

## 2018 IDAHO LEGISLATURE

### UPDATE

January 8, 2018 through January 12, 2018

*Through a partnership between **Nurse Leaders of Idaho** and the **ANA Idaho**, **Michael McGrane, RN**, will be attending House and Senate committee meetings, monitoring bills and advocating on behalf of Nursing with legislators and state executive officials at the capitol. Mike holds a degree in economics from the University of Utah, and a bachelor degree and master degree in Nursing from Idaho State University. Mike retired with over 30 years in emergency, critical care and flight nursing. This is his third year representing nursing at the Idaho State Capitol.*

*Throughout the 2018 Idaho Legislative Session, Nurse Leaders of Idaho and ANA Idaho will provide periodic updates on legislation and activities of interest to nurses, especially in healthcare policy. In addition to these Updates, e-mail communications will alert NLI and ANA Idaho members to take action in communicating to legislators about bills of interest.*

*Located at the end of the Updates, is a **Call to Action** section that will provide background information to assist in communicating with legislators. This week's Call to Action provides information on how to navigate the Idaho State Legislature webpage, find contact information for legislators and other elected officials, and suggestions on how to deliver a clear message.*

### Tone of the Legislature



With the division in the Legislature and the State over this past year, I thought it would be a great idea to display a sign of our unity, “*One Nation, Indivisible, with Liberty and Justice for All.*” In July, I asked the Pro Tem of the Senate, Senator Brent Hill, if this huge American Flag could hang from the Capitol Rotunda during the 2018 Legislative Session. I was thrilled to see that my request was honored. My hope is that our State Representatives and Senators take note, and rededicate their work to all the people of Idaho.

## **Governor's State-of-the-State Address**

The 2018 legislative session began Monday, January 8th with the Governor's State-of-the-State address. As Governor Otter will not seek another term, this is his final address to the full legislature. Tax relief, education and healthcare were the focus topics. Here are highlights of Governor Otter's message and budget as it related to healthcare:

### Higher Education

- **Adopt the recommendations of the Higher Education Task Force**
- **Hire an Executive Officer to oversee all of Higher Education**
- **Continue to build scholarship programs to encourage completion of post-secondary academic and professional/technical degrees**

### Mental Health

- **\$2.6M for three new crisis centers in Nampa, Lewiston and Pocatello. Crisis centers approved in 2015 for Coeur d'Alene, Twin Falls and Idaho Falls have proven very successful in treating emergent mental health crises which would otherwise have been sent to emergency rooms or to jail.**

### Health Care

- **\$1.1M to further increase the availability of medical residency positions to address the physician shortage. Idaho ranks 49<sup>th</sup> of all states in physicians per capita. This is short of the \$5.2M requested in the Board of Education plan.**
- **The Governor promoted the Idaho Health Care Plan that would extend coverage for approximately 35,000 Idahoans who have complex and costly medical care or who don't have employer health coverage and cannot afford individual health plans. The Idaho Health Care Plan seeks two waivers from the federal government, one to move patients with high cost medical conditions into Medicaid, and a second to allow working families who do not have insurance to qualify for tax credits in order to purchase coverage on the Idaho Health Care Exchange.**
- **The Governor also highlighted his recent executive order to allow individuals to participate in association plans, approved under the recent federal tax law, that would allow the purchase of health plans at a lower cost and do not require coverage of all ACA mandated conditions.**

## **Rule Hearings**

In Idaho rules promulgated by the Departments and Professional Boards are presented at the beginning of each session for approval by the legislature. In 2015, Idaho citizens passed a Constitutional Amendment giving the Legislature authority to approve or reject, in whole or in part, agency administrative rules. The legislature has the option of approving or rejecting (but not amending)

administrative rules. House and Senate Health and Welfare Committees are meeting daily during the first two weeks of the session to process rules.

### **Pharmacist Prescribing Authority**

Both House and Senate panels approved the Board of Pharmacy rules including the controversial rules around pharmacist prescribing authority. In 2017 the Legislature passed HB 191 that allows the Board of Pharmacy to determine which drugs and devices pharmacist can prescribe. The law set four criteria:

1. Do not require a new diagnosis;
2. Are minor and self-limiting;
3. Have a CLIA-waived test, or
4. Threaten the health or safety of the patient if not treated immediately

Pharmacists may only prescribe drugs or devices for which they have been educated and maintain competence.

Pharmacists must refer patients to other health care professionals as appropriate.

The Pharmacist must notify the patient's primary care provider within 5 days.

Under the new rule that becomes effective on July 1, 2018, pharmacists can prescribe

- Drugs approved by the FDA for
  - Lice,
  - Cold Sores,
  - Motion Sickness Prevention, and
  - Uncomplicated Urinary Tract Infections.
- Devices:
  - Inhalation Spacers,
  - Nebulizers,
  - Diabetes Blood Sugar Testing Supplies,
  - Pen Needles, and
  - Syringes
- CLIA Waived Testing:
  - Influenza
  - Group A Strep Pharyngitis
- Drugs approved by the FDA for the purpose of closing a gap in clinical guidelines:
  - Statins for patients who have a current prescription for a drug for diabetes (**clarifying language will be issued in a temporary rule prior to the effective date of this rule to state a "patients with a diagnosis of diabetes), and**
  - Short-acting Beta Agonists for patient with asthma who have had a prior prescription for SABA, and who have a current prescription for long-acting asthma control medication.
- Travel Drugs (the pharmacist must complete an accredited course on travel medicine.

- Supplements to an Infusion Order:
  - Heparin Flush
  - Infusion Devices
  - Infusion Supplies
  - Local Anesthetics for IV Port Access
  
- Emergency Drugs for situations that threaten the health and safety of the patient, a pharmacist may prescribe minimum quantities to allow a patient to be seen by another provider:
  - Diphenhydramine,
  - Epinephrine, and
  - Short-acting Beta Agonists
  
- Antimicrobial Prophylaxis for the Prevention of Lyme Disease in accordance with CDC guidelines.

The Idaho Medical Association vigorously opposed both the original bill passed last year that broadened the Board of Pharmacy's discretion on prescriptive authority and these new rules. The basis for their objection was that it allows pharmacists to independently prescribe without access to the patient's medical record or coordination with their healthcare team. They had specific objections to prescribing statins to patients who are on diabetes medications. The rule will be changed to require a diagnosis of diabetes. The use of statins for patients with diabetes conforms with initiatives of the American College of Cardiology and the American Heart Association. Secondly, the Medical Association objected to the drug treatment of urinary tract infections without have completed a urine dip test. One physician testified during the hearing that most physicians do not do a dip test for UTI, and many physicians treat UTI over the phone. The Legislature sees the ability for pharmacists to prescribe to improve patient access for simple, low risk conditions and to save health care costs.

### **Newborn Screening**

Rules were adopted from the Department of Health and Welfare that adds pulse oximetry testing to the mandatory list of newborn screening. There are 40 screens for serious illnesses that newborns receive. The Department assures that newborns with these serious illnesses receive treatment. The new rules also add newborn screening results to the birth certificate.

### **Board of Nursing Administrative Rules**

The Board of Nursing has a single proposed rule that will be heard next week in the House Health and Welfare Committee and the following week in the Senate Health and Welfare Committee. The rule changes include the process for limited licenses and qualifications for nursing program faculty.

### Change in the Process for Issuing Limited Licenses

Currently nurses suffering from substance use disorder or mental health disorder must surrender their regular license to the Board before being issued a limited license. The proposed rule will allow the Board to convert a regular license to a limited license making the process more efficient.

### Qualifications for Nursing Program Faculty

The same rule clarifies the qualifications for nursing program faculty in particular Advanced Practice Registered Nurse program faculty have a graduate or post-graduate degree and national certification appropriate to their area of practice, and the qualifications for non-clinical nursing course faculty requiring advanced preparation appropriate to the content being taught.

The Board of Nursing also has one bill to address qualification of Board Members that will be heard at a later date.

### **Board of Dentistry Administrative Rules**

The rules of the Board of Dentistry were heard in the Senate Committee on Thursday, and will be heard in the House Health & Welfare Committee next week. Here are the proposed rules:

#### Training Requirement for a Dentist to Obtain a Moderate Sedation Permit

#### Clarification of Clinical Examination, Clarification of the Placement of Dental Dams by Dental Assistants, and Clarification on Prescribing Drugs

These are minor clarifying changes rules that add “Clinical” to Examination, change “rubber” dams to “dental” dams, and replacing confusing language with “prescription drugs.”

#### Telehealth Services

These new rules may be the most interesting to Dental Hygienists.

Clarify the setting for Extended Access Dental Hygiene services from “extended access oral health care program” to “extended access oral health care setting.”

Adds a new section, Telehealth Services (Rule 66) that allows dentists and dental hygienists to provide telehealth services within 75 miles of the patient’s location; that the patient’s identify and the identify of the provider must be stated along with the provider’s contact information; that the Idaho standard of care must be met; that informed consent must be obtained.

The Board of Dentistry is also proposing two bills that will address Supervision, including supervision in an extended access setting. Those will be heard at a later date.

## **CALL TO ACTION**

**Familiarize yourself with the Idaho Legislature website:** [www.legislature.idaho.gov](http://www.legislature.idaho.gov)

The site includes information on who your legislators are (you can search by your address), and how to contact them. In addition is information on House and Senate Standing Committees, with photos and background information on each legislator. The site also has links to Committee agendas and meeting minutes.