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# What's in the 2016-2017 state budget?

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**Health Policy Institute of Ohio**

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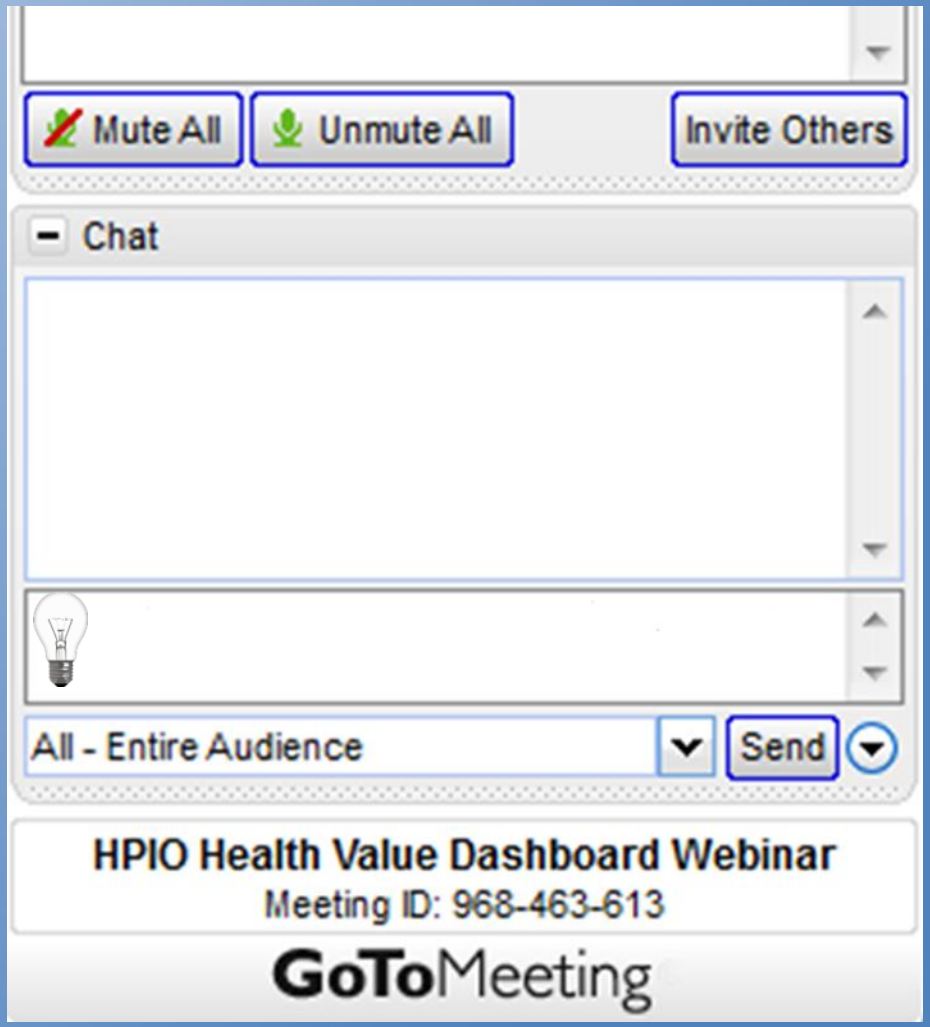
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# Strategic priorities

**Access.** Ensuring timely access to comprehensive, integrated and appropriate health services

**Prevention:** Promoting healthy community environments and behaviors

**Payment**: Encouraging payment models that drive cost-effective and evidence-based prevention and care

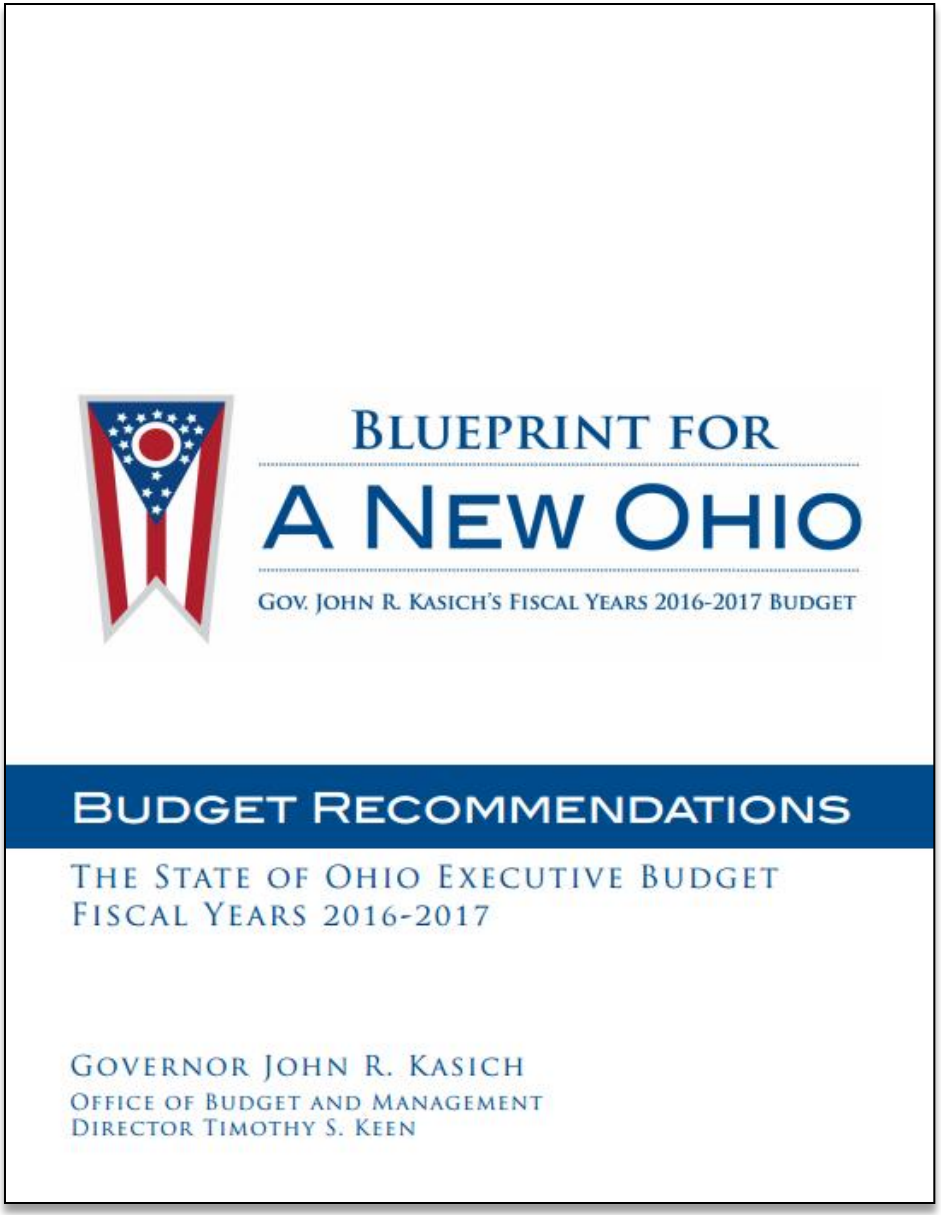
# Today's topics

- ✓ Medicaid-related initiatives
- ✓ Tobacco prevention and cessation
- ✓ Other provisions related to prevention, wellness and public health
- ✓ Graduate medical education
- ✓ Price and data transparency
- ✓ Telehealth

# Our goal is that by the end of this webinar, you will…

- Be familiar with the budget process and timeline
- Understand what's in the final state budget for SFYs 2016 - 2017
- Know where to go for more information

# What is the state budget and why is it important?



# Budget process

Office of Budget and Management and agencies

↓

OBM and Governor

↓

**Executive Budget presented to General Assembly**

↓

House of Representatives and Senate

↓

Conference Committee

↓

**Governor signs Appropriations Bill**

# Coverage for optional Medicaid groups

- The Executive budget eliminated coverage for pregnant women, BCCP and family planning above 138% FPL (Previously, these groups had been covered up to 200% FPL)
- The Senate restored coverage for pregnant women and BCCP

**Final Budget:**

**✓Pregnant women and BCCP are eligible for Medicaid coverage up to 200% FPL**

**✓No Medicaid coverage for family planning services for people between 138 – 200% FPL**

**Related resource:**
**OHT white paper, "Coverage for Pregnant Women"**

# Personal responsibility in Medicaid

- Executive budget assessed premiums for adults above the poverty line
- The House created the Healthy Ohio Program.
- The Senate added a more limited waiver program.

**Final Budget:**

**✓ODM will seek a federal waiver requiring all adult Covered Families and Children (CFC) and Group 8 Medicaid enrollees to participate in the Healthy Ohio Program and make monthly contributions to a "Buckeye Account."**

**✓Participants (excluding pregnant women) who fail to pay will have their coverage terminated until payments resume.**

**Related resource:**
**OHT white paper, "Health Savings Accounts"**

# Health and Human Services Fund

- The Senate budget created the Health and Human Services Fund. OBM is required to transfer $200 million to the fund.
- The House budget limited the Controlling Board's authority to expend unanticipated GRF revenue above a certain amount and from creating new funds to receive unanticipated revenue above a certain amount.

**Final Budget:**

- ✓ **The Health and Human Services Fund remains and will be the source of the state share of Medicaid expansion in SFY 2017.**
- **The Governor vetoed the Controlling Board limits.**

# Managed behavioral health

- The Executive budget repeals provisions prohibiting BH services from being included in the managed care system and calls for "carving in" by Jan. 1, 2017.
- The House removed these provisions, but they were reinstated by the Senate. The Senate version included changes to the implementation timeline and the inclusion of legislative oversight.

**Final Budget:**

- ✓ **Behavioral health will be included in Medicaid managed care by Jan. 1, 2018.**
- ✓ **The implementation will be monitored by JMOC.**

**Related resource:**

Ohio Mental Health and Addiction Services budget summary

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HPIO forum

# **Beyond mental health and addiction parity:** Are Ohioans getting the services they need?

Monday Aug. 31, 2015

Click here for more information

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## POLICY EXPERTS

Our staff can assist policymakers with health policy questions

# Community health workers

- The Senate budget included provisions requiring Medicaid managed care organizations to cover CHW services for pregnant women or those who may become pregnant who live in hubs with high rates of infant mortality and other criteria.
- The legislature passed this proposal.

**Final Budget:**

✓ **The Governor vetoed the use of Medicaid MCPs to provide CHW services through community hubs.**

**Related resource:**

**OHT white paper, "Reducing Infant Mortality"**

# Dental provider rates

- The Executive budget increased dental provider rates 1% statewide.
- The House budget kept the statewide rate increase and created a demonstration pilot program that would pay Medicaid dental providers in 16 Appalachian counties at 65% of the ADA survey of fees.
- The legislature passed the House version of these provisions.

**Final Budget:**

- ✓ **Medicaid dental providers will receive a 1% rate increase statewide.**
- **The Appalachian dental pilot program was vetoed.**

# Cigarette tax

- Executive budget included $1 increase (from $1.25 to $2.25)
- House removed the tax
- Senate included $0.40 increase (from $1.25 to $1.65)
- Conference compromised at $0.35 increase

**Final Budget:**

✓ **$0.35 increase in price of pack of cigarettes**

- **From $1.25 to $1.60**
- **28% increase in the tax amount**
- **Approx. 5% increase in the total cost of a pack of cigarettes**

# Tobacco cessation and prevention funding (ODH line item 440473)

- Executive budget appropriated $2.05 million in FY16 and in FY17
- House appropriated $1.05 million in FY16 and FY17
- Senate and conference committee increased allocation

**Final Budget:**

- ✓ **$5.05 million in FY16 and $7.05 million in FY17= $12.1 million over biennium**
- **Increase of $4 million from FY15 to FY16 (was $705,543 in FY14 and $1.05 million in FY15)**
- **Highest level of tobacco prevention and cessation funding since TUPCF was abolished in 2008**

# Moms Quit for Two

- Grant program introduced by Senate

**Final Budget:**

- ✓ **$1 million in each fiscal year**
- **Grants to private, nonprofit entities to deliver evidence-based tobacco cessation interventions for pregnant women and women living with children**
- **Targeted for communities with high infant mortality rates**
- **Within tobacco prevention and cessation line item**

# Tobacco provisions NOT in final budget

- Increased other tobacco product (OTP) tax
- E-cigarette and vapor tax
- Minimum pricing and elimination of discounts
- Strengthened provisions for tobacco-free K-12 schools, colleges and universities

**Related resource:**
**OHT white paper: "Reduce Tobacco Use"**

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Health Policy Brief

June 2015

Executive summary

# The state of tobacco use prevention and cessation in Ohio

## Environmental scan and policy implications

### Policy landscape and tobacco use prevalence

Smoking and secondhand smoke exposure are associated with many of Ohio's most pressing health policy challenges, including infant mortality, rising Medicaid costs and high rates of chronic diseases such as diabetes and cancer.

Ohio now lags behind most other states, ranking 44th for adult smoking.[1]

A decade ago Ohio was making significant progress in reducing smoking rates. Funded by the Master Settlement Agreement (MSA) with major tobacco companies, the Ohio Tobacco Use Prevention and Control Foundation helped 38,000 Ohioans quit smoking.[2] In 2006, Ohio passed the comprehensive Smoke-Free Workplace Act. From 2002 to 2008, Ohio's adult smoking rate declined 24.4%, placing Ohio in the top quartile of states with the steepest declines during that time period.[3]

When the MSA was securitized and the Foundation was abolished in 2008, Ohio's investment in tobacco prevention and control dropped from a high of $54.8 million in SFY 2005 to a low of $2.2 million in SFY 2011 (see trend graph on next page). As a result, the scope and intensity of prevention and cessation activities in Ohio was greatly diminished.

### Ohio's implementation of evidence-based strategies

There is a strong body of evidence on what works to prevent tobacco use, help smokers quit, and reduce exposure to secondhand smoke (see box on next page). Ohio is currently employing many of these strategies, but the scope and intensity of these activities in recent years appears to be inadequate to produce the desired results. Ohio's Quit Line, for example, achieves excellent quit rates, although Quit Line utilization is much lower than in most other states and eligibility is limited. As a result, only a small number of Ohioans are able to take advantage of this effective service.

**Ohio's strengths** in implementing evidence-based strategies include:

- **Highly comprehensive Smoke-Free Workplace law** that includes restaurants, bars and casinos.
- **Medicaid cessation benefits** that align well with evidence-based recommendations for cessation counseling and medications.

**Key facts**

- Ohio ranks 44th for adult cigarette smoking and 49th for secondhand smoke exposure for children, indicating that Ohio has higher tobacco use rates than most other states.[4]
- Ohio's youth tobacco use rate (21.7%) is slightly below the national rate (22.4%).[5] Youth are much more likely than adults to use tobacco products other than cigarettes, such as smokeless tobacco, E-cigarette and hookah use among young people is quickly rising.[6]
- Tobacco use is particularly high among Medicaid enrollees and Ohioans with mental illness or other disabilities. Almost half of working-age Medicaid enrollees were current smokers in 2012.[7]
- Researchers estimate that 15% of Medicaid costs are attributable to cigarette smoking.[8]



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Health Policy Brief

June 2015

# Mapping accountability to improve Ohio's performance on tobacco use

The majority of adult cigarette smokers (69%) report they want to stop smoking. Yet, tobacco use is the **leading** cause of preventable death and disease in the U.S. and is a significant contributor to high healthcare costs. Researchers estimate that 8.7% of annual aggregated healthcare spending in the U.S. is associated with cigarette smoking – amounting to $169.3 billion. Across state Medicaid programs, the cost of cigarette smoking is estimated to be even higher – accounting for 15% ($39.6 billion) of annual Medicaid expenditures.

Ranked 44th for adult cigarette smoking and 49th for secondhand smoke exposure for children, Ohio has higher tobacco use rates than most other states.

here are many public and private entities sted in reducing tobacco use for Ohioans d all share responsibility in improving Ohio's formance. However, progress can be difficult uge if there is no tracking of tobacco mes and no system in place to hold health and healthcare organizations table for set objectives or goals around tobacco use.

ation builds on the Health Policy Ohio's brief, ***The state of tobacco use and cessation in Ohio: Environmental icy implications*** by providing and other stakeholders with ing of how tobacco-related acked in Ohio and what, ns are in place to ensure improving Ohio's performance. veloped a tobacco untability map, constructed objectives: of tobacco-related tracked and reported in

racking and reporting measures is required or

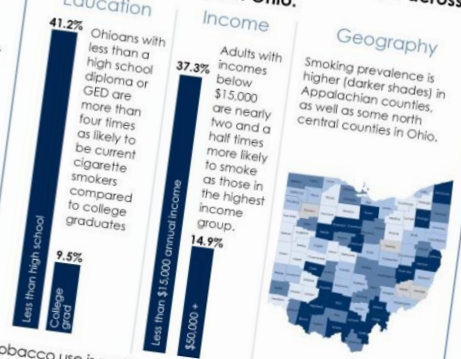
ble for meeting set ks for tobacco-related

**Key facts about tobacco use in Ohio**

**23.4%** of Ohio adults smoked cigarettes in 2013 ...


well above the Healthy People 2020 goal of **12%**

**There are large disparities in tobacco use across demographic groups in Ohio.**




Tobacco use is particularly high among Medicaid enrollees and Ohioans with mental illness or other disabilities. **Almost half of working-age Medicaid enrollees** were current smokers in 2012.

# Legislative Committee on Public Health Futures

- Introduced by Senate

**Final Budget:**

- ✓ **Re-establishes Legislative Committee on Public Health Futures**
- **Committee shall be convened by ODH and issue a report by Jan. 31, 2016**
- **Review effectiveness of recommendations of previous Public Health Futures reports**
- **Make recommendations to improve local public health services**

**Related resource:**
ODH Public Health Futures page


AOHC
Public Health Futures
Considerations for a New Framework for Local Public Health in Ohio
Final Report
hpi
Prepared by the Health Policy Institute of Ohio
June 15, 2012


LEGISLATIVE COMMITTEE on
Public Health Futures
Public Health
October 31, 2012

# Population health planning NOT in final budget

- Executive budget included new Population Health Planning and Hospital Community Benefit Advisory Workgroup
- Workgroup was to make recommendations regarding:
  - Regional Community Health Assessments (CHAs) and developing regional Community Health Improvement Plans (CHIPs), and
  - Extent to which hospital community benefit should be used to address prioritized population health outcomes aligned with regional CHIPs
- Removed by House and not reinstated by Senate

**Related resource:**
**OHT white paper: "Improve Population Health Planning"**

hpio Health Policy Brief

April 2015

# Making the most of community health planning in Ohio

## The role of hospitals and local health departments

### Introduction

Community health planning is a collaborative process that engages a variety of partners to identify and implement strategies that address a community's most pressing health needs. The overarching aim of community health planning is to improve the health and wellbeing of community residents.

Recent federal and state policy changes require nonprofit hospitals and local health departments (LHDs) to engage in community health planning activities. Hospitals and LHDs are required to collaborate with organizations within their community to prioritize their community's health needs, and develop plans and implement strategies to address those needs. Under this new policy landscape, hospitals and LHDs can play a critical role in aligning and leveraging community health planning activities across the state to improve the overall health of Ohioans.

INSIDE



### Key community health planning terms

**Community health needs assessment (CHNA):** an assessment conducted by a hospital every three years to identify and prioritize its community's health needs and identify potential measures and resources available to address its community's prioritized health needs.

**Implementation strategy (IS):** a plan identifying how a hospital will address the significant health needs identified in the CHNA.

**Community health assessment (CHA):** a collaborative assessment conducted at least every five years by a LHD to describe the health of the population, identify areas for health improvement, contributing factors that impact health outcomes and community assets and resources that can be mobilized to improve population health.

**Community Health Improvement Plan (CHIP):** a collaborative plan conducted by a LHD that builds upon the CHA to set priorities, direct the use of resources, and develop and implement projects, programs, and policies to improve the health of the population of the jurisdiction that the LHD serves.

# Blood-borne infectious disease prevention

- Introduced by Senate
- Revised in Conference

**Final Budget:**

- ✓ **Authorizes local boards of health to establish blood-borne infectious disease programs**
- **Applies to prevention of HIV and Hepatitis B and C**
- **Referrals to substance abuse treatment programs**
- **Immunity from criminal prosecution for "furnishing a hypodermic needle to another person"**
- **Does not require declaration of public health emergency**
- **Program cost is responsibility of local board of health**

**Related resource:**
Center for Community Solutions blog post

# Additional wellness and prevention-related provisions: ODH

**Final Budget:**

- ✓ Master Settlement Agreement funding allocated to various tobacco prevention and cessation activities
- ✓ Public Health Emergency Preparedness Fund
- ✓ Emergency preparation and response $500,000 each fiscal year (earmark for local boards of health)
- ✓ ODH will no longer provide GRF-funded vaccines or GRF funding for vaccines
- ✓ Infant vitality programs: GRF appropriations for Safe Sleep Campaign, Progesterone Prematurity Prevention Project, and Prenatal Smoking Cessation Project
- ✓ Krabbe disease newborn screening

# Additional wellness and prevention-related provisions: Other agencies

**Final Budget:**

- ✓ **Healthy Food Financing Initiative, $1 million each year (Community Development Financial Institution to implement initiative to improve food access for underserved urban and rural communities) (ODJFS)**
- ✓ **Abolishes Healthy Choices for Healthy Children Council (ODE)**
- ✓ **Prevention and wellness funding (up to $1.5 million) and suicide prevention funding (up to $1 million) (OMHAS)**
- ✓ **Water quality (ODNR)**

# Graduate medical education

- The Senate budget created a Graduate Medical Education Study Committee.

**Final Budget:**

- ✓ **OHT will convene a Graduate Medical Education Study Committee**
- **The committee will issue a report by Dec. 31, 2015**

# Ohio all-payer health claims database and Ohio hospital report card

- The House budget requires OHT to create an all-payer health claims database (APCD).
- The House budget required OHT to create an Ohio hospital report card to provide information on a public website about clinical data and other outcomes to allow consumers to compare health care services at different facilities.

**Final Budget:**

- ✓ **Does not include an APCD**
- ✓ **Does not include an Ohio hospital report card**

**Related HPIO resources:**

**All Payer Claims Databases resource page**

# Health services price disclosure

- The Senate budget created the Health Services Providers Cost Estimate Study Committee.
- This provision was included in the final version of the budget passed by the legislature.
- The BWC budget (H.B. 52) created the Health Services Price Disclosure Study Committee.

**Final Budget:**

✓ **The Governor vetoed the legislature's study committee, keeping the language in the BWC budget.**

**Related HPIO resources:**

Data Transparency resource page

# Healthier Buckeye grant program

- The House budget requires each county to establish a local Healthier Buckeye Council by Dec. 15, 2015 and included an appropriation of $17.5 million over the biennium.
- The Senate budget made creating a local board optional and did not include an appropriation.
- The Conference Committee reinstated funding.

**Final Budget:**

- ✓ **Establishes the Healthier Buckeye grant pilot program and allocates $11 million over the biennium.**
- ✓ **Creating a local Healthier Buckeye Council is optional.**

**Related resource:**
**JMOC testimony by Rep. Amstutz (Jan. 2015)**

# Telehealth prescribing

- House budget included language around physician prescribing based on remote examination of a patient.
- The language was included in the legislature's passed budget.

**Final Budget:**

- ✓ **The Governor vetoed the remote prescribing provision.**
- **Legislation expected requiring State Medical Board to adopt rules governing physician prescribing based on remote examination.**

# Telehealth resource page

updated 06.09.2015

For the past two years, HPIO has provided a neutral forum for telehealth stakeholders to convene and discuss telehealth policy and implementation in Ohio. HPIO has focused attention on telehealth as a promising practice that has implications for improving health outcomes, increasing access to care, and controlling or reducing cost. HPIO's work around telehealth has helped to inform and mobilize stakeholders to engage in policy decisions around telehealth at the state level. For more information on HPIO's telehealth work or to join our **Telehealth Initiative**, contact Reem Aly at **raly@hpio.net.**

## Proposed legislation and rules

### Telemedicine services-insurance and Medicaid coverage

- **Senate Bill 32 – As introduced** (link automatically downloads pdf)

### Prescribing to persons the physician has never personally examined

# Ohio budget bill resources

**General Assembly**

www.legislature.ohio.gov

- Find the full text of the budget bill by searching for House Bill 64

**Office of Budget and Management (OBM)**

http://obm.ohio.gov/Budget/operating/fy16-17.aspx

- See the Governor's veto message

# Ohio budget bill resources, cont.

**Legislative Service Commission**

http://www.lsc.ohio.gov/budget/mainbudget.htm

- **Comparison Document** – highlights the differences between the different versions of the bill
- **Greenbooks** will be published later this summer/early fall – analyze the enacted budget by agency

# HPIO Resources

Policy Briefs:

- ✓ The state of tobacco use prevention and cessation in Ohio
- ✓ Mapping accountability to improve Ohio's performance on tobacco use
- ✓ Making the most of community health planning in Ohio: The role of hospitals and local health departments

# HPIO Resources

Resource pages:

- Telehealth resource page
- Health data transparency resource page
- Ohio and All Payer Claims Databases resource page

# HPIO Resources

## Upcoming events:

**Beyond mental health and addiction parity: Are Ohioans getting the services they need?**

Monday, August 31, 2015

10:00 am – 3:00 pm

Dublin Integrated Education Center (Dublin, OH)

Please join us to discuss the status of mental health and addiction treatment parity in Ohio and the nation. What have been the early impacts of the Mental Health Parity and Addiction Equity Act (MHPAEA) on access, utilization, and cost? What challenges remain?

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