

Testimony Concerning House Bill 450
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The Ohio Foot & Ankle Medical Association (OHFAMA)
House Government Oversight & Accountability Committee
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Chairman Blessing, Ranking Member Clyde and to the members of the House Government Oversight & Accountability Committee, on behalf of Ohio's podiatric physicians and surgeons that make up the Ohio Foot & Ankle Medical Association (OHFAMA), I would like to relay our association's concerns with House Bill 450, the legislation that will establish additional hurdles for health care benefit proposals to become law in Ohio. While our members applaud Representative Antani for seeking to continue the dialogue regarding the examination of value and cost in our health care system, our association remains unconvinced that HB 450 is a needed tool to achieve that goal.

OHFAMA believes the long-established current system used by the Ohio General Assembly to consider or reject proposed health care benefit legislation has worked. Our association trusts you, as individual members of the General Assembly, to make thorough and contemplative decisions on such bills on a case-by-case basis. You have proven this process works because our association cannot recall a health benefit bill being adopted without a very thorough debate and deliberative process that featured all parties going through an extensive committee process and floor debate. Decisions on these health benefit proposals are difficult for all involved. We believe the General Assembly has done a fairly good job weighing the public benefit of these bills (such as achieving early detection and the saving of lives) as well as the potential cost-savings of the measure or the potential impact a proposal might have on health insurance premiums.

OHFAMA is very concerned about adding statutory requirements to erect additional barriers to the possible adoption of health benefit proposals. Our members believe it is not sound policy to do so and the language in HB 450 will only significantly slow the legislative process and place additional restrictions on future editions of the General Assembly regarding consideration of health benefit proposals. Using arbitrary criteria, such as Medical CPI vs. Overall CPI or the fact that other states would have to first enact the same or similar health benefit proposal, is unnecessary.

Ohio's podiatric physicians and surgeons are also concerned with language in HB 450 that uses the determination of the health benefit proposal "increasing premiums in other states" as criteria in Sections 103.147 (C)(3) and 3901.882 (A)(1) of the bill. Section 103.147(C)(3) concerns the Legislative Service Commission (LSC) being mandated to include as part of its mandate analysis potential "premium increases" of the health benefit but requires no inclusion of possible savings that took place (such as reduced costs in other areas) or public health benefit (such as potential lives saved) as part of this overall criteria. The exclusion of savings or public benefit criteria is also not included in the consumer insurance premium notice detailed in Section 3901.882 (A)(1). Additionally, under the study mandated of the Superintendent of Insurance under Section 3901.88 (B)(1) and (2), the criteria listed here is only on calculated costs and offers no requirement to study or list the savings of the health benefit to consumers or health insurers.

OHFAMA is also concerned with what will truly constitute a “mandated benefit,” if HB 450 is adopted. In reviewing this proposed legislation, we realize HB 450 uses the definition in ORC 103.144 as defining “mandated benefit” but recent activity and inquiries on other insurance bills before the General Assembly gives us great pause in this area. Will these new criteria in HB 450 only apply to legislation that seeks to add newly proposed benefits (such as diabetes coverage) or will the criteria be applicable to even attempts to change administrative processes for policies already in law (such as prior authorization or prompt pay laws) or those being proposed (such as step therapy)? The General Assembly has done some very good work in recent times regarding important issues such as prior authorization, prompt payment of claims, and other areas; policies that have helped many of your constituents and positively enhanced the real world working environment for those providers treating those citizens. This good work was all done under our current system of carefully deliberating these issues on a case-by-case basis and we worry that HB 450 could significantly disrupt this successful process.

As always, thank you for your consideration of OHFAMA’s views on this issue. Our association prides itself on trying to be working partners with the General Assembly on issues of importance to not only our members, but most importantly, our patients that we are honored to serve. Please do not hesitate to contact me if you have any questions regarding our concerns on HB 450.