidelines for Prescribing Opioids for Acute Pain

• **Commission on Infant Mortality**
  – Chaired by Sen. Shannon Jones and Rep. Stephanie Kunze
  – Medicaid Targeting zip codes with highest death rate

• **Ballot Issues Expected in 2016:**
  – Marijuana (legislature likely to have a medical marijuana bill of its own);
    VA Drug Pricing Maximum for state programs

• **Licensing Board Reorganization**
  – Supreme Court Decision - North Carolina Dental Board

• **Medical Board “One-bite” Legislation for Impaired Physicians**
What’s Gone into Law So Far This Session?
Signed by the Governor

- **HB 4 (Naloxone)**
  - Permits physicians to authorize one or more individuals to furnish a supply of naloxone pursuant to a protocol
  - See Pharmacy Board Naloxone website for guidance

- **SB 110 (PA Scope of Practice)**
  - Removes Medical Board approval of supervisory plans for each new licensee; replaces with random audits
  - Increases the number a physician can supervise from 2 to 3
Signed by the Governor

• **SB 121 (Meningitis Immunizations)**
  – Requires immunization at age recommended by the Ohio Department of Health
  – Goes into effect for school year 2016-17

• **HB 124 (Johnson)**
  – Authorizes physicians, APRNs, or PAs to prescribe or furnish a drug for up to two sexual partners of a patient diagnosed with an STD, without examining the sexual partner.
What’s Causing the Most Indigestion?
HB 216 (APRNs)

- Opposed by seven physician associations, including OOA
- Willing to compromise on up to 80 percent of the provisions
- Line in the sand against independent practice
- APRN Proponent hearing did not go well for them this week
- Opponent testimony Feb. 10th
- Call your legislators: click “Take Action” button on the OOA Website
What Other Bills Are Keeping us Busy?
Pending House Bills

- **HB 116 (Brown)**
  - Authorizes a medication synchronization process so pharmacists can dispense multiple drugs to patients with chronic diseases on the same date each month.
  - Passed the House and has been assigned to the Senate Medicaid Committee.
Pending House Bills

• **HB 157 (Butler)**
  – This complicated bill deals with an overhaul of the medical tort system, an HSA program for Ohio Medicaid patients, changes in emergency department care, and cost transparency, etc.

• **HB 169 (Brown/Reineke)**
  – Allows physical therapists to “diagnose” disabilities and order tests.
  – In House Commerce and Labor Committee.
  – OOA opposed; vote was delayed in December
Pending House Bills

• **HB 188 (Manning/Huffman)***
  – Allows pharmacists to do medication management through consulting agreements with physicians.
  – Signed by the Governor; Correction pending

• **HB 352 (Johnson)**
  – Designates April 2016 as Osteopathic Awareness Month.
  – Unanimously passed the House; assigned to Senate Health Committee; events planned at the Statehouse on April 20, 2016
Pending Senate Bills

• SB 33 (Tavares)
  – Requires CME for cultural competency. OOA opposes mandatory, subject-specific CME, but OOA, OU-HCOM, and CORE are working with Sen. Tavares to find ways to strengthen cultural competency education in osteopathic UME, GME and during student rotations.

• SB 129 (Gardner and Cafaro)
  – Establishes new requirements and uniform procedures for how health plans handle prior authorizations.
  – Passed Senate; in House Insurance
Pending Senate Bills

- **SB 165 (Lehner)**
  - Replaces DNR orders with Medical Orders for Life Sustaining Treatment (MOLST).
  - In Senate Civil Justice Committee; substitute bill has been introduced and action by the Senate is expected after the first of the Year.
  - Ohio Right to Life is now “neutral” on the bill.

- **SB 243 (Lehner)**
  - Addresses step therapy procedures by requiring health plans and the Department of Medicaid to follow mandated step therapy protocols that reduce red tape.
Pending Senate Bills

- **HB 261 (Grossman)**
  - Establishes the State Trauma Board in the Ohio Department of Health
  - Requires facilities to be designated by the Board as a Level I, II, or II trauma facility

- **SB 243 (Lehner)**
  - Addresses step therapy procedures by requiring health plans and the Department of Medicaid to follow mandated step therapy protocols that reduce red tape.
  - Companion bill in House sponsored by Rep. Johnson
Opioid Prescribing Bills

• **HB 248 (Abuse Deterrent Opioid Drugs)**
  • **HB 250 (Prior Authorization for Opioids Under Medicaid)**
    – For non-cancer chronic pain drugs when the amount to be dispensed exceeds a ten-day period
    – The dose or doses to be taken exceed a morphine equivalent dose of 80 milligrams a day.
    – The recipient has received one or more other prescriptions for a controlled substance containing an opioid in the past three consecutive months and the sum of the doses to be taken by the recipient under those prescriptions exceeds a morphine equivalent dose of 80 milligrams a day.
    – Drugs prescribed in conjunction with emergency room treatment:
      • The drug is a non-cancer drug and the amount to be dispensed exceeds a single 72-hour period.
      • The drug is not (1) an antidepressant or antipsychotic, (2) administered or dispensed in a standard tablet or capsule form (or in the case of an antipsychotic, is administered in a long-action injectable form), and (3) is prescribed by a physician certified in a managed care agreement to provide care as a psychiatrist, or by a psychiatrist practicing at a certified community mental health services provider.
A Major Election Year

- Register to Vote
- Study your party’s candidates
- Be informed when you vote in the Primary
- Follow the campaign and the views the candidates have on health issue
- Contribute to OOPAC
- Vote in November
- Get to know your state Representative and Senator