

2018 IDAHO LEGISLATURE

UPDATE

Week 6

February 12, 2018 through February 16, 2018

Michael McGrane, RN, MSN

Idaho Nurses Day at the Capitol, Thursday, February 22, 2018, First Floor Rotunda, Idaho State Capitol

- 7:30 – 9:00 Informal visits with Idaho Legislators and State Employees**
- 9:00 – 10:00 Opportunity to attend House Health & Welfare Committee Hearings – EW 20**
- 10:00 – 11:00 Informal visits with Legislators**
- 11:00 – 12:00 CE Opportunity – In’s and Out’s of the Idaho Legislature, How to Connect with your Senator and Representatives – Room C110**
- 12:00 – 1:30 Pre-scheduled Appointments**

Approved for up to 4.25 Contact Hours, Nurses Day at the Capitol is an opportunity to build awareness for nursing. Meet in the First Floor Rotunda, under the Dome.

Preschedule Appointments with your Representatives or Senator 24 hours in advance. Go to www.Legislature.Idaho.gov Tap on Legislators Information, then go to the left hand box “Who’s My Legislator?” Once you put in your address, your Representatives’ and Senator’s names and contact information will appear. You can call or e-mail to make a brief 15 minute appointment to introduce yourself and tell them what you do as a nurse. Be sure to mention that you live in their districts and they can call on you for insight to healthcare issues.

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

The House was scheduled to vote on H464, the Health Care Waiver Authorization, on Tuesday, however a motion to delay vote on the bill for two weeks was approved. The bill is now on the agenda for Tuesday, February 27th.

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. This week Blue Cross was the first insurer to submit policies for approval by the Department of Insurance under the Governor's plan. Legislators who do not support the waivers, have drafted legislation to enhance upon allowing insurers to sell plans that do not fully comply with the Affordable Care Act (Obamacare).

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. For a family of four who has an income of \$5,268/year or more, the cost of private health insurance can be up to \$1,300 per month, more than their income. With other costs of living, housing, food, transportation and childcare, it is impossible to expect that the cost of health coverage is within reality. Any significant medical cost will result in destitution.

H465 Medicaid, Preventive Dental Care – SUPPORT – Passed House, to Senate H&W

Last week House Bill 465 passed the House Health and Welfare Committee on a close vote, and this Monday, survived on the House Floor by a vote of 36 to 32 with two absent. It now goes to the Senate Health and Welfare Committee next Tuesday. Representatives who objected voiced concerns over creeping extension and cost of Medicaid benefits. One, Representative Zollinger of Idaho Falls, asked why would the state approve dental coverage for Medicaid recipients when half of the state's residents do not have dental insurance? It is expected to be a close vote again in the Senate.

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. Covering screenings and preventive dental care under Medicaid is possibly the most exaggerated example of spending a little to save a lot. 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. It was surprising those on the committee who voted against the bill who argued against spending more for Medicaid preventive services. Votes were along ideological lines. The bill now goes to the Senate H&W Committee.

H353 Immunity for Volunteer Healthcare Providers – SUPPORT – Passed House, Passed Senate H&W, to Senate Floor

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

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

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, to Governor

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

The legislation would allow the possession and use of Cannabidoil prescribed by a physician. Printed and referred to House H&W Committee.

H393 Immunization Assessment Board – SUPPORT – Passed House, Passed Senate Committee, to Senate Floor

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

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.

Children's Health Insurance Program

The Children's Health Insurance Program (CHIP) was initially due to expire at the end of September, 2017. As part of Congressional authorization to continue to fund the federal government, CHIP was funded until March, then in March extended for six years. Under the massive federal budget proposed by the Trump Administration, CHIP would be reauthorized for 10 years, however other federal programs, such as the CDC, would take significant budget cuts. The budget was proposed this week with major infrastructure funding, and will work its way through Congress in the coming weeks.