

MEMO

TO: ABC Committee

FROM: OHA Advocacy Department

DATE: January 19, 2021

SUBJECT: Advocacy update - 2020 lame duck overview

Thank you all for your partnership and collaboration during the 133rd General Assembly. Following the lame duck session, we wanted to provide a summary of health-care related bills that passed in the final weeks of 2020:

- **SB 252**: Prohibits insurance companies from implementing step therapy for patients with stage IV cancers. The bill allows patients immediate access to the treatment chosen by their physicians for their cancer or its associated conditions. The legislation ensures patients diagnosed with Stage IV, advanced metastatic cancer have access to the most appropriate therapies is critical for their best chance at positive outcomes.
- **SB 263**: Preserves the intent of the federal 340B Drug Discount Program and prohibits health plan issuers and Medicaid managed care organizations from including in a contract with a covered entity that participates in the federal 340B Drug Pricing Program certain provisions that would result in the 340B covered entity not receiving the financial relief it is entitled to by virtue of its participation in the program.
- **SB 310**: An emergency spending measure that includes \$2.1 billion in capital appropriations and a host of provisions dealing with the COVID crisis. Working with the Ohio Department of Medicaid and legislative leaders, OHA was successful in negotiating a temporary adjustment to the Hospital Franchise Fee that will assist hospitals and bolster the state's finances.

In essence, the amendment adjusts the Hospital Upper Payment Limits line item and Medicaid services federal line item by a combined \$700 million to allow anticipated hospital and federal funds to be spent this fiscal year.

The bill also includes the following OHA-driven solutions to assist hospitals in addressing temporary staffing issues related to the pandemic – these provisions are effective through May 1, 2021:

- Waives the requirement for collaboration supervision agreements for advanced practice registered nurses and physician assistants to allow them to work in a different hospital unit without needing a new agreement.
- Allows emergency medical technicians who have been properly trained to administer and collect COVID tests.
- Allows respiratory therapists to direct licensed practical nurses.

Jan. 19, 2021

- Permits certain retired health care professionals who are inactive but in good standing to practice under a temporary license.

This bill is an emergency measure and went into effect immediately after the governor signed it on Dec. 29. OHA will provide updates as they are available on the distribution model for the Hospital Franchise Fee.

- **[SB 311](#)**: A pandemic-related proposal aimed at limiting the administration's ability to issue stay-at-home orders and quarantines across the state. **Gov. Mike DeWine vetoed the bill on Dec. 3.**
- **[HB 1](#)**: Before passing its criminal justice reform legislation, the House agreed to Senate amendments adding in portions of SB3 dealing with involuntary court-ordered treatment for drug and alcohol abuse. These provisions will impact psychiatric hospitals and acute care hospitals with psychiatric units.
- **[HB 210](#)**: Regarding the screening of childcare and preschool employees for tuberculosis and the disclosure of information about public assistance recipients to public health authorities. The final legislation includes OHA-supported provisions dealing with the Ohio Department of Health's Radiation Control Program and the regulation of radiation technology professionals. The radiation technology professionals provision addresses a work flow problem associated with the administration of contrast agents.
- **[HB 388](#)**: OHA represented the Ohio hospital community as an interested party on this surprise billing legislation, which addresses out-of-network care and instances of "surprise" or balance billing. Working with a coalition of other providers, OHA opposed approaches that would impose arbitrary rates on providers as it would compromise patient access to care and creates a disincentive for insurers to maintain adequate provider networks.

In the hours leading up to passage of this Ohio-specific measure, Congress introduced a mechanism to address surprise billing in the latest federal COVID-19 response package, further complicating the landscape on this issue. OHA is working to analyze how the two measures parallel and will provide more information in the coming weeks.

In addition to the bills that were passed, OHA was closely monitoring legislation dealing with price transparency, telehealth, stroke protocols, prompt pay and provider licensure compacts. While these proposals did not make it over the finish line, similar concepts could be reintroduced in the 134th General Assembly.