

2018 IDAHO LEGISLATURE

UPDATE

Week 4

January 29, 2018 through February 2, 2018

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The Idaho Health Care Plan - SUPPORT

If accepted by the legislature, the bills 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, House Bill 338**, 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. A requirement to file a federal tax return will be incentive for individuals to earn taxable income.

The second waiver, **Medicaid 1115 Waiver, Senate Bill 1219** 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. 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.

A new bill, **House Bill 464**, introduced this week modifies the waiver proposals by establishing a work requirement for “able bodied adults” receiving Medicaid. The Work Requirement Waiver would also need federal approval. Kentucky was the first state to receive approval for a work requirement, and other states including Utah have applied for a work requirement waiver. Eliminating children, disabled and pregnant women from those receiving Medicaid, there are about 15,000 able bodied adult recipients. Most of those already have a work requirement as part of the food stamp and other programs. Approximately 700 individuals would be affected by the new work requirement. But this is a ideological issue for Republicans who oppose entitlement.

S1262 Patient Caregiver Support Act – REMAIN SILENT

Late Thursday, the Senate Health and Welfare Committee introduced the **Patient Caregiver Support Act, Senate Bill 1262**. This is the bill pushed by AARP as part of their national Caregiver agenda. According to AARP materials, the Caregiver Act has passed in 39 states. ANA has generally opposed this legislation as it has made its way across the country.

The Act would require hospitals to

- **Record the name of the caregiver when a patient is admitted;**
- **Notify the caregiver when the patient is discharged or transferred to another facility, and**
- **Provide explanation and live or video instruction on medical tasks to be performed by the caregiver.**

On admission, the patient would be given the opportunity to name a caregiver. While the promotional material suggests that it be a family member, the bill does not require any relationship between the patient and the caregiver. Caregiver tasks are restricted to those that do not require a licensed professional.

There is no obligation for a patient to identify a caregiver. Any attempt to contact a caregiver does not delay or alter necessary medical care while a patient is hospitalized, and there is no penalty on the hospital for not identifying or instructing a caregiver and no obligation on a caregiver to perform tasks. Hospitals and employees are protected from claims.

ANA-Idaho and NLI were successful in negotiating language that clarifies that caregiving services are unpaid. Initial drafts of the bill would have allowed anyone to act as a caregiver for pay which could create a cottage industry of unlicensed professional caregivers. Examples of tasks originally given included injections, medication management, dressing changes and transfers. Language in the final bill simply states tasks that do not require a licensed professional.

Board of Nursing Bill - SUPPORT

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. Assigned to Senate H&W.

H465 Medicaid, Preventive Dental Care - SUPPORT

H465 would restore Medicaid coverage for services provided by a dentist consistent with federal Medicaid law. Idaho had retracted dental coverage during previous budget cuts. This bill would restore coverage previously available.

H448 Exemption from Obscenity Laws for Breastfeeding – SUPPORT

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

H353 Immunity for Volunteer Healthcare Providers

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. Passed House H&W Committee. Up for House Floor Vote.

H354 Opioid Agonists – Add to Prescription Monitoring Program - SUPPORT

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

H410 Cannabidoil Oil

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

H393 Immunization Assessment Board - SIPPOR

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

Dementia and Alzheimer Facilities

This bill introduced by the state Medicaid Program would greatly shorten the process from 18 months to weeks for approval of applications for hospitals, assisted living and nursing facilities to qualify for secure memory care housing. Pending.

H342 Hospitalization of Criminal Mentally Ill – Restore to Competency – 30-day notice to 10 day notice

This bill would change the time required for notice by the State Hospitals to Law Enforcement from 30 days to 10 days on release of individuals who had initially been convicted of a crime but deemed incompetent and referred to the State Hospital for restoration of competency. Printed, referred to 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 Committee.