Health Policy Update

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November 12, 2021

Hot Topics

- COVID policies
- Medical marijuana
- Expanded practice rights for non-physicians
- National and state health performance
- Disclosure of Drug Pricing to Patients
- Opioid crisis
- Medicaid work requirements
- Immigration crisis
- Vaccine mandates
- Masking policies
- Hospital price transparency
- Projected physician shortage

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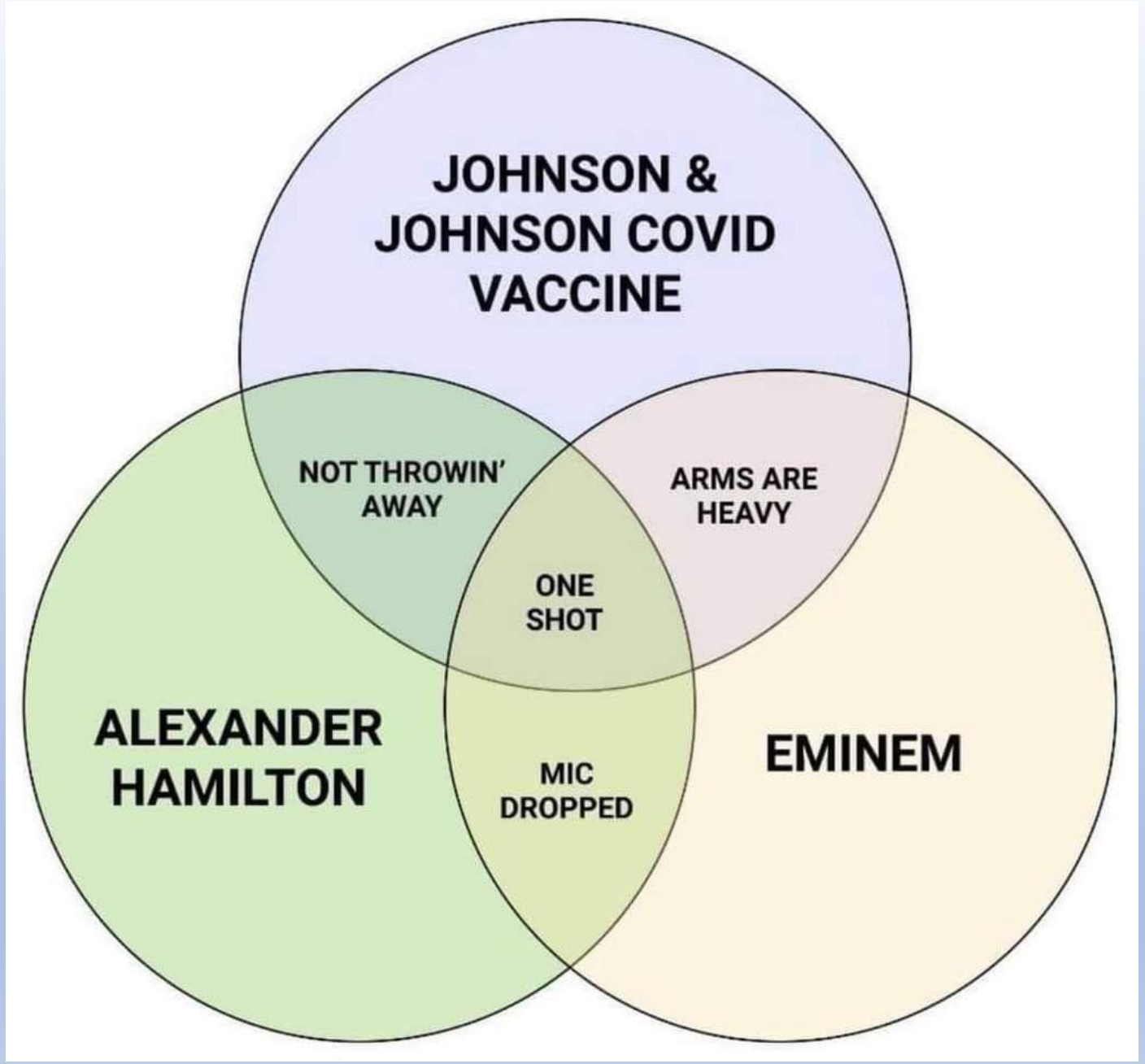
How do you Analyze a Health Policy Issue?

- Understand the framed issue – history and background
  - Quadruple Aim – Cost, Access, Quality, Wellness
- Identify the decision makers involved – who creates policy?
- Understand the challenge/controversy surrounding the issue
- Identify the intended consequences
- Consider the unintended consequences
- Identify the stakeholders for and against an issue
- Consider the subsequent issues that may arise
- What is the “high ground”?


JOHNSON & JOHNSON COVID VACCINE
NOT THROWIN' AWAY
ARMS ARE HEAVY
ONE SHOT
ALEXANDER HAMILTON
MIC DROPPED
EMINEM

Vaccine Mandates

Vaccine Mandates – Who Issues?

- Federal government
- State government
- Employer/other

Vaccine Mandates – Federal Government

- Unclear if the federal government has authority to issue a vaccine mandate
  - Never tested in courts until now
- Congressional authority to mandate a vaccine relates to Spending Clause and Commerce Clause
- Public health has historically been responsibility of state and local government

Vaccine Mandates – Federal Government

- Vaccines can be mandated for the military
  - Revolutionary War and smallpox
  - Upheld in court that personal religious convictions are not above military orders
- Vaccines can be mandated for immigrants seeking to enter the United States
- Vaccines can be mandated for employees of the federal government

Vaccine Mandates – Federal Government

- Biden administration issued sweeping vaccine requirements in September
  - OSHA developing a rule that all employers with 100 or more employees must ensure their workforce is fully vaccinated or require any workers who remain unvaccinated to produce a negative test result on at least a weekly basis
  - All federal executive branch workers must be vaccinated, and also employees of contractors that do business with the federal government
  - The Centers for Medicare & Medicaid Services (CMS) is taking action to require COVID-19 vaccinations for workers in most health care settings that receive Medicare or Medicaid reimbursement
- Numerous legal challenges are being filed

Vaccine Mandates – State Government

- States can mandate vaccinations
- *Jacobson vs. Massachusetts*, 1905
  - Smallpox outbreak
  - Individual rights vs. general health
  - “Police power” of the state
  - Imposed a fine for refusal

Vaccine Mandates – State Government

- All states have vaccine requirements for school attendance
  - *Zucht vs.King*, 1922
  - Unvaccinated child was denied entry to attend school
- Requirements for health care workers varies by state
  - Influenza, measles, mumps, rubella
- Many school vaccine laws originated in the measles outbreaks in the 1960s-1970s
- CDC vaccination schedule has been the guide
- Generally state vaccine mandates are for children, not adults

Vaccine Mandates - Employers

- Universities
- Health care workers – influenza
- May be subject to collective bargaining agreements
- Impact on work force staffing, public safety

Vaccine Mandates - Employers

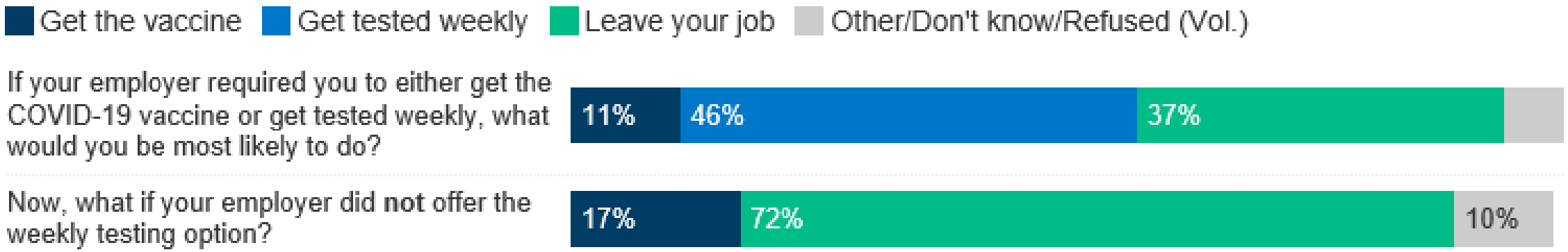
- Amtrak
- Citigroup
- CVS Health
- Delta Airlines
- United Airlines
- Goldman Sachs
- Walmart
- Disney
- Google
- Microsoft

Vaccine Mandates

- Impact related to Emergency Use Authorization (EUA)
  - Current mandates apply only to vaccines with full FDA approval
  - EUA was added to FDA in 2004 in response to 9/11
  - Increased government flexibility to respond to chemical, nuclear, biologic or radiation threat
  - Permitted during a public health emergency
  - Ethical considerations
- Exemptions
  - Subject to Americans with Disabilities Act exemptions
  - Religious exemptions
  - Supreme Court decision re Maine

Figure 10

More Than A Third Of Unvaccinated Workers Say They Would Leave Their Job If Their Employer Required Vaccination Or Testing, Rising To Seven In Ten If No Testing Option Was Available



NOTE: Among those who are unvaccinated and employed but not self-employed. See topline for full question wording.
SOURCE: KFF COVID-19 Vaccine Monitor (October 14-24, 2021)

KFF COVID-
Vaccine Mor

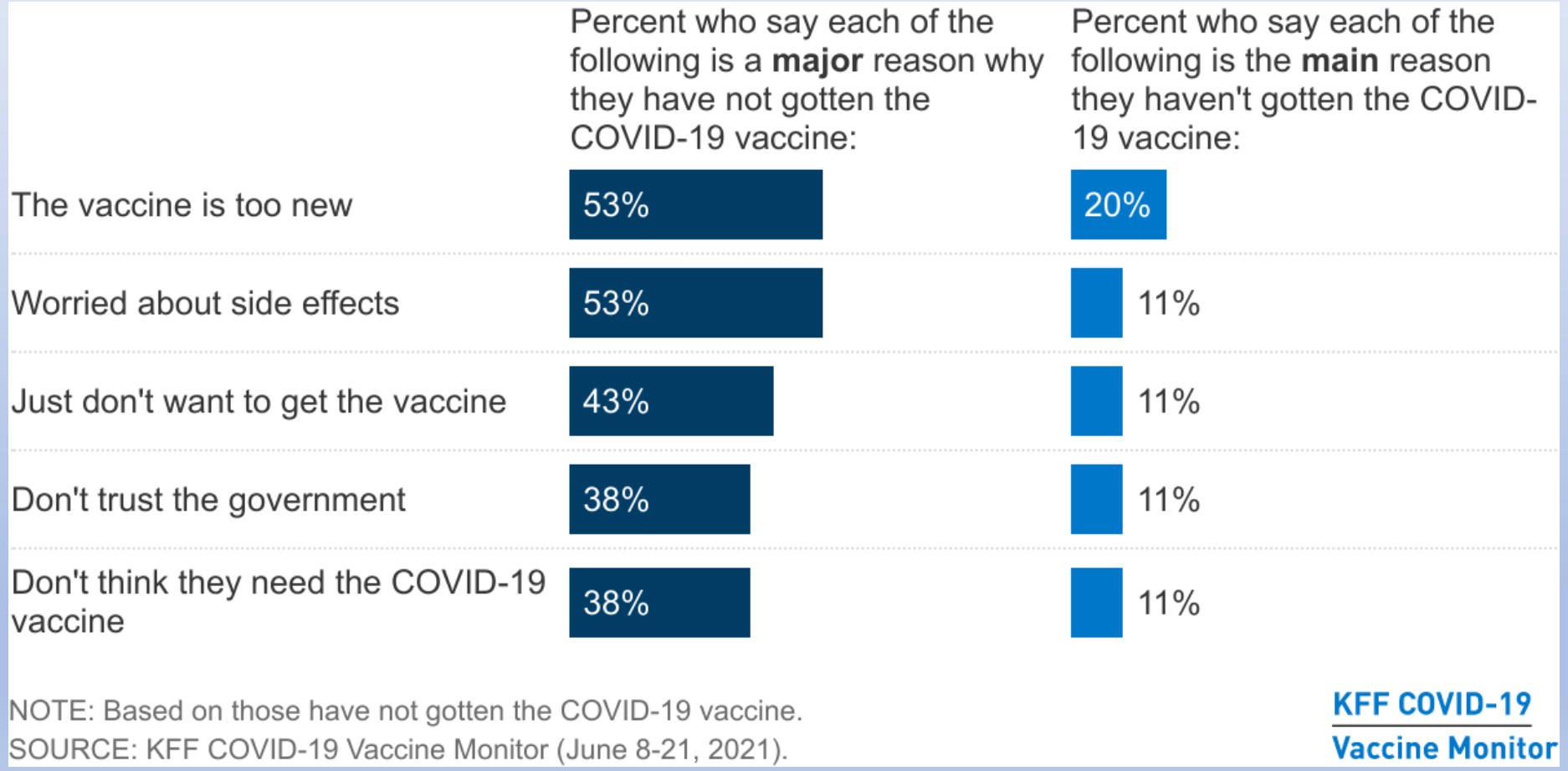
Vaccine Hesitancy

- Has been around as long as there have been vaccines
- 1790's – smallpox and cowpox vaccine
  - "Not God's will"; people morphing into cows
- 1980's – DPT
  - News reports of seizures and brain damage
- 1980's – MMR
  - *Lancet* published, then retracted article linking vaccine to autism and inflammatory bowel disease

Vaccine Hesitancy

- Misinformation is pervasive and persistent
- General issues:
  - Perceived short and long term consequences of vaccine
  - Governmental intrusion on personal liberties
  - Ignorance of the devastating effects of these illnesses
  - Mistrust of evidence and science and favoring non-scientists and media
- CDC campaign against misinformation
- Disinformation Dozen

Vaccine Hesitancy




CHOOSING WHERE TO TRAVEL:
CANADA
CHEAP
SAFE
ICELAND
IRAQ
EXOTIC
WHERE I LIKE TO TRAVEL

US & Ohio Health Performance

Fund Reports
August 4, 2021

Mirror, Mirror 2021: Reflecting Poorly

Health Care in the U.S. Compared to Other High-Income Countries

US Health Performance

- Commonwealth Fund study comparing the performance of health care systems of 11 high-income countries across 5 domains
  - Access to care
  - Care process
  - Administrative efficiency
  - Equity
  - Health care outcomes
- Top performers – Norway, the Netherlands, Australia
- US performed last overall, although second on care process

EXHIBIT 1

Health Care System Performance Rankings

	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING	**3**	**10**	**8**	**5**	**2**	**6**	**1**	**7**	**9**	**4**	**11**
Access to Care	8	9	7	3	1	5	2	6	10	4	11
Care Process	6	4	10	9	3	1	8	11	7	5	2
Administrative Efficiency	2	7	6	9	8	3	1	5	10	4	11
Equity	1	10	7	2	5	9	8	6	3	4	11
Health Care Outcomes	1	10	6	7	4	8	2	5	3	9	11

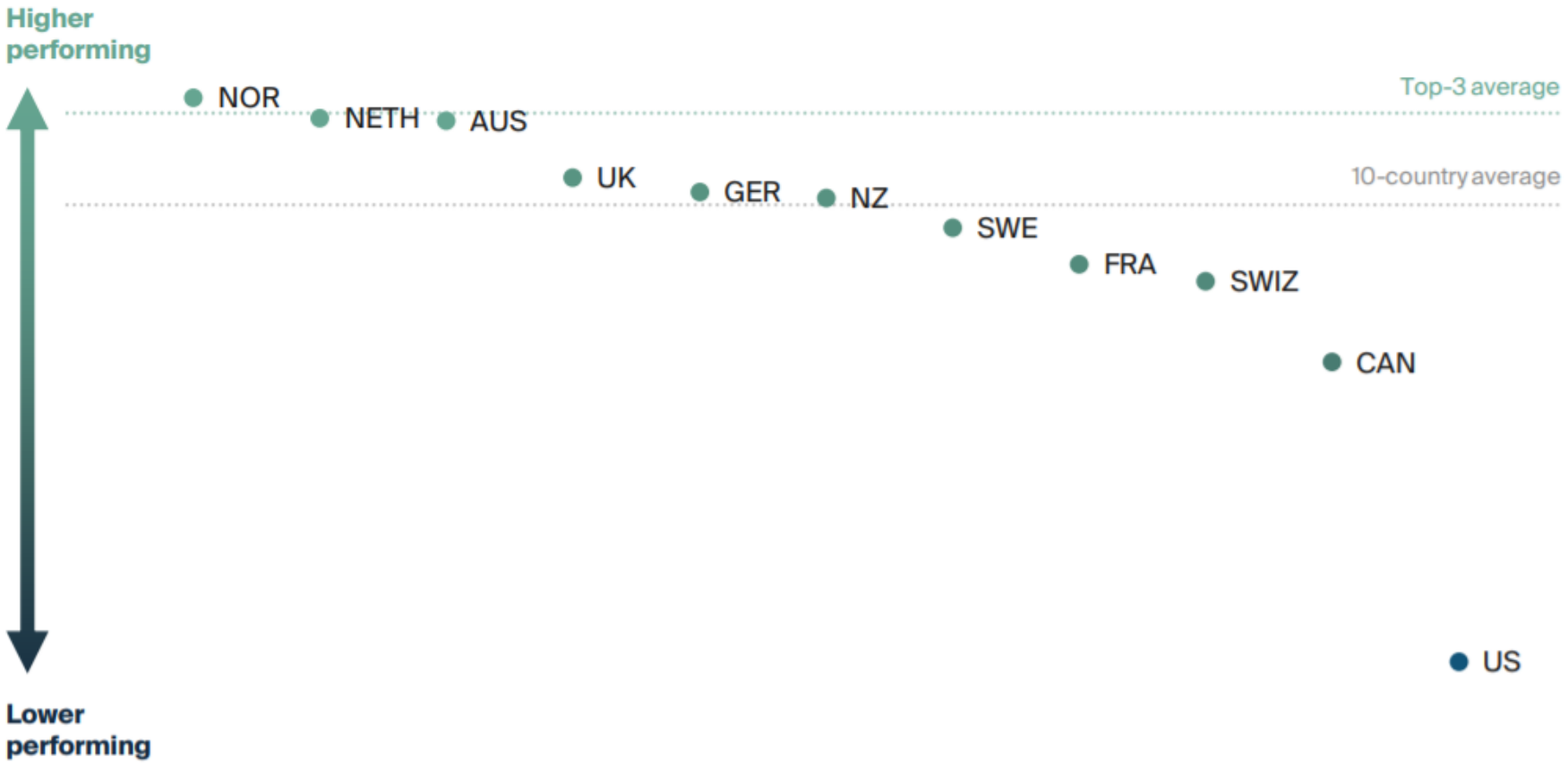
Data: Commonwealth Fund analysis.

Source: Eric C. Schneider et al., *Mirror, Mirror 2021 — Reflecting Poorly: Health Care in the U.S. Compared to Other High-Income Countries* (Commonwealth Fund, Aug. 2021).

The Commonwealth Fund

EXHIBIT 2

Comparative Health Care System Performance Scores



Note: To normalize performance scores across countries, each score is the calculated standard deviation from a 10-country average that excludes the US. See How We Conducted This Study for more detail.
Data: Commonwealth Fund analysis.

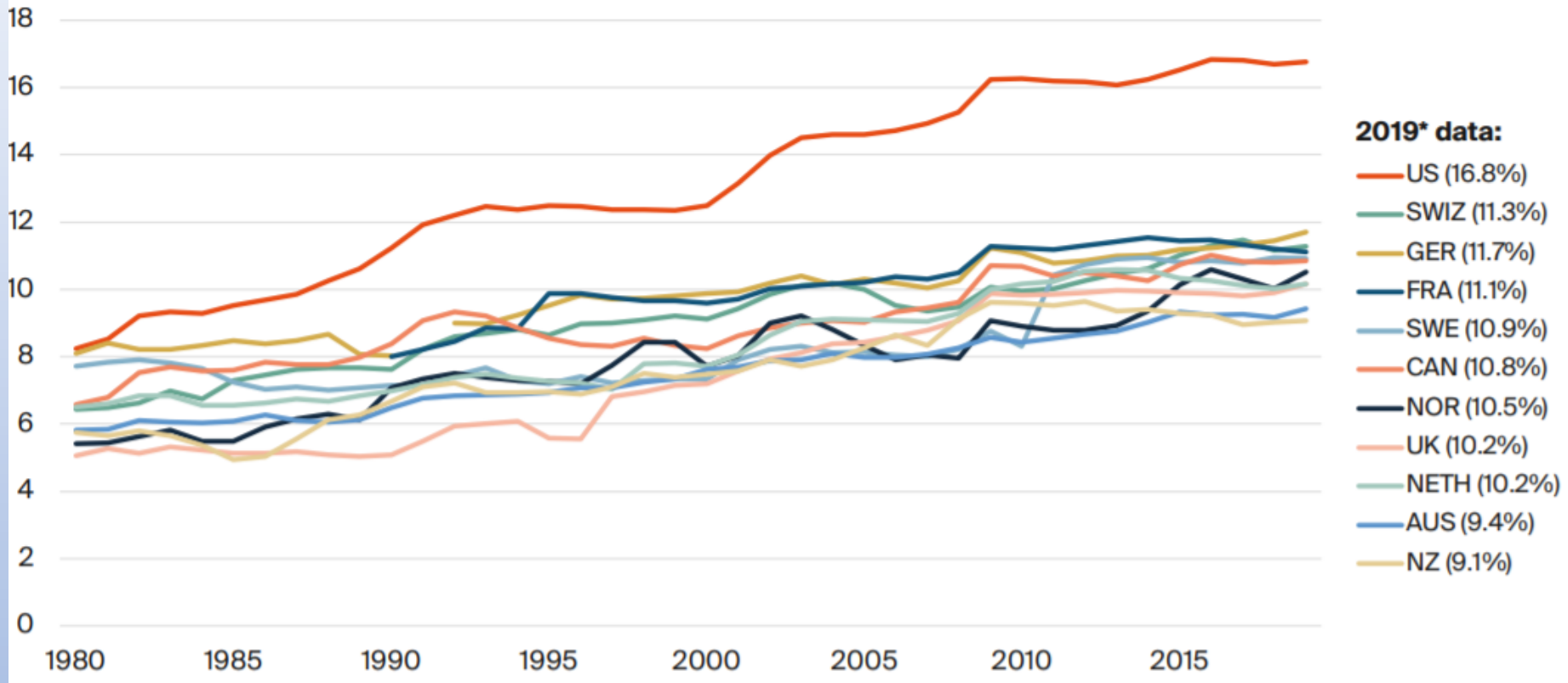
Source: Eric C. Schneider et al., *Mirror, Mirror 2021 — Reflecting Poorly: Health Care in the U.S. Compared to Other High-Income Countries* (Commonwealth Fund, Aug. 2021).

The Commonwealth Fund

EXHIBIT 3

Health Care Spending as a Percentage of GDP, 1980–2019

Percent (%) of GDP



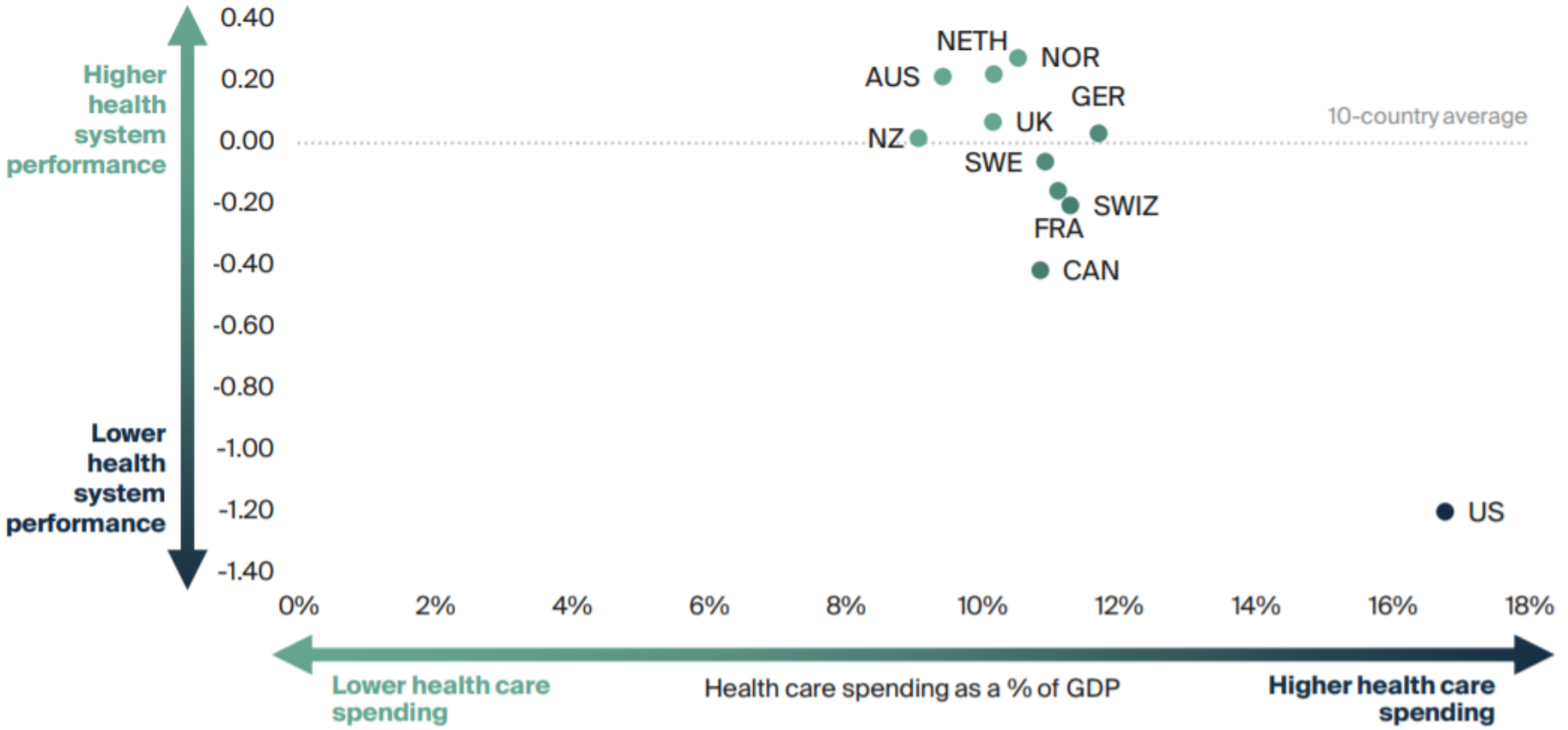
Notes: Current expenditures on health. Based on System of Health Accounts methodology, with some differences between country methodologies. GDP refers to gross domestic product.
* 2019 data are provisional or estimated for Australia, Canada, and New Zealand.
Data: OECD Health Data, July 2021.

Source: Eric C. Schneider et al., *Mirror, Mirror 2021 – Reflecting Poorly: Health Care in the U.S. Compared to Other High-Income Countries* (Commonwealth Fund, Aug. 2021).

The Commonwealth Fund

EXHIBIT 4

Health Care System Performance Compared to Spending



Note: Health care spending as a percent of GDP. Performance scores are based on standard deviation calculated from the 10-country average that excludes the US. See How We Conducted This Study for more detail.

Data: Spending data are from OECD for the year 2019 (updated in July 2021).

Source: Eric C. Schneider et al., *Mirror, Mirror 2021 – Reflecting Poorly: Health Care in the U.S. Compared to Other High-Income Countries* (Commonwealth Fund, Aug. 2021).

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US Health Performance

- Features distinguishing top performing countries from US:
  - They provide for universal coverage and remove cost barriers
  - They invest in primary care systems to ensure that high-value services are equitably available in all communities to all people
  - They reduce administrative burdens that divert time, efforts, and spending from health improvement efforts
  - They invest in social services, especially for children and working-age adults

Ohio Health Performance

- The Health Policy Institute of Ohio is a nonprofit organization from Columbus, OH founded in 2003
- HPIO *Health Value Dashboard* is a tool to track Ohio's progress toward health value — a composite measure of Ohio's performance on population health outcomes and healthcare spending.

2021

HEALTH VALUE DASHBOARD

hpio

Executive summary

47

Ohio ranks 47 on **health value** out of 50 states and D.C.

BOTTOM LINE ▶ **Ohioans are living less healthy lives and spending more on health care than people in most other states**

Why does Ohio rank poorly?

Ohio's healthcare spending is mostly on costly downstream care to treat health problems. This is largely because of a lack of attention and effective action in the following areas:

1 CHILDREN

Childhood adversity and trauma have long-term consequences

More than four in 10 Ohio children (42%) have **experienced trauma and adversity**.

2 EQUITY

Ohioans with the worst outcomes face systemic disadvantages

Many Ohioans experience **poorer outcomes** and live **shorter lives** because of policies, systems and beliefs that discriminate against and unfairly limit access to resources.

3 PREVENTION

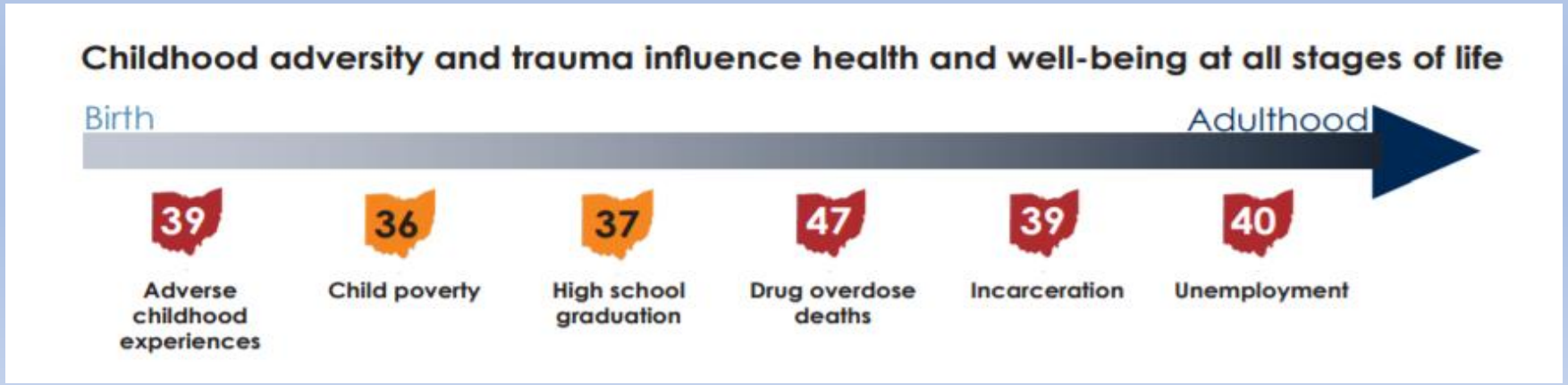
Sparse public health workforce leads to missed opportunities for prevention

Ohioans spend a lot on downstream medical care, but **investment in public health infrastructure is limited** and prevention policies could be stronger.

Health value is calculated by equally weighting population health and healthcare spending metrics. For more information, see methodology.

Why Does Ohio Rank Poorly?

- Children and Adverse Childhood Events (ACEs)
  - Child abuse/neglect, growing up in poverty, witnessing domestic violence
  - The impact of ACEs carries forward throughout adult life
- Ohio ranks in the bottom half of states on measures that put children at increased risk of exposure to adversity and trauma, including adult depression, drug overdose deaths, excessive drinking and incarceration.



Why Does Ohio Rank Poorly?

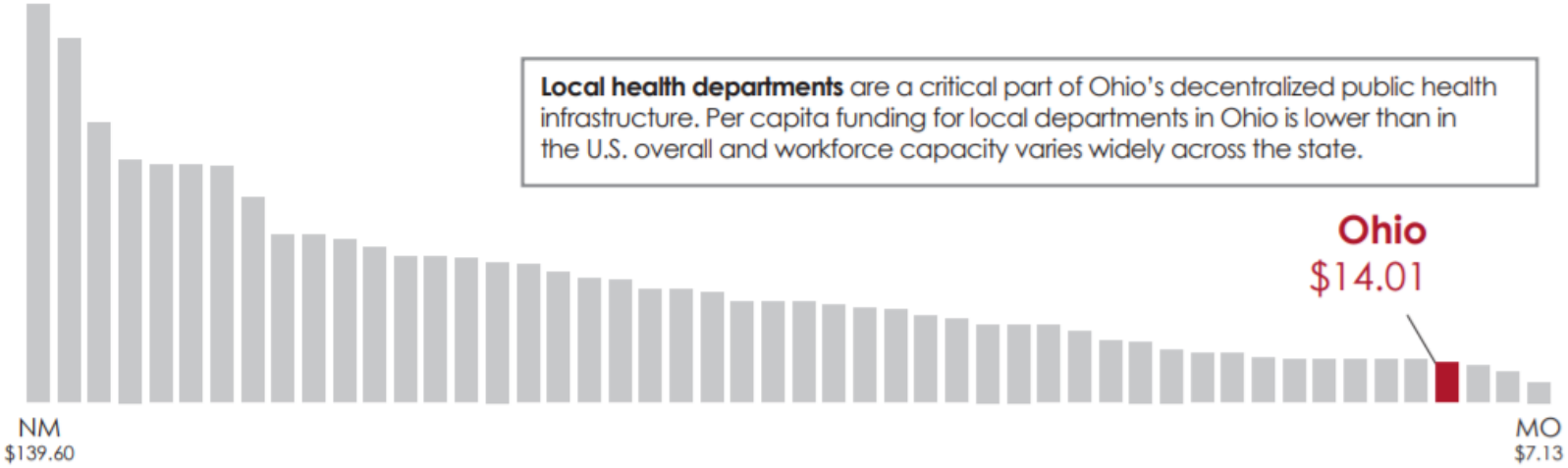
- Ohioans with the worst health outcomes face systemic disadvantages
- Inequitable distribution of infrastructure, power, resources and dollars result in obstacles to accessing education, food, transportation, housing, health care and other resources for Ohio's most at-risk groups
- Ohioans experiencing the worst health outcomes are also more likely to be exposed to risk factors for poor health. These include trauma and adversity, toxic stress, violence and stigma, and inequitable access to resources.

Why Does Ohio Rank Poorly?

- Sparse public health workforce leads to missed opportunities for prevention
- Limited investment in public health. Only three other states spend less on public health than Ohio, limiting public health workforce and ability to proactively implement comprehensive approaches to our state's greatest health challenges.
- Patchwork approach to community-based prevention. Ohio struggles on several outcomes that could be prevented, such as addiction and chronic disease. Stretched thin by the many demands of the COVID-19 pandemic, public health departments now have even fewer resources to devote to these issues.

Why Does Ohio Rank Poorly?

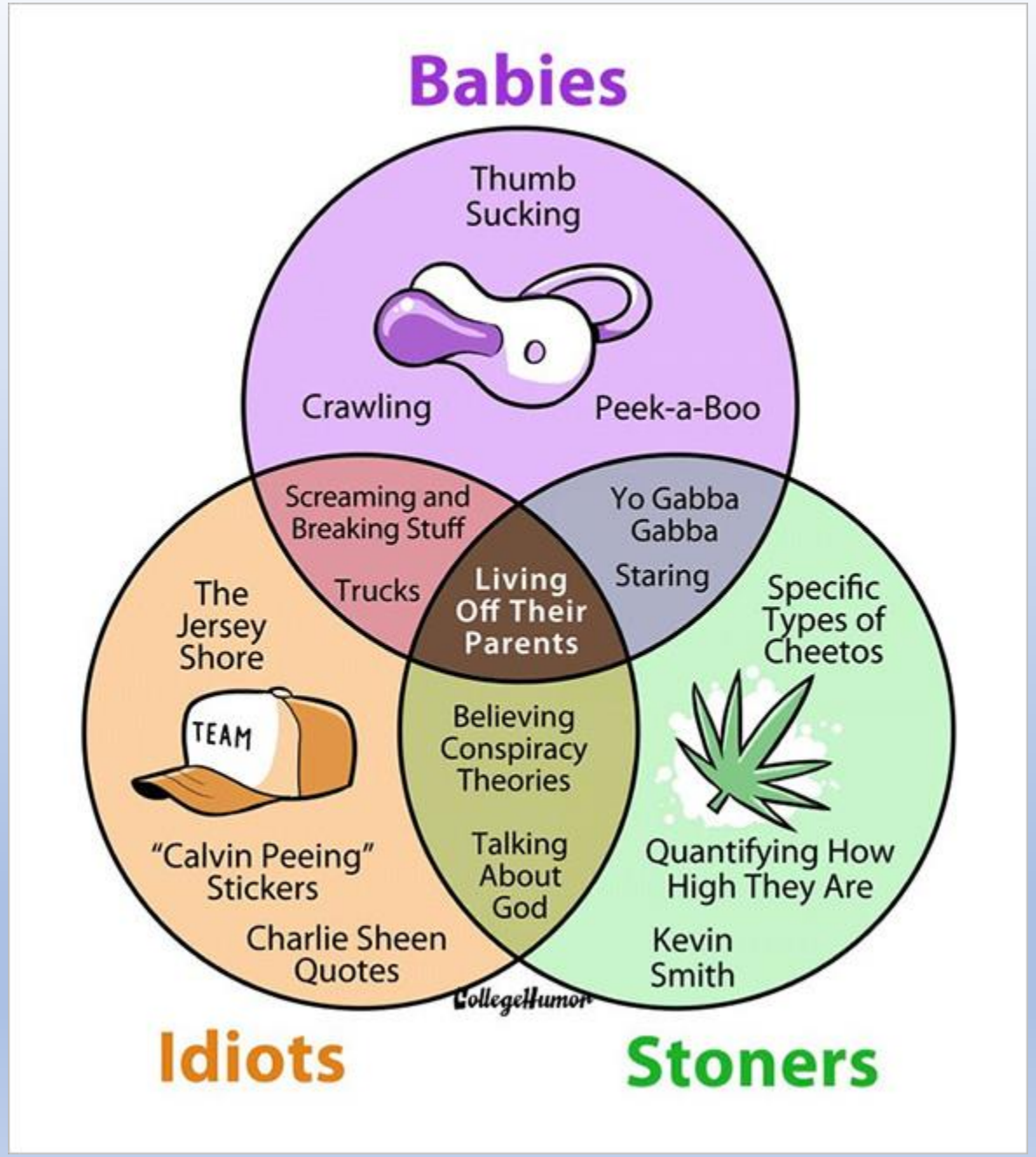
State public health funding per capita, 2019



Greatest challenges Ohio in the bottom quartile	Missed opportunities for prevention policy Examples
Adult smoking and youth all-tobacco use	Ohio invests 10.6% of what the CDC recommends for state tobacco prevention and control
Drug overdose deaths	Administrative barriers to naloxone distribution and an overly complex Good Samaritan policy
Excessive drinking	Lack of a sustained, long-term approach to school-based alcohol and drug prevention
Heart disease mortality and food insecurity	Limited reach of programs to increase access to healthy food, such as fruit and vegetable incentives and school breakfast

Proposed Actions

- Improve outcomes through state policies including:
  - Close widening academic gaps
  - Strengthen K-12 student wellness
  - Expand access to quality early childhood care and education
  - Advance anti-racist and anti-discriminatory policies
  - Identify gaps in outcomes and evaluate policy impacts
  - Strengthen the public health workforce and data systems
  - Prevention of addiction and overdose deaths
  - Prevent chronic disease through improved access to healthy food


Babies
Thumb Sucking
Crawling
Peek-a-Boo
Screaming and Breaking Stuff
Trucks
Yo Gabba Gabba
Staring
Living Off Their Parents
The Jersey Shore
TEAM
"Calvin Peeing" Stickers
Charlie Sheen Quotes
Believing Conspiracy Theories
Talking About God
Specific Types of Cheetos
Quantifying How High They Are
Kevin Smith
CollegeHumor
Idiots
Stoners

Medical Marijuana

Medical Marijuana

- OH legislation passed in 2016 legalizing medical marijuana
- Implementation of the new laws has proceeded slowly
- First licensed sale of medial marijuana in OH occurred in January 2019
- Medial marijuana can only be recommended by physicians
- Patient registration required
- Limits on quantity, legal amounts, possession
- Marijuana remains illegal under federal law – DEA Schedule 1


OHIO MEDICAL MARIJUANA CONTROL PROGRAM

HOW TO OBTAIN MEDICAL MARIJUANA

Obtaining medical marijuana through Ohio's Medical Marijuana Control Program (OMMCP) involves three basic steps:

1. Visit a certified physician who can confirm that you have one of the medical conditions that qualify for medical marijuana and have the physician create your profile in the Patient & Caregiver Registry.
2. Confirm and complete your registration for the program through the OMMCP Patient & Caregiver Registry.
3. Purchase medical marijuana from an approved dispensary in Ohio.

    - **Please note:** During the early months of Ohio's Medical Marijuana Program, the industry responsible for growing, producing and testing these products is in start-up phase and may have limited inventory available. Also, not all proposed dispensary locations will be fully licensed and open for business. During this start-up phase, the industry may be unable to provide a full supply of products at all licensed locations until later in 2019.

1. SEE A PHYSICIAN

The first step to become a medical marijuana patient is to establish and maintain a bona fide physician-patient relationship with a certified physician.

- An in-person visit with a certified physician is required at least once per year.
- Certified physicians have access to the Patient Registry and will submit their recommendations for a patient to receive medical marijuana directly to the Patient Registry.
- The physician will need the patient's valid Ohio driver's license, a valid Ohio identification card issued by the Ohio bureau of motor vehicles (BMV), or a valid United States passport.
- A registered caregiver may possess and administer medical marijuana to patients with whom the caregiver's registration is associated. The certified physician will need similar identification from a caregiver to establish their profile in the Patient Registry.
- A certified physician can recommend up to a 90-day supply of medical marijuana with three refills (totaling up to 360-day supply if appropriate for the patient).

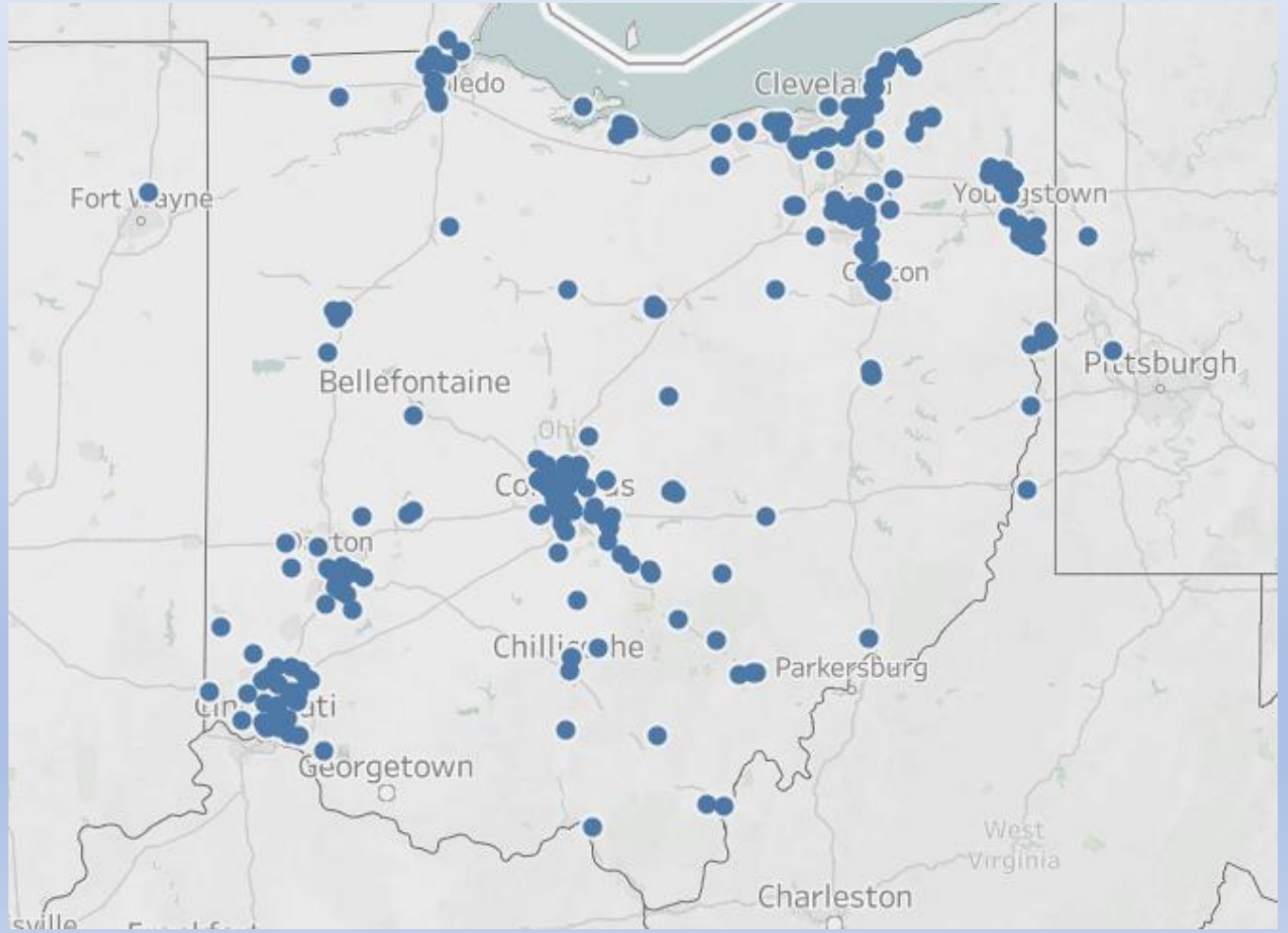
Certified Physicians

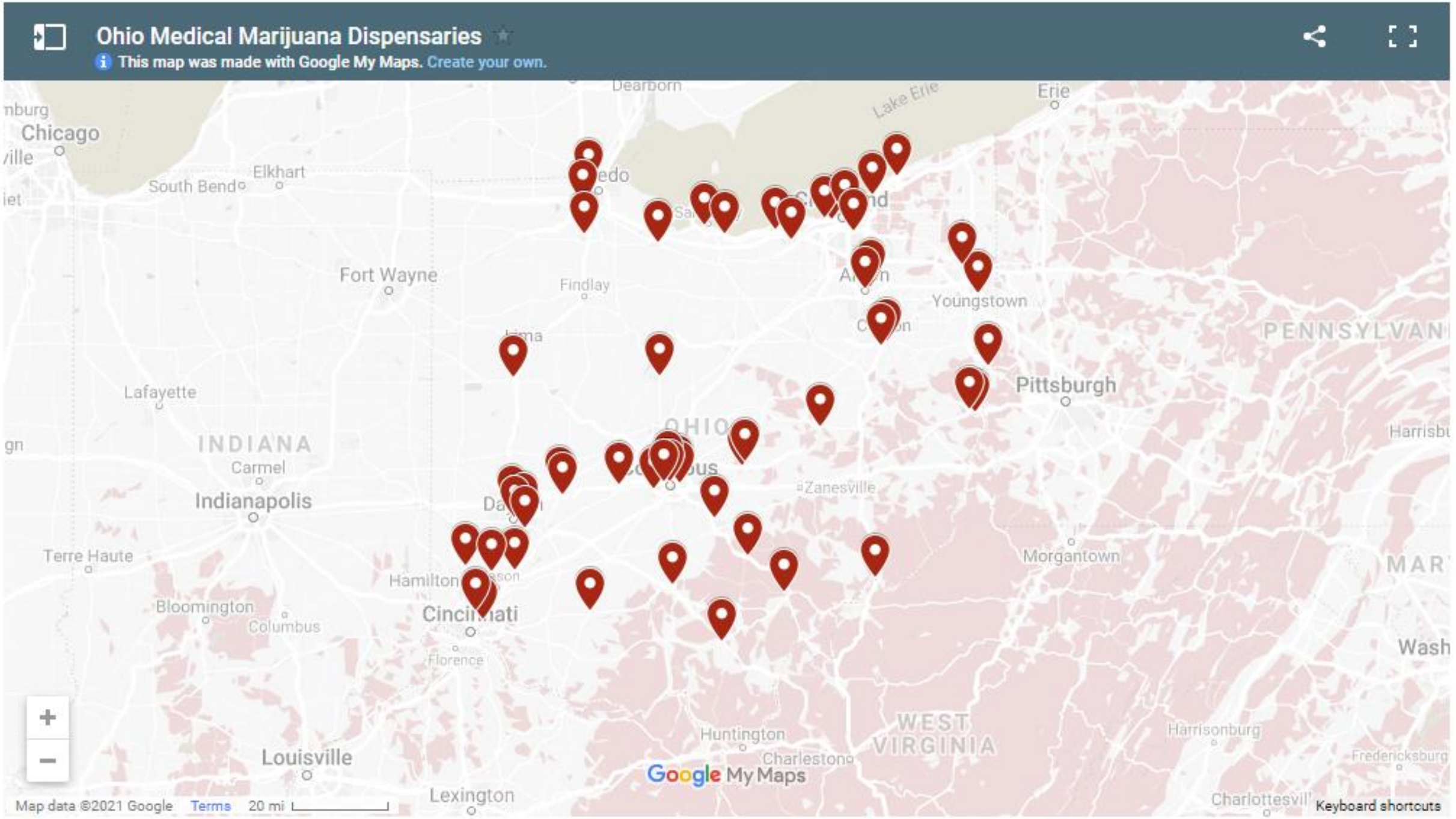
- Physicians who wish to recommend medical marijuana in Ohio must have an active Certificate to Recommend (CTR) from the State Medical Board of Ohio. If your current physician does not have an active CTR, you can find a certified physician here.

Medical Marijuana OH Statistics

- Created 1759 jobs in first year of operation
  - Cultivation, processing, testing, dispensaries
- 69 dispensaries
- Over 109,000 Ohioans registered in 2020
- Over 600 physicians have certificates to recommend
- On pace for $400 million in sales for 2021

Physicians with Active Certificate to Recommend Medical Marijuana




Ohio Medical Marijuana Dispensaries
This map was made with Google My Maps. Create your own.
Chicago
Elkhart
South Bend
Fort Wayne
Findlay
Youngstown
Pittsburgh
Lafayette
INDIANA
Carmel
Indianapolis
Terre Haute
Bloomington
Columbus
Cincinnati
Hamilton
Zanesville
Morgantown
Huntington
Charleston
WEST VIRGINIA
Harrisonburg
Louisville
Lexington
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Qualifying Conditions

- AIDS
- Amyotrophic lateral sclerosis
- Alzheimer’s disease
- Arthritis
- Cancer
- Chronic migraines
- Chronic traumatic encephalopathy
- Complex regional pain syndrome
- Crohn’s disease
- Epilepsy or another seizure disorder
- Fibromyalgia
- Glaucoma
- Hepatitis C
- Huntington’s Disease
- Inflammatory bowel disease
- Multiple sclerosis
- Pain that is either chronic and severe or intractable
- Parkinson’s disease
- Positive status for HIV
- Post-traumatic stress disorder
- Sickle cell anemia
- Spasticity
- Spinal cord disease or injury
- Terminal Illness
- Tourette’s syndrome
- Traumatic brain injury
- Ulcerative colitis

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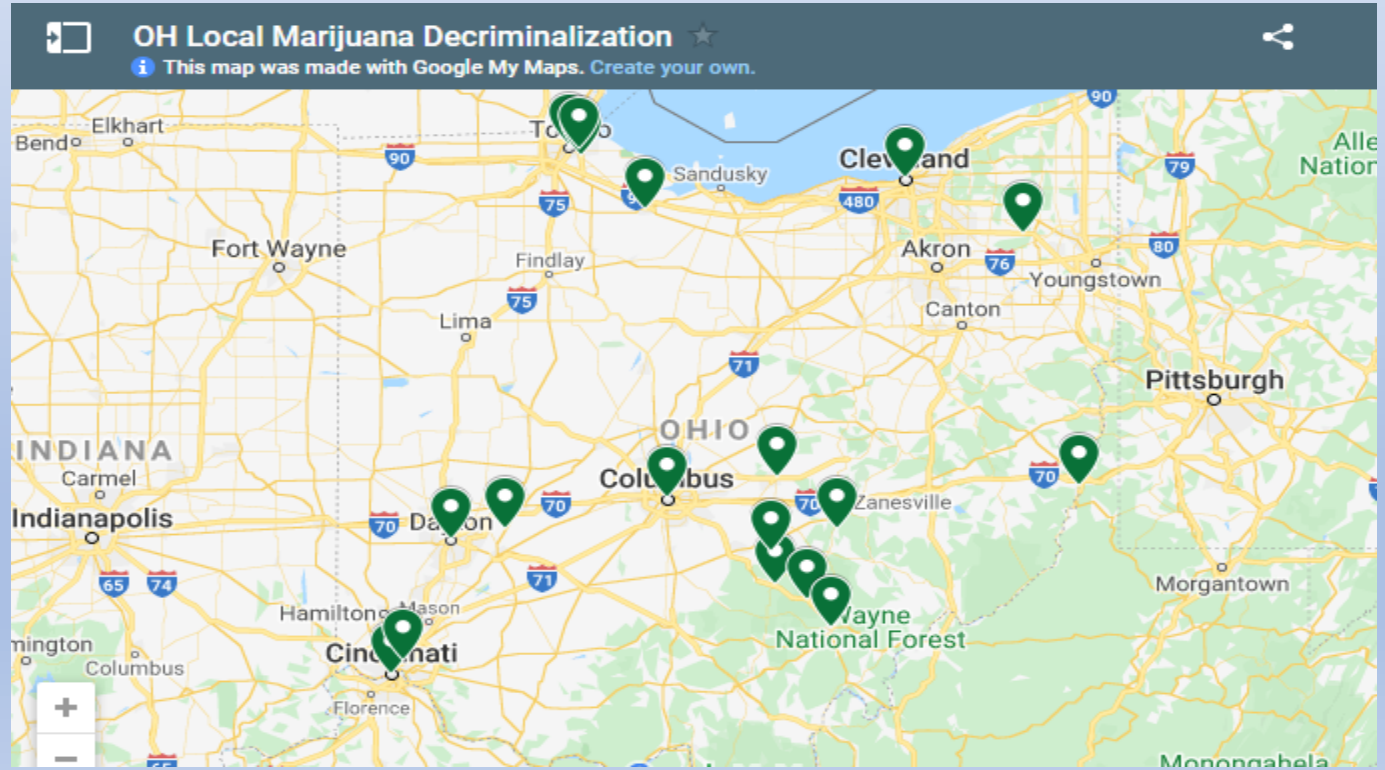
- **Terminal Illness**
- Tourette's syndrome
- Traumatic brain injury
- Ulcerative colitis

Qualifying Conditions

- The board has voted down the following conditions:
  - Opioid use disorder
  - Insomnia
  - Depression
  - Anxiety (both acute and chronic)
  - Autism spectrum disorder
  - Restless leg syndrome
  - Panic disorder with agoraphobia
  - Spasms
  - Browns/Bengals fan (seriously!)

Marijuana legalization in OH?

- OH Senate bill 57 decriminalized hemp in 2019
- A number of OH cities have decriminalized marijuana



Marijuana legalization in OH?

- Approximately 1/3 of states have legalized recreational marijuana
- Ohio Adult-Use Act introduced by Reps Callender and Ferguson
  - Extend current program to non-medical use
  - Create framework for growth, processing, distribution and sale of marijuana to Ohioans 21 and over
  - Impose a 10% sales tax
- Ballot initiative was cleared by Ohio Attorney General Dave Yost to be put to voters in November 2022
- If a bill does not get passed before then, voters could ultimately legalize recreational marijuana on their own

Medical Marijuana – Unintended Consequences?

- Recently there has been renewed interest in use of medical psychedelics to treat various conditions such as PTSD, depression, anxiety, addiction
  - MDMA
  - LSD
  - Mescaline
  - Kratom
  - Psilocybin mushrooms
  - Salvia

This Section:
Leadership Institute

- **Osteopathic Health Policy Fellowship**
- Senior Leadership Development Program
- TOPCE Program
- Osteopathic Health Policy Internship
- Graduate Medical Education Leadership Development Program

ohpf OSTEOPATHIC HEALTH POLICY FELLOWSHIP

Alumni Fellowship Program

- Learn more about the OHPF Alumni Fellowship Program

Quick Links

- News
- Frequently Asked Questions
- Schedule
- Key People

References

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- https://spectrumnews1.com/oh/columbus/news/2021/10/12/ohio-house-gop-announce-bill-to-legalize-recreational-marijuana