Introduction

As the coronavirus pandemic threatens to overwhelm economies and health care systems, international leaders and policymakers are taking drastic steps to stabilize economies and help hospitals and health care providers cope with the current crisis.

Like the United States and governments around the world, Ohio has adopted radical economic, social, and health-related measures designed to slow the spread and harmful effects of COVID-19. The state has closed schools, temporarily shuttered businesses, and ordered elective surgeries postponed. As state policymakers continue to act, they should pursue policies and programs that will strengthen our health care system and provide for families and businesses facing unexpected economic hardship.

Treating the Sick: How to Help Ohio’s Health Care System Fight the COVID-19 Pandemic

The number of confirmed COVID-19 cases in Ohio continues to rise. Although not all coronavirus patients will need hospitalization, many likely will. The medical community is bracing for a surge in hospitalization and an increased demand for doctors, staff, hospital beds, ventilators, and other medical equipment.

Ohio has taken some steps—like postponing elective surgeries—to help hospitals prepare. The federal government for its part has lifted telehealth restrictions and other regulations that prevent doctors from practicing across state lines. But more state and federal action will likely be needed.
As the pandemic continues, rural and urban areas could face a severe shortage of medical providers, especially if doctors and nurses become sick themselves. Ohio must pursue policies that will expand access to health care and increase available treatments and care providers.

On March 18, the Ohio medical board took two commendable steps to make medical care more available by suspending regulations that had hindered access to telehealth, and by making it easier for out-of-state doctors to be licensed to practice here. Governor Mike DeWine should also be praised for expanding Medicaid coverage to all telehealth services on March 19. These are positive strides, but more steps must be taken. We prescribe the following:

- **Universal Recognition of Out-of-state Medical Licenses.** Ohio should recognize out-of-state medical licenses for nurses, physician assistants, and mental health professionals. As the Ohio medical board recognizes, in a crisis it should be easier for trained health care workers to help where they are most needed.

- **Join the Interstate Medical Licensure Compact.** Ohio should join the 29 states that have signed the Interstate Medical Licensure Compact so that all patients in Ohio can use telehealth services across state lines and broaden their care options with store-and-forward and remote monitoring technology. By joining the compact, Ohio would expand patients’ choice of physicians, increase care delivery options, improve the efficiency and effectiveness of the medical system, and slow the spread of COVID-19 by keeping more patients out of doctors’ offices and hospital waiting rooms. When this crisis is over, policymakers should not mandate telehealth coverage or price parity, but allow providers to negotiate rates and plans to best serve patients’ individual needs.

- **Require Price Transparency for Testing and Treatment.** Patients should be informed of any potential costs when seeking tests or treatment. Price disclosure helps people make better health care decisions and can protect them from financial jeopardy.

- **Utilize Medical and Nursing Students.** Several states, including Colorado and New York, are using medical students to bolster their health care workforces. Ohio should do likewise and find ways to utilize student training, such as allowing medical students to administer basic health tests and answer telephones.

- **Authorize Pharmacists to Treat Certain Illnesses.** Licensed Ohio pharmacists could help ease the increasing strain on the state’s health care system if they were permitted to screen for common illnesses and prescribe necessary medication. Florida is the most recent state, for example, to let pharmacists test and then prescribe medication

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1 Interstate Medical Licensure Compact: A faster pathway to medical licensure, imlcc.org (Last visited March 20, 2020).
for illnesses like strep throat and influenza. Almost half the states have adopted rules to allow pharmacists to prescribe drugs after they test for relatively routine ailments.

**Jobs and the Economy: How to Inoculate Ohio from the Worst Economic Impacts**

Governmental, social, and medical responses to the coronavirus have had profound and potentially damaging effects on our local, state, and national economies. Ohio has already taken some radical measures to slow the virus’s spread by closing schools, shuttering businesses, reducing labor forces, and restricting or eliminating many social gatherings. These measures, along with routine calls for “social distancing” and self-imposed quarantines, have especially harmed restaurants, hotels, small businesses, and non-salaried workers. The news is already reporting new rounds of layoffs and an uptick in unemployment claims as businesses and workers struggle for financial survival during these days without customers, travel, and routine economic activity. Businesses and families must now find ways to pay the bills and make ends meet. And soon the state and local governments will face dwindling tax revenues, forcing policymakers to reprioritize and make difficult budget choices.

Governor DeWine’s administration already has acted swiftly to reduce some of the economic harm caused by the new coronavirus policies. To date, the administration has done the following:

- Expanded unemployment coverage to include those forced to quarantine.
- Eliminated the waiting period and job search requirements to apply for and receive unemployment insurance.
- Temporarily suspended some of the new eligibility requirements for Medicaid and SNAP, which will allow more families to receive such benefits.
- Applied for federal aid from the Small Business Administration to support businesses forced to close.
- Passed complete telehealth coverage for mental health services.

But policymakers can and should do more to inoculate Ohio from the economic impacts created by this health crisis. We suggest the following:

- **Avoid Tax Increases and Tax Law Changes.** Tax increases deprive businesses and families of the money they need to make ends meet—a task always more difficult during economic slowdowns. Ohio should leave money in the hands of those who earned it and allow them—rather than the state—to decide how best to spend it. This is no time for sales tax hikes (like 2003) or suspending income tax reductions (like 2009).5

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4 Jerod MacDonald-Evoy, House panel approve bill to let pharmacists write prescriptions, over doctors’ objections, azmirror.com, February 7, 2019.
• **Reprioritize Government Spending to Better Manage the COVID-19 Crisis.** Policymakers must reprioritize government spending. The current state budget is unsustainable because tax revenues will come in below earlier expectations as businesses shut down and workers stay home. State officials must eliminate unnecessary budget commitments and utilize the rainy-day fund to ensure that resources meet the most pressing needs, such as hospitals and the health care systems, workers quarantined or laid-off by mandatory closures, and small business owners prevented from providing their services. Ohio should freeze all non-essential state employment and cap general revenue funding spending at Fiscal Year 2020 levels except for healthcare and incarceration services. Financial savings should be redirected to the departments of Health, Medicaid, Developmental Disabilities, Mental Health and Drug Addiction Services, Rehabilitation and Correction, and Youth Services. Reprioritized spending will help make more state resources available for essential services and those who need them most.

• **Request Federal Support for State Unemployment Benefits.** Ohio should request an interest-free loan from the federal government to cover funding for the state unemployment insurance trust fund. Unemployment applications continue to increase and the state fund is currently underfunded. Federal resources will be needed to meet the demand, and Ohio will need additional time to repay the loan. Once the pandemic passes, the state must address its insolvent unemployment trust fund to avoid facing this problem again in future economic downturns.

• **Request Federal Benefits and Daycare for Hourly Workers.** State policies that closed businesses, schools, and daycares have already adversely effected hourly workers and parents who rely on schools and daycares to watch their children. Hourly workers with children now without school or daycare must choose between financially providing for their families or staying home with their kids. Ohio cannot provide the necessary financial support to relieve this burden and should call for federal aid to help families in this situation during the crisis.

**Conclusion**

The COVID-19 crisis demands swift but careful action to protect the sick and help families and businesses facing economic uncertainty and distress. Ohio policymakers can continue taking positive strides to help their constituents today and prepare the state for a better tomorrow. State policies can be amended to expand access to doctors and health care providers. Ohio can join with sister states to improve treatment and ease systemic burdens. And the state can avoid exacerbating the resulting financial crisis by resisting tax increases, curbing and reprioritizing spending, and seeking more federal financial assistance to help displaced workers and businesses. By making smart health and fiscal policy decisions now, Ohio can recover from this crisis healthier and stronger than ever.
About the Authors

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