



Expanding Access to Healthcare in Ohio

By Tom Lampman

POLICY REPORT

Ohio faces a shortage of affordable healthcare providers. The U.S. Department of Health and Human Services has designated 133 “healthcare shortage areas” in Ohio, affecting over 1.2 million people.¹ Healthcare shortage areas have less than one doctor for every 3,500 people and cannot ensure dependable access to healthcare.² Medicaid and other government programs promise more “healthcare coverage” by offering government-backed medical insurance, but they do not address the lack of qualified medical professionals or access to medical care. In fact, some government health insurance programs merely increase the demand for healthcare without increasing the supply of caregivers—making the shortages worse.

To help narrow the growing gap between supply and demand for healthcare, Ohio should look for ways to deregulate the private sector and expand the capacity of charitable healthcare organizations and providers to care for Ohio’s neediest communities. State policymakers should relax limits on out-of-state medical volunteers, remove red tape restrictions on certified nurse practitioners, and create incentives for more medical professionals to volunteer their time in underserved areas of the state.

Relax Restrictions on Out-of-State Volunteers

Private healthcare charity organizations such as Remote Area Medical and Mission of Mercy have impressive histories of mobilizing healthcare professionals nationwide and bringing them to underserved communities where they are needed most.³ Working with these types of charities, doctors

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- 1 U.S. Department of Health and Human Services, “Designated HSPA Statistics,” Health Resources and Service Administration, accessed September 17, 2015, <http://datawarehouse.hrsa.gov/tools/hdwreports/reports.aspx>.
 - 2 U.S. Department of Health and Human Services, “Shortage Designation: Health Professional Shortage Areas & Medically Underserved Areas/Populations,” Health Resources and Service Administration, accessed September 17, 2015, <http://www.hrsa.gov/shortage/index.html>.
 - 3 Remote Area Medical, “What We Do,” Remote Area Medical, accessed February 13, 2015, <http://ramusa.org/about/>; Mission of Mercy, “What We Have Accomplished,” Mission of Mercy, accessed February 13, 2015 <http://www.amissionofmercy.org/maryland-pennsylvania/what-we-have-accomplished/>.

in other states stand ready and willing to provide free medical care in Ohio’s healthcare shortage areas, but state regulatory obstacles bar them from practicing in the Buckeye State. Policymakers should relax state restrictions on out-of-state medical volunteers and make it easier for free clinics and charity organizations to bring medical professionals into Ohio.

Ohio’s State Medical Board makes it very difficult for medical professionals from other states to volunteer at Ohio clinics. Prospective medical volunteers must apply for volunteer certificates through the State Medical Board, but will only receive one if they have permanently retired from practice.⁴ Additionally, they may only provide care to uninsured patients.⁵ These limits severely restrict out-of-state charities’ ability to bring volunteers to Ohio. Eleven states, including Tennessee⁶ and Nevada,⁷ have streamlined the application process for out-of-state volunteers and allow both practicing and retired doctors to apply for volunteer certificates. By lowering barriers to entry, other states have made it easier to volunteer, expanded the availability of healthcare charities, and provided more access to healthcare providers for their citizens. Relaxed restrictions in other states allow Remote Area Medical clinics, for example, to provide care to hundreds of patients over three-day periods⁸ by offering easier access to out-of-state volunteers.⁹ Ohio could benefit from charitable, volunteer efforts like these.

In the FY2016-2017 budget bill, Ohio lawmakers recognized the value of creating a simpler path to medical volunteering. The budget bill wisely places all registration burdens on the charity organization—rather than individual doctors—in order to remove some regulatory obstacles for volunteers. Unfortunately, the bill is far too narrow to provide much relief for Ohio’s healthcare shortage. The bill allows out-of-state doctors to provide free medical care, but only at summer camps operated by the SeriousFun network.¹⁰ Despite its overly narrow focus, the bill tacitly admits that out-of-state doctors can and should be allowed to provide quality, charitable healthcare within Ohio. State policymakers should work to expand the scope of this bill to permit out-of-state doctors and nonprofit healthcare organizations to provide care beyond summer camps. Streamlining the medical volunteer process will encourage more charities to bring high-quality care to Ohioans in need.

4 Ohio Rev. Code §4731.36.

5 Ohio Rev. Code §4731.36.

6 Tenn. Code Ann. §63-6-7.

7 Nev. Rev. Stat. §629.400.

8 Mark Makela, “Healthcare in Appalachia,” REUTERS, accessed July 6, 2015, <http://www.reuters.com/news/picture/healthcare-in-appalachia?articleId=USRTR359HQ>.

9 Keith Trout, “RAM Will Offer Free Services in Yerington in 2015,” Reno Gazette-Journal, November 29, 2014, <http://www.rgj.com/story/news/local/mason-valley/2014/11/30/ram-will-offer-free-services-yerington/19636879/>.

10 2015 Am.Sub. Bill No. 64.

Lift Some Regulations on Certified Nurse Practitioners

Out-of-state medical volunteers will provide much needed help in Ohio's healthcare shortage areas, but they will not be a permanent source of dependable healthcare. Clinics need more sources of affordable healthcare professionals to employ on a long-term basis. Certified nurse practitioners offer an excellent source of quality healthcare services at a fraction of the cost for primary care physicians. Nearly 20% of free clinic visits are for primary care services.¹¹ Studies have shown that nurse practitioners routinely provide 90% of primary care services with physician-level quality.¹² Thus, nurse practitioners could shoulder a substantial portion of the burden facing free clinics at a lower cost, and free-up physicians to perform services for which nurse practitioners are not licensed.

Regrettably, however, Ohio law prohibits nurse practitioners from practicing medicine without a physician's supervision, and prohibits physicians from simultaneously supervising more than three nurse practitioners licensed to prescribe drugs.¹³ This 3-to-1 ratio is prohibitively expensive for free clinics to maintain and needlessly widens the moat between supply and demand for quality healthcare in Ohio, as primary care physicians are twice as expensive as nurse practitioners.¹⁴ Thirty-three states already give nurse practitioners broader or full autonomy in providing primary care services.¹⁵ Ohio should follow their lead. In May 2015, the Ohio House introduced H.B. 216 that would allow advance practice registered nurses, including nurse practitioners, to provide licensed services without requiring a physician's supervision.¹⁶ Enacting this bill will increase access to affordable and qualified care providers.

Encourage Volunteers with Continuing Education Credits

In addition to cutting red tape for out-of-state medical volunteers and empowering certified nurse practitioners, Ohio's State Medical Board should also look to create incentives that will encourage in-state physicians to volunteer more of their time to treat patients in Ohio's

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- 11 The Ohio Free Clinic Association, "2014 Care Numbers," The Ohio Free Clinic Association, accessed September 22, 2015, http://ohiofreeclinics.org/file_download/cfeaadb-0cbd-451d-a25a-adb30daacc8e.
 - 12 Jeffery C. Bauer, PhD, "Nurse practitioners as an underutilized resource for health reform: Evidence-based demonstrations of cost-effectiveness," *Journal of the American Association of Nurse Practitioners*, April 1, 2010, <http://onlinelibrary.wiley.com/doi/10.1111/j.1745-7599.2010.00498.x/epdf>, <http://onlinelibrary.wiley.com/doi/10.1111/j.1745-7599.2010.00498.x/abstract>.
 - 13 Ohio Rev. Code §4723.431.
 - 14 Bureau of Labor Statistics, "Physicians and Surgeons: Pay," Bureau of Labor Statistics, accessed September 23, 2015, <http://www.bls.gov/ooh/healthcare/physicians-and-surgeons.htm#tab-5>; Bureau of Labor Statistics, "Occupational Employment and Wages, May 2014," Bureau of Labor Statistics, accessed September 23, 2015, <http://www.bls.gov/ooh/healthcare/physicians-and-surgeons.htm#tab-5>.
 - 15 Barton Associates, "Nurse Practitioner Scope of Practice Laws," Barton Associates, July 24, 2015, <http://www.bartonassociates.com/nurse-practitioners/nurse-practitioner-scope-of-practice-laws/>.
 - 16 Legislative Service Commission, "As Introduced: H.B. No. 216," LegiScan, accessed November 25, 2015, <https://legiscan.com/OH/text/HB216/2015>.

healthcare shortage areas. The Ohio dental community has provided one example for the medical community to emulate. The Ohio Dental Board allows dentists and dental hygienists to receive four hours of continuing education credit (10% of the annual requirement) by providing sixteen hours of pro bono dental care in underserved areas.¹⁷ Physicians likewise could receive continuing medical education (CME) credits for providing volunteer healthcare services. Ohio physicians must complete 100 hours of CME training every two years, at least 40 hours of which must come from centralized, accredited classes.¹⁸ These classes award “Type I” CME credits to keep physicians updated on the latest medical research. “Type II” credits, however, are awarded for skill-development activities and are not classroom-based.¹⁹ Following the Ohio Dental Board’s lead, the State Medical Board should consider awarding Type II CME credits for physicians who provide volunteer clinical services, particularly in any of Ohio’s 133 healthcare shortage areas. This would encourage a more robust medical volunteer community without sacrificing any cutting-edge, Type I knowledge.

Conclusion

Ohio needs more sources of affordable healthcare. With more than 1.6 million people living in healthcare shortage areas, Ohio policymakers should take steps to help increase the supply of volunteer and affordable healthcare services. The state should ease cumbersome regulatory burdens on free clinics and nonprofit healthcare organizations, grant access to out-of-state medical volunteers, repeal limits on in-state nurse practitioners, and offer continuing education credits for doctors and nurses that provide volunteer medical services. These relatively simple reforms would promote access to healthcare in some of Ohio’s neediest communities and empower her citizens to help each other with less government interference.

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17 Ohio State Dental Board, “Continuing Education Requirements,” Ohio State Dental Board, accessed February 13, 2015, <http://www.dental.ohio.gov/newce.PDF>.

18 Ohio Admin. Code §4731-10-02; State Medical Board of Ohio, “Continuing Medical Education (CME),” State Medical Board of Ohio, accessed August 28, 2015, <http://www.med.ohio.gov/Portals/0/MD-AB.pdf>.

19 State Medical Board of Ohio, “Continuing Medical Education (CME),” State Medical Board of Ohio, accessed August 28, 2015, <http://www.med.ohio.gov/Portals/0/MD-AB.pdf>.

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