OHIO OSTEOPATHIC ASSOCIATION

What's Up at the Statehouse?

Jon F. Wills

Executive Director

Ohio Osteopathic Association

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

OHIO OSTEOPATHIC ASSOCIATION

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?

OHIO OSTEOPATHIC ASSOCIATION

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

OHIO OSTEOPATHIC ASSOCIATION

Signed by the Governor

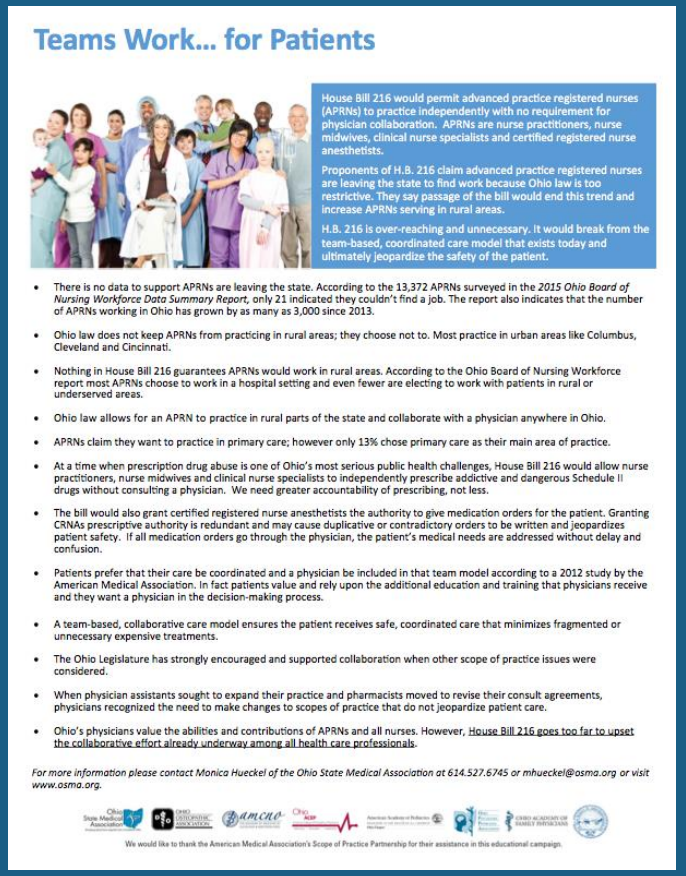
- **SB 121 (Meningitis Immunizations)**
  - Requires immunization at age recommended by the Ohio Department of Health
  - Goes into effect for school year 2016 -17
- **HB 124 (Johnson)**
  - Authorizes physicians, APRNs, or PAs to prescribe or furnish a drug for up to two sexual partners of a patient diagnosed with an STD, without examining the sexual partner.

What's Causing the Most Indigestion?

OHIO OSTEOPATHIC ASSOCIATION

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



Teams Work... for Patients

House Bill 216 would permit advanced practice registered nurses (APRNs) to practice independently with no requirement for physician collaboration. APRNs are nurse practitioners, nurse midwives, clinical nurse specialists and certified registered nurse anesthetists.

Proponents of H.B. 216 claim advanced practice registered nurses are leaving the state to find work because Ohio law is too restrictive. They say passage of the bill would end this trend and increase APRNs serving in rural areas.

H.B. 216 is over-reaching and unnecessary. It would break from the team-based, coordinated care model that exists today and ultimately jeopardize the safety of the patient.

- There is no data to support APRNs are leaving the state. According to the 13,372 APRNs surveyed in the *2015 Ohio Board of Nursing Workforce Data Summary Report*, only 21 indicated they couldn't find a job. The report also indicates that the number of APRNs working in Ohio has grown by as many as 3,000 since 2013.
- Ohio law does not keep APRNs from practicing in rural areas; they choose not to. Most practice in urban areas like Columbus, Cleveland and Cincinnati.
- Nothing in House Bill 216 guarantees APRNs would work in rural areas. According to the Ohio Board of Nursing Workforce report most APRNs choose to work in a hospital setting and even fewer are electing to work with patients in rural or underserved areas.
- Ohio law allows for an APRN to practice in rural parts of the state and collaborate with a physician anywhere in Ohio.
- APRNs claim they want to practice in primary care; however only 13% chose primary care as their main area of practice.
- At a time when prescription drug abuse is one of Ohio's most serious public health challenges, House Bill 216 would allow nurse practitioners, nurse midwives and clinical nurse specialists to independently prescribe addictive and dangerous Schedule II drugs without consulting a physician. We need greater accountability of prescribing, not less.
- The bill would also grant certified registered nurse anesthetists the authority to give medication orders for the patient. Granting CRNAs prescriptive authority is redundant and may cause duplicative or contradictory orders to be written and jeopardizes patient safety. If all medication orders go through the physician, the patient's medical needs are addressed without delay and confusion.
- Patients prefer that their care be coordinated and a physician be included in that team model according to a 2012 study by the American Medical Association. In fact patients value and rely upon the additional education and training that physicians receive and they want a physician in the decision-making process.
- A team-based, collaborative care model ensures the patient receives safe, coordinated care that minimizes fragmented or unnecessary expensive treatments.
- The Ohio Legislature has strongly encouraged and supported collaboration when other scope of practice issues were considered.
- When physician assistants sought to expand their practice and pharmacists moved to revise their consult agreements, physicians recognized the need to make changes to scopes of practice that do not jeopardize patient care.
- Ohio's physicians value the abilities and contributions of APRNs and all nurses. However, House Bill 216 goes too far to upset the collaborative effort already underway among all health care professionals.

For more information please contact Monica Hueckel of the Ohio State Medical Association at 614.527.6745 or mhueckel@osma.org or visit www.osma.org.

We would like to thank the American Medical Association's Scope of Practice Partnership for their assistance in this educational campaign.

What Other Bills Are Keeping us Busy?

OHIO OSTEOPATHIC ASSOCIATION

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.

OHIO OSTEOPATHIC ASSOCIATION

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

OHIO OSTEOPATHIC ASSOCIATION

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

OHIO OSTEOPATHIC ASSOCIATION

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

OHIO OSTEOPATHIC ASSOCIATION

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.

OHIO OSTEOPATHIC ASSOCIATION

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

OHIO OSTEOPATHIC ASSOCIATION

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