

2018 IDAHO LEGISLATURE

UPDATE

Week 7

February 19, 2018 through February 23, 2018

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Nurses Day at the Capitol

This is the second year, NLI and ANA-Idaho have had a presence at the Idaho State Capitol. About 30 nurses attended, many staying all morning. Two came all the way from Coeur d'Alene. Several Representatives and Senators stopped by to gain a better understanding of nursing and issues nurses are concerned about including current legislation on protecting nurses in the workplace. During the morning, nurses took an opportunity to attend the House Health and Welfare Committee hearing, then the group split to attend the Senate and House floor sessions. During each session, NLI and ANA-Idaho's presence was recognized by Senator Maryanne Jordan and Representative Sue Chew to the full body of the Senate and the House. The Day at the Capitol not only engaged legislators to learn about nursing, but also provided an opportunity for nurses to learn the workings of the legislature and the difficult process for a bill to become a law. Thank you to everyone who participated, especially those who braved the heavy snow so early to help set-up!

Board of Nursing Bill – SUPPORT – Passed Senate, to House H&W Committee

S1235 Board of Nursing Educational Requirements – Amends law regarding educational requirements for RN Board of Nursing Members. Current law requires RN Board Members to have specific degrees associated with their position on the Board, AD or BS. This has required board members with an Associate Degree who then complete a Bachelor's Degree to resign their Board position. The proposed change would eliminate the specific degree requirement for RN Board positions.

The Idaho Health Care Plan – SUPPORT – Passes House H&W Committee, Held for two week in House

This bill represents the best effort to provide health insurance coverage for those caught in the gap between Medicaid and qualification for assistance to purchase insurance on the Idaho Health Care Exchange.

H464, if accepted, would allow the state to apply to the Federal Government for two waivers which would make the Idaho Health Care Plan possible. The first waiver, the **State Innovation 1332 Waiver**, would allow individuals with incomes under 100% of the federal poverty limit to receive tax credits on premiums to purchase health insurance on the Idaho Health Insurance Exchange. H464 added a work requirement for able-bodied adult recipients of Medicaid. This would potentially affect 700 Medicaid recipients who are not disabled and do not already have a work requirement.

The second waiver, **Medicaid 1115 Waiver**, would allow individuals on private insurance who have medically complex diagnoses to move into the Medicaid program where the cost is shared 70%/30% between the state and the federal government. 2% (approximately 2,500 people) of those covered on the individual insurance market consume 40% (\$200M) of health care costs. By shifting these people out of the individual market into the Medicaid program, it will relieve 40% of the cost and lower premiums by approximately 20% for those remaining in the individual health insurance market. Once an individual is recovered from serious illness, they would revert back to private insurance. The Department of Insurance and the Department of Health and Welfare have said both waivers are necessary to make the Idaho Health Care Plan work.

The third piece of the plan proposed by the Governor, is to allow Health Insurers to provide plans that do not fully cover all 10 essential benefits required under the Affordable Care Act. The insurers would be required to continue to offer plans on the Idaho Healthcare Exchange and at least one individual plan that does comply with the requirements of the ACA. Preexisting conditions would be covered under the plan so long as there is continuity of insurance within a 61 day period. The objective is to reduce premium costs and stabilize the individual health insurance market. The Governor's executive order does not require legislative approval. Blue Cross was the first insurer to submit policies for approval by the Department of Insurance under the Governor's plan.

H615 Non-ACA Health Plans

This bill proposed by the conservative House Freedom Caucus would codify the Governor's executive order by permitting in law health insurance plans that do not fully comply with the Affordable Care Act. The bill would also allow Direct Primary Care for Medicaid participants. Direct Primary Care is the independent practice of primary care that excludes health insurance where patients pay directly to the provider at a much lower cost. Under H615, the Department of Health and Welfare Medicaid Program would pay a set fee for services directly to primary care providers. H615 also includes a work requirement for Medicaid recipients and sets a lifetime maximum benefit for Medicaid Medical Assistance. Individuals under 19 years of age, parents of children under six, students over 19 years old attending high school and pregnant women would be excluded from the 5 year limit.

State Catastrophic Health Care Fund

A report from the State Catastrophic Fund to the Joint Appropriations Committee demonstrated the disconnect between providing access to health care for those in the GAP and the state paying for the extreme health care costs covered by the fund. The CAT Fund covers those who do not have health insurance or other resources to pay for catastrophic illness. As a payer of last resort, Idaho Counties cover the first \$11,000 of care, and the State Catastrophic Fund covers the remainder at Medicaid rates. In 2016, CAT fund expenditures dropped from \$18.6M to \$14.5M. Then in 2017, it dropped again to an all time low of \$12.3M. This was generally attributed to individuals having access to health insurance through the state insurance exchange. However, for the first six months of fiscal year 2018, the CAT fund has expenses of \$12.6M, annualized at \$25.2M, twice last year's expenditures. Most of the cost is associated with automobile injuries, other types of traumatic injury and cardiac events. Enrollments through the Idaho Healthcare Exchange have decreased 20% from 2017 to 2018. The fear this year, is that with the elimination of the federal mandate to carry insurance, and the growing cost of private health insurance for those who don't qualify for Medicaid or for subsidy under the Affordable Care Act, these costs will continue to rise at a very rapid rate.

H465 Medicaid, Preventive Dental Care – SUPPORT – Passed House, Scheduled for Senate Vote on Monday, February 26th

H465 would restore Medicaid coverage for dental services for adults covered under the Basic Medicaid program, approximately 33,000 adults with children who are below 26% of the federal poverty limit (\$4,212/yr for a family of two such as a mother and her child). Dental care is already covered for those under the Enhanced and Coordinated Medicaid programs. In 2011, during the economic downturn, the Legislature retracted basic dental coverage with the commitment to restore coverage once the economy recovered. Estimated savings would be \$2.5M for an added cost of \$1.24M (**Net savings of \$1.26M from the Idaho Medicaid Program**). Several who testified at the House hearing gave examples of those with delayed dental care who ended up receiving emergency and critical medical care that Medicaid fully covers. Those who oppose the bill have concerns of adding \$1.24M to Medicaid and not realizing the benefit suggesting that those on Basic Medicaid may be unable or incapacitated by mental illness of accessing dental services. They also expressed concerns about adding more demand on dentists, many who refuse Medicaid.

H570 Battery against Health Care Workers – Introduced House Local Government Committee

H570 amends the current law that makes it a felony to assault a health care worker when they are in the course of their duties. When this law was initially passed in 2014 to protect health care workers, prosecutors were given discretion in applying the law to those with mental illness. Since 2014, 209 cases have been prosecuted. Many of those cases were against individuals suffering from a mental crisis, some occurring in a mental facility. The consequences of applying the law to the mentally ill is jail

time and a felony conviction, permanently on their record making future employment and housing more difficult. The bill would continue to treat assaults against health care workers as a felony, but exempts patients who are seeking admission to a hospital or mental facility for their mental illness, or have been admitted to a hospital or mental facility and are being treated for their mental illness. Patients who are intoxicated by alcohol, drugs or other substances are not excluded from prosecution.

H505 Physical Therapist Dry Needling – Passed House, to Senate H&W Committee

Under H505 physical therapists would be authorized to perform dry needling similar to acupuncture using thin filament needles to penetrate deep tissue for the relief of pain and tension. Therapists would need to complete 50 hours of education in addition to other licensure requirements approved by the Board of Physical Therapy. Dry needling is authorized for physical therapists in several other states. Strong objection came from practitioners of acupuncture and the Board of Acupuncture which requires 100 hour of education plus additional supervised practice.

H353 Immunity for Volunteer Healthcare Providers – SUPPORT – Passed House, Scheduled for Senate Floor Vote on Monday, February 26th

The proposal by the Idaho Medical Association would provide additional immunity for physicians and other healthcare providers who volunteer for community health screening and events. To the Senate Floor.

H448 Exemption from Obscenity Laws for Breastfeeding – SUPPORT – Passed House Unanimously, to Senate

The legislation would protect public breastfeeding from laws covering indecent exposure. Printed and referred to House Judiciary and Rules Committee.

H352 Occupational Licensing Exemption for Athletic and Theatrical Events – Passed House, Passed Senate, to Governor

This bill would waive Idaho licensure for physicians, physician assistants, dietitians and athletic trainers from other states who come to Idaho for brief periods to provide medical care during athletic or theatrical events. Passed in House, to Senate Floor.

H354 Opioid Agonists – Add to Prescription Monitoring Program – SUPPORT – Passed House & Senate, Signed by the Governor. Becomes Law July 1st

This bill adds Opioid Agonists such as Narcan to the Prescription Drug Monitoring Program. Passed House H&W Committee. Passed House, to Senate Floor.

H410 Cannabidoil Oil – Passed House Health & Welfare Committee Unanimously, to House Floor

The legislation would allow the possession and use of Cannabidoil prescribed by a physician. Cannabidoil is primarily used to treat seizure disorders in children.

**H393 Immunization Assessment Board – SUPPORT – Passed House,
Passed Senate, to Governor**

This would extend a sunset date for the Immunization Assessment Board to 2024. The Board provides access to vaccines for providers throughout the state.

H495 Health Care Billing Equity Act – Held in Committee

Representative Luker from Boise proposed this bill to address balance billing practices by non-network providers who treat patients in a network facility. For example, when a patient presents with an emergency to a hospital and is treated by a physician who is out-of-network, but the hospital is within the insurance network, this bill would prevent the out-of-network provider from balance billing the patient and also provides a formula for payment similar to in-network rates. The bill was strongly opposed by the insurance companies and the medical community. The bill was heard and held in committee.

S1227 Immunization Exemption Form

Clarifies the manner that a parent may exempt their child from Immunization by allowing any written notice to the school. This was a contentious issue last year where school districts required a specific form for non-immunized students. Senate H&W Committee.

S1224 Medicaid Expansion - SUPPORT

This bill would fully expand Medicaid under the Affordable Care Act to cover those in the Gap between Medicaid qualification and subsidy eligibility under the ACA. Expansion was a component of the ACA as originally designed. Idaho and other states sued the federal government and won in a U.S. Supreme Court decision that allowed states to opt out of expanding Medicaid. Under the plan the federal government would initially cover 90% of expansion costs but obligates states to federal intrusion that the Idaho legislature has resisted. Printed, referred to Senate H&W Committee.