

## 2018 IDAHO LEGISLATURE

### UPDATE

#### Week 3

January 15, 2018 through January 26, 2018

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The initial weeks of the legislative session follow themes. This week was education week beginning with reports from the Superintendent of Public Instruction then from each of the university presidents. The Governor's recommendation for an executive to oversee higher education was a controversial topic, but also Governor Otter's recommendation to tag \$5M for higher education opportunity scholarships was well accepted. These scholarships would allow those entering the healthcare professions and others, especially those returning to college, to achieve their degrees.

Also, the deadline for introduction of "personal bills" was last Friday. "Personal Bills" are those introduced by individual members of the House or Senate that can be introduced without a hearing, bypassing some obstacles to bill consideration. Among those introduced was Senator Marianne Jordan's bill to fully expand Medicaid. This is essentially the same bill that had been unsuccessfully proposed by the Democratic legislators for the past two years. Also this week was a joint Health & Welfare Committee hearing on the two waivers to the Affordable Care Act proposed by the Department of Insurance and the Department of Health and Welfare.

Most agency and board rules have been heard. New bills are emerging. Here are specific bills we are watching:

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

The Board's proposed rules passed the House Health and Welfare Committee last week and the Senate Health & Welfare Committee on Monday. The rules now become effective on adjournment of the legislature.

#### **Board of Nursing Bill**

**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 Degree to resign their Board position. The proposed change would eliminate the specific degree for RN Board positions.

### **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 H&W Committee. Up for House Floor Vote.

### **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**

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**

This bill was introduced by Representative Moon from Challis. It would exempt the lawful possession and use of cannabidoil oil for medical purposes. Printed and referred to Committee.

### **H393 Immunization Assessment Board**

This would extend a sunset date for the Immunization Assessment Board. 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. Printed and referred to Committee.

### **H336 Medicaid – Nursing Facilities**

From the Department of Health and Welfare, this is a bill that adds Quality Assessment Program for nursing facility payment under Medicaid. Printed, referred to 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**

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.

### **The Idaho Health Care Plan**

The Department of Insurance and the Department of Health and Welfare presented information at a joint House and Senate Health and Welfare Committee on Wednesday to explain their proposals that would allow the state to apply to the Federal Government for the two waivers which would make the Idaho Health Care Plan possible. The first waiver, the State Innovation 1332 Waiver, H338, 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, S1219 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 market.

**Wednesday, January 29<sup>th</sup> at 9:00 AM in Room EW-20, the House Health and Welfare Committee will hear the bill to allow the state to proceed with the waiver applications. This hearing is open to the public and testimony will be allowed. The Committee will vote on February 7<sup>th</sup>.**

### **Executive Order 2018-02 – Restoring Health Insurance Choice**

Following the new federal tax law which now allows individuals to joint associations to purchase health insurance exempt from some requirements of the Affordable Care Act, Governor Otter and Lieutenant Governor Little issued an executive order to allow private health insurers to offer partial ACA non-compliance plans. These plans would be less expensive than what is now available to individuals in the private market. This week the Department of Insurance issued guidelines to insurers. The plans would be required to provide minimum ACA coverage for emergency care, mental illness, prescriptions and preventive care; guaranteed issue and renew ability, and coverage for preexisting conditions.