

## **ODONTIA Fall 2015**

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School buses are rolling, schedules are tightening up and football season is upon us. We are into the third quarter of the year and will be starting back into session soon. The General Assembly took a few months officially away from the Capitol and will start back into committees and sessions in mid to late September, working through mid-December, to end the first year of the two year session. Before going on recess the General Assembly put the finishing touches on the state's biennial budget (House Bill 64). As I outlined in last quarter's edition, ODHA usually does not have many things to discuss with regard to the budget bill and testimony is limited to supporting continued Medicaid adult dental reimbursements.

However, as it relates to dental related legislative issues, there were some items of interest in the budget that ODHA was supportive of and provided testimony. House Bill 64 increases Medicaid dental provider rates by 1/2% or \$2.5 million in the 2-year budget. The very modest increases sought haven't occurred since 2000; ODHA argued that the increases are well overdue. The increases are paid from the savings through prevention efforts, thus, we supported this increase. Additionally, the House did insert a dental provider rate pilot project. The bill would have established a demonstration pilot project that pays Medicaid dental providers in Brown, Scioto, Adams, Lawrence, Jackson, Gallia, Vinton, Perry, Hocking, Meigs, Morgan, Washington, Pike, Athens, Noble, and Monroe counties at 65% of the American Dental Association survey of fees for dental services. ODA advocated for the change. However, the Governor vetoed the language to achieve these changes through Medicaid managed care as opposed to the fee-for-service system.

Additionally, for the second budget in a row, the Hope for a Smile program (HB 129, 131<sup>st</sup> G.A.) was added as an amendment to the budget bill and vetoed a second time by the Governor. The bill will have to go through the committee process since it is no longer a part of the budget. ODHA provided budget testimony in support of the initiatives above and supported one of the Senate's priority topics: the battle against infant mortality. ODHA supported the Senate's effort to address the topic and used the platform to raise awareness of the link between oral health care during pregnancy and adverse pregnancy outcomes. The Senate did work on language to protect insurance coverage for pregnant women. Due to the federal regulations which do not include pregnancy as a qualifying condition to purchase health insurance on the exchange, they restored Medicaid coverage to 200 percent of the federal poverty level as an important step to ensure that women have insurance throughout their pregnancy. Furthermore there was a provision added to the budget that creates the FQHC (federally qualified health care center) Primary Care Workforce Initiative to get medical, dental, behavioral health, physician assistant, and APN students with clinical rotations through FQHCs. Governmental Policy Group, GPG, will clarify that dental hygiene students can participate in the initiative.

Outside of the budget, our job at GPG is to look out for any bills or rules that seek to amend Chapter 4715 of the Revised Code, which governs your practice act. One such bill is a reintroduction of a bill from two sessions ago. This session it is titled, Senate Bill 194 and in previous sessions it was House Bill 259. In the previous version ODHA's Board of Trustees voted to oppose the bill and will likely do the same this session as the bills are structurally similar. Here's a little about SB 194. Over the past 12 years numerous versions of legislation have been introduced by Alternative Practitioners intending to destroy the licensure laws of most of the medical professions. The bills are referred to by proponents as the "Ohio Consumer Health Freedom Act" – even though the legislation is really about the freedom of unlicensed practitioners to engage in the health professions of dietetics, medicine, nursing, pharmacy, psychology, chiropractic, dentistry and dental hygiene, optometry, physical therapy, occupational therapy, athletic training, and orthotics, prosthetics, and pedorthics without any minimum requirements for education or training, without standards for practice, and without meaningful oversight.

SB 194 is devoid of any requirements for any minimum education, training, competency testing, or standards of practice for persons who practice alternative therapies - and who would be able to engage in activities that currently require a license. The proponents of this bill even refer to it as a "safe harbor". SB 194 permits an undefined scope of practice for unlicensed practitioners that would permit unregulated persons to engage in medical practices related to all areas of health and disease without real oversight – except for the exclusion of specific high risk activities – like performing surgery, or prescribing narcotics, setting fractures, providing enteral and parenteral nutrition, etc. The bill would prohibit the licensing boards from taking ANY action against a person who is practicing in their profession, unless the person was engaged in any of the specific activities. ODHA is not alone in this effort, as in the past we will be joining a broad base of professional organizations in coalition to defeat the bill. We may be calling upon you to write emails and make calls to your legislators on the matter. Please stay tuned.

ODHA is taking the opportunity to spread its message and testify on issues of importance and relevance to the profession. Our efforts at the Statehouse are complimented by your engagement with your State Representative and State Senator to share your position on the state of oral healthcare in Ohio and how to increase employment of dental hygienists in Ohio. Remember it is easier to ask something from someone that you already know! I look forward to seeing you all at Annual Session!