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**Introduced by:** Ohio Society of Pathologists (President Dr. Sean Kirby, MD; OSP representative to OSMA Dr. Robert Gurdak, MD)

**Subject:** OSMA Lobbying for revision on Payment for Out-of-Network Services

**Referred to:** Resolutions Committee #2

**WHEREAS**, The enactment of House Bill 388 (2020) establishes a payment mechanism for Out-of-Network (OON) services that contravenes OSMA policy 19-2020; and

**WHEREAS**, The Medicare payment safeguard under HB 388 is the lowest OON payment safeguard enacted in the nation, with some states like Michigan and New Mexico having a Medicare OON payment safeguard of one hundred and fifty percent (150%); and

**WHEREAS**, The HB 388 one hundred percent (100%) of Medicare OON payment safeguard, when conjoined with the median in-network alternative payment methodology enacted as part of HB 388, constitutes a clear disincentive to health plans offering contracts to hospital-based physicians that pay greater than Medicare, or even contracting with hospital-based physicians; and

**WHEREAS**, Federal law ("No Surprises Act") has been enacted that provides physicians with a more favorable OON payment methodology that unlike HB 388 is not keyed to in-network rates or one hundred percent (100%) of Medicare; and

**WHEREAS**, The unfortunate, adverse enactment of HB 388 and its implementation will displace the applicability of the federal OON law, except for plans governed under the Employee Retirement Income Security Act (ERISA); **therefore be it**

**RESOLVED**, That the Ohio State Medical Association shall advocate to include in the state budget a revision to the OON payment formula established under HB 388, in order to statutorily defer such payment methodology to federal law, or, alternatively, to increase the Medicare percentage safeguard for OON payment to be one hundred and twenty-five percent (125%) of Medicare or greater; and, **be it further**

**RESOLVED**, That as part of OSMA advocacy to revise the OON payment formula, the Ohio State Medical Association shall actively lobby to secure enactment of explicit policy (Network Adequacy H-285.908(11)) of the American Medical Association (AMA ), as it relates to state regulators requiring health plan network adequacy for hospital-based physicians by specialty.

49	<b>Fiscal Note:</b>	\$ 20,000 (Sponsor)
50		\$ 20,000(Staff)