AMCNO Budget Update

Normally, the Ohio Legislature begins the budget process in March, with the governor introducing the executive budget, which is then sent to the Ohio House for deliberation and debate, and then to the Ohio Senate and conference committee before it reaches the governor's desk on June 30. However, that was not the case this year. Instead, for just the third time in 28 years, the House, Senate, and governor failed to agree on a state budget by the July 1 deadline. Because they could not agree on budget measures, the House and the Senate agreed to pass a 17-day budget continuation, so the new deadline became July 17.

The budget contained a number of health-related issues that would have an impact on physicians and their practice.

Two specific issues of concern to the AMCNO included language regarding surprise billing and price transparency.

Fortunately, Governor Mike DeWine removed the language regarding reimbursement for out-of-network providers at an in-network facility. He has requested for the relevant state agencies to collaborate with stakeholders to continue to work on this important effort so patients are not burdened with surprise medical bills.

Gov. DeWine also vetoed the price transparency item to avoid placing duplicative or burdensome regulations on healthcare providers. He stated in his veto message that he supported the concept of providing consumers the information necessary to make informed decisions about their health care and supported President Donald Trump’s recent executive order promoting healthcare transparency rules. His veto message also noted that “as the federal government develops these efforts and others, it is important that the state not place duplicative or burdensome regulations on healthcare providers, as these compliance costs will inevitable be passed on to the citizens of this State as consumers of health care.” The AMCNO had opposed these two provisions, and we were very pleased to learn that Gov. DeWine chose to veto both of these items from the budget before signing it into law.

Telemedicine Victory

Throughout the past few years, the AMCNO has strongly supported coverage for telemedicine services. Telemedicine is a key innovation in healthcare delivery, and it is being used in initiatives to improve access to care, to facilitate coordination and quality, and to reduce the rate of growth in healthcare spending. We believe that telemedicine will save money, greatly improve access to quality of care, strengthen the patient-physician relationship and improve access for patients with chronic conditions who may have limited access to care. The AMCNO is pleased to inform our membership that the budget contains provisions that require insurance coverage of telemedicine services to be on par with services performed in-office. Ohio now joins 35 other states in the country that have already enacted laws to allow for coverage of telemedicine services.

Summarized below are additional key points that were contained in the final budget:

Financial Assistance for Professionals Providing Substance Abuse Disorder Treatment and Services – authorizes Ohio Department of Health (ODH) to establish a loan repayment program for professionals who provide treatment to individuals with substance abuse disorders, and establishes a program under which physicians providing medication-assisted treatment (MAT) in health resource shortage areas may receive financial assistance.

Legal Age for a Person to Receive or Purchase Cigarettes – increases from 18 to 21 the legal age for a person to receive or purchase cigarettes, other tobacco products, alternative nicotine products, or papers used to roll cigarettes. Also defines and includes vapor products within the definition of “alternative nicotine product” and requires clear and visible posting of signage indicating the legal age at locations where cigarettes, tobacco and alternative nicotine products are sold. Also includes a provision for taxing vapor products.

Continuing Education – reduces the number of hours of continuing education (CE) required to be completed every two years to be eligible for license renewal from 100 to 50. This additionally applies to the 3-year renewal period of clinical research faculty physicians. It also limits the number of hours of CE a physician or podiatrist may earn through provision of healthcare services as a volunteer to 3 hours.

Hospital Care Assurance Program (HCAP) – the budget continues the Hospital Care Assurance Program (HCAP) for an additional two years, rescheduling the program completion from October 16, 2019, to October 16, 2021. Under HCAP, hospitals are annually assessed an amount based on total facility costs, and government hospitals make annual intergovernmental transfers. Hospital Franchise Permit Fees – extends another assessment for an additional two years. The hospital franchise permit fee, like HCAP, raises money to help pay for the Medicaid program. It will now be scheduled to end on October 16, 2021, rather than October 16, 2019.

Health Care Workforce Preparation – establishes the Ohio Physician and Allied Health Care Workforce Preparation Task Force to study, evaluate, and make recommendations with respect to healthcare workforce needs in Ohio. The Chancellor will appoint task force members with representation from the State Medical Board, medical school deans, hospital administrators, federally qualified health centers, physician and nursing organizations, and other allied health personnel. The task force will convene and issue a report by March 1, 2020.

Pharmacy Benefit Managers (PBMs) – when filling a prescription, if a pharmacist has information indicating that the cost-sharing amount required by the patient’s health benefit plan exceeds the amount that may otherwise be charged for the same drug, the pharmacist must inform the patient and the patient must not be charged the higher amount.

Fetal Infant Mortality Boards – authorizes local boards of health to establish fetal-health infant mortality review boards to review fetal and infant deaths with the board’s jurisdiction.

Pregnancy-Associated Mortality Review Board – includes a provision that establishes a pregnancy-associated mortality review board to identify and review all pregnancy-associated deaths in Ohio for the purpose of reducing the incidence of those deaths.

Infant Vitality – includes a requirement to fund a multi-pronged population health approach to address infant mortality—measurable interventions may include activities related to safe sleep, community

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engagement, Centering Pregnancy, newborn screening, safe birth spacing, gestational diabetes, smoking cessation, breastfeeding, care coordination, and progesterone.

**Tobacco Use Prevention, Cessation and Enforcement** – requires funding for distribution to the boards of health for the Baby and Me Tobacco Free Program, and funds to administer tobacco use prevention and cessation activities, administer compliance checks, retailer education, and programs related to legal age restrictions.

**Harm Reduction** – requires funding appropriation to be used up to $15,000 per year to local health departments that operate harm reduction programs, including syringe services.

**Moms Quit for Two Grant Program** – creates the Moms Quit for Two Grant Program, which is to provide grants that demonstrate the ability to deliver evidence-based tobacco cessation interventions to pregnant women and women living with children who reside in communities with high infant mortality—to be determined by ODH.

**Infant Mortality Health Grants** – earmarks funds to be distributed for up to 10 community-based agencies to support the continuation or establishment of a pathways community HUB model that has the primary purpose of reducing infant mortality in urban and rural communities with a targeted focus on disparities.

The AMCNO will continue to provide updates with any other additional information related to the final budget as some of the aforementioned provisions are implemented.

**CMS is Working on Addressing Improving the PA Process**

The American Medical Association (AMA) recently met with Centers for Medicare & Medicaid Services (CMS) staff to discuss prior authorization (PA). CMS Administrator Seema Verma has tasked her Patients Over Paperwork team with exploring what CMS can do to improve PA burdens. CMS is conducting listening sessions with various stakeholders, including a wide range of providers and health plans, to gather information on the administrative burdens concerning this issue and what CMS can do to help address the issue. They are also visiting practices to observe the PA process in action.

The AMA has urged CMS to take a leadership role on this issue and develop a comprehensive strategy to address PA concerns to include:

- Selective application of PA (CMS should continue the successful Targeted Probe and Educate program; the AMA supports identification of outliers and education as needed);
- Review/adjustment of services/drugs that require PA to eliminate low-value PA – applying PA to services with high approval rates is costly for plans and providers;
- Improved communication of PA requirements to patients and healthcare professionals (including CMS encouraging plans to disclose the clinical basis for their PA requirements);
- Protections of patient continuity of care, particularly when patients enroll in new plans or plans change PA requirements; and
- Automation to improve PA transparency and process efficiency while maintaining physician oversight of payer access to EHR data.

The AMCNO will continue to follow this important issue and report any updates to our members.

**SMBO Decides Against Adding Anxiety, Autism as Qualifying Conditions for Medical Marijuana**

The State Medical Board of Ohio (SMBO) Medical Marijuana Expert Review Committee has unanimously voted against adding anxiety and autism spectrum disorder to the list of qualifying conditions for treatment with medical marijuana.

Recently, the committee heard from medical professionals on both sides of the issue and became concerned about the lack of medical consensus, given that Ohio law does not allow for removal of a condition from the list of qualifying conditions once the condition is added. It was also noted that marijuana is difficult to legally obtain to research because the federal government classifies it as a Schedule I controlled substance (the same category as heroin), and it hasn’t been thoroughly vetted in the United States through scientific methods as pharmaceutical drugs have been. There are also concerns about marijuana’s effects on children’s developing brains and potential liver damage for children and adults.

The Board of Pharmacy also announced July numbers for the state medical marijuana program. Currently in Ohio, 53,082 patients are registered for the program, 50,623 recommendations have been issued, and 30,284 unique patient purchases have been made. It is expected that all three numbers will continue to grow.

In 10 states, patients suffering from anxiety have access to medical marijuana, and it is explicitly a qualifying condition in New Jersey, Nevada and Pennsylvania.

The petition process for consideration of new qualifying conditions will begin in November.