

To: Members of the Ohio House Government Accountability and Oversight Committee

Fr: Monica Hueckel, Director, Ohio State Medical Association

Da: May 15, 2018

Re: Sub-HB 450

On behalf of the 12,000 physician, resident and medical student members of the Ohio State Medical Association (OSMA), I am writing today to express our continued opposition to substitute House Bill 450.

OSMA testified in opposition to the original version of HB 450 in March 2018. We outlined our major concerns with the bill: largely those that would significantly limit a future General Assembly's ability to consider new health insurance coverage requirements. The substitute version of HB 450, which we just received yesterday, unfortunately does not address our concerns around this issue.

We would request that the committee consider the following changes to the legislation:

Section 101.88

1. Lines 16-20: We request that these lines be removed.
2. Lines 21-22: We request clarity around the report required by the Department of Insurance. What is the timeframe for the department giving this report to the general assembly and why is this report necessary? Legislation dealing with health insurance mandates always specifies what type of plans the legislation is focusing on. This report is needless and would provide no substantive information.
3. Lines 23-26: We request that these lines be removed. There is rarely a singular reason for health care cost decreases or increases, thus making it nearly impossible to prove with certainty that one specific insurance benefit results in an increase of costs.
4. Lines 27-35: These lines are too vague and subjective, and we request that they be removed. Who would determine whether enough possible alternatives were considered and what type of "proof" would need to be shown to determine that alternatives were considered?

Section 3901.88

We request that any study the superintendent of insurance conducts shall also calculate the cost savings associated with mandated benefits and those findings

also be reported to the governor, the senate president, and the speaker of the house.

Section 3901.882

We request adding in language that states “that these mandates can also provide early detection opportunities for some diseases, may provide better care management opportunities for certain health conditions, may provide opportunities for better health outcomes and may actually lower overall health insurance premiums.”

As for the requirement to contact your state legislator regarding concerns, we would also suggest adding a provision that individuals might contact state legislators to express *thanks or support* for the coverage requirement.

We would again urge this committee to consider making these recommended changes to this bill. The provisions in this legislation, specifically in section 101.88, would set up a process that would make it nearly impossible to ever have this legislative body consider bills which would address needed health care reforms and changes, many which would benefit those patients most in need.

To put this into context, if this bill were to pass as is, in the past 20 years, we would have only seen 2 years in which insurance reforms could have been considered by Ohio’s General Assembly. **Two years**, and only **if** all the other component pieces of this legislation lined up perfectly.

Proponents of this legislation have tried to argue that the state of Ohio needs a better process for considering and vetting insurance related proposals. I would argue we already have a process; it is called the legislative process. No legislation passes without extreme time, consideration, debate, and negotiation. I would urge this committee to not take away your ability or the ability for future general assemblies to consider needed patient reforms.

Thank you for the opportunity to comment on the substitute version of HB 450.