



OHIO LEGISLATIVE SERVICE COMMISSION

Anthony Kremer

Fiscal Note & Local Impact Statement

Bill: H.B. 145 of the 132nd G.A.

Status: As Passed by the Senate

Sponsor: Reps. Huffman and Sprague

Local Impact Statement Procedure Required: No

Subject: Establishes a confidential program, standardizes procedures for board consolidation, and provides that the General Assembly's authorization is needed before long-term care services are further included in the Medicaid managed care system

State Fiscal Highlights

- The bill establishes the One-Bite Program; thus the State Medical Board could realize a minimal increase in costs to establish the program, but also may experience a decrease in costs if the establishment of the program leads to fewer impairment-related investigations.
- The bill makes changes to the application fee for a physician and podiatrist training certificate and to the period of time for which the podiatrist training certificate is valid. Thus, the Board anticipates a minimal decrease in fee revenue collected and deposited into the State Medical Board Operating Fund (Fund 5C60).
- The bill modifies the fees for issuing and renewing dietetic and respiratory care licenses. It also changes the dietetics licensing cycle from annual to biennial. As a result, there could be a decrease of fee revenue of approximately \$220,000 over a biennial licensing for these licenses. As of January 21, 2018, dietetics and respiratory care licenses are regulated by the State Medical Board and any revenue is deposited into Fund 5C60.
- The bill specifies that the General Assembly's authorization through the enactment of legislation is needed before home and community-based waiver or nursing facility services are included in Medicaid managed care.

Detailed Fiscal Analysis

One-Bite Program

The bill requires the State Medical Board to establish the "One-Bite Program," which is a confidential program for treatment of health care practitioners whose ability to practice their profession is impaired due to habitual or excessive use or abuse of drugs, alcohol, or other substances. The Board is to contract with one organization to conduct the program. The bill requires One-Bite Program participants to pay for all treatment and evaluation costs. Therefore, increases in costs to the Board associated

with establishing the program are not likely to be significant. These costs include those associated with adopting or modifying rules and reviewing additional reports.

The Board could also realize a decrease in costs if the establishment of the program leads to fewer impairment-related investigations. Under the bill, cases of suspected practitioner impairment will be reported to the monitoring organization rather than the Board as under existing law.

Training certificates

The bill increases the application fee for training certificates from \$75 to \$130 for a physician or podiatrist to pursue an internship, residency, or clinical fellowship program. The renewal periods vary for each license under current law. In the case of a physician training certificate, it is valid under current law for three years and may be renewed for an additional two-year period. With respect to a podiatrist training certificate, under current law, it is valid for one year, but may be renewed for five years. The bill instead specifies that an initial podiatrist training certificate is valid for three years, the same period of time as a physician training certificate. The bill also permits each type of certificate to be renewed for one additional three-year period and increases the renewal fee from \$35 to \$100. The Board anticipates that once everyone is on the three-year license renewal cycle, the Board could experience a minimal decrease in fee revenue collected and deposited into the State Medical Board Operating Fund (Fund 5C60). Fund 5C60 is the Board's operating account into which receipts are deposited and from which expenses are paid.

Regulation of dietitians and respiratory care therapists

H.B. 49 of the 132nd General Assembly transferred the licensing responsibilities of the Ohio Board of Dietetics and the respiratory care licensing portion of the Respiratory Care Board to the State Medical Board on January 21, 2018. The Ohio Board of Dietetics and the Respiratory Care Board ceased operations on that date. Fee revenues related to the licensing of dietitians and respiratory care professionals are now deposited into the State Medical Board Operating Fund (Fund 5C60) rather than the Occupational Licensing and Regulatory Fund (Fund 4K90). The bill makes several changes to the laws related to dietitians and respiratory care therapists. Some of these changes are described below.

Dietitian and respiratory care licenses

Under current law, dietetic licenses are issued annually. The bill changes dietetic licenses to a biennial renewal schedule effective July 1, 2018. Additionally, the bill increases the application fee from \$125 to \$225 for an initial dietitian license and increases from \$95 to \$180 the fee for a dietitian license renewal. The bill also increases the fee for a duplicate dietitian license or limited permit from \$20 to \$35 and establishes a \$50 license verification fee. According to the Board, the Board could experience a decrease of around \$15,000 in fee revenue collected over a biennial licensing cycle. This calculation does not include revenue from the duplicate dietitian license or permit or

the license verification fee. There could be some initial minimal administrative costs associated with changing the license fee schedule to a biennial schedule.

The bill sets the initial respiratory therapist license fee at \$75, the limited permit fee at \$20, and the limited permit renewal fee at \$10. Current law specifies that fees cannot exceed these same amounts and it appears that these amounts are currently charged. The bill also lowers from \$100 to \$75 the biennial license renewal fee for respiratory therapists and establishes a duplicate license or limited permit fee of \$35 as well as a license verification fee of \$50. According to the State Medical Board, the decrease in the renewal fee could result in a decrease of more than \$205,000 in fee revenue collected over a biennial licensing cycle. There could be some offsetting revenue from the duplicate license or limited permit fees and license verification fees created in the bill.

The bill makes other changes in regard to licensing, including standardizing procedures for issuing and renewing limited permits and license reinstatement and restoration. Additionally, the bill establishes procedures for investigations and disciplinary actions and procedures.

Advisory councils

H.B. 49 created the Dietetics Advisory Council and the Respiratory Care Advisory Council, each responsible for advising the State Medical Board on issues relating to the practice of dietetics and respiratory care, respectively. The bill eliminates provisions that allow members of each council to receive per diem compensation, but retains a provision providing reimbursement to members of each council for actual and necessary expenses incurred in performing official duties. The bill also makes changes to the duties and membership of each council.

Long-term care services in Medicaid managed care

The bill specifies that the General Assembly's authorization through the enactment of legislation is needed before home and community-based services available under a Medicaid waiver component or nursing facility services are included in Medicaid managed care. However, the Medicaid Program may require or permit participants of the Integrated Care Delivery System (otherwise known as MyCare Ohio) to obtain such services under the system. Medicaid recipients who receive such services may be designated for voluntary or mandatory participation in managed care in order to receive other health care services. Any fiscal impact would depend on whether or not legislation is enacted addressing this issue.