



2017 IDAHO LEGISLATURE

UPDATE

March 13, 2017 through March 17, 2017

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For ANA Idaho and Nurse Leaders of Idaho*

Week 10

The Legislature is expected to close next week, some hope as early as next Tuesday, but realistically Friday, March 24th. Late conflict over taxes and highway funding might push the end of the session to the end of the month. Both the House and Senate are in a flurry to hear bills, mostly appropriation bills, to get their work completed. Some last-minute bills are emerging. Although past the deadline for introduction, leadership will allow some bills to be introduced even if there is no hope of getting through the hearings and votes necessary for approval by the end of the legislative session. This tactic is to show support for publicly popular issues that legislators don't want to be accused of voting against or stalling, they will simply let the clock run out and can say they supported the issue. This may be the case with **S1142**, the Health Care Assistance Act that would provide basic primary care for those caught in the "Gap." The bill was heard in the Senate Health & Welfare Committee and amended into a new bill **S1142aa**. Whether it comes out in time for a Senate vote and to goes to the House is an open question. Likewise, two new bills to address the exemption in the child welfare law that exempts faith healing were introduced Wednesday, **S1181** and **S1182**. With such a short time before the session ends, it is questionable whether either of these two bills will make it. Both issues, addressing healthcare for the Gap and closing the faith healing exemption are important issues that are supported by ANA Idaho and NLI.

CHILD PROTECTION ACT COURT INTERVENTION FOR EMERGENCY MEDICAL TREATMENT – S1181

Adds clarification to current law allowing court intervention for child emergency medical treatment, requiring the court to take into consideration alternative treatment methods given to the child in lieu of medical treatment. Sent to Senate State Affairs Committee.

CHILDREN TREATMENT BY PRAYER – S1182

Introduced by Senator Dan Johnson of Lewiston, this bill alters the definition of "neglect" in the Child Protection Act that exempts parents from neglect for choosing treatment by prayer or spiritual means alone in lieu of medical treatment. The bill acknowledges the fundamental right of the free exercise of religion and prohibits governmental intervention except for cases where the "failure to receive medical



treatment is likely to result in serious permanent injury or death.” In making determinations of neglect, the court must consider the wishes of the child. Sent to Senate State Affairs Committee.

REAUTHORIZATION OF THE IDAHO IMMUNIZATION ASSESSMENT BOARD – S1081 - PASSED

The Idaho Immunization Assessment Board funds the Universal Childhood Vaccine program that distributes vaccines to providers throughout the state as a way of encouraging childhood vaccinations. Due to a sunset provision in the law, without reauthorization, the Board would have ceased to exist and so would the vaccine program. The bill survived a House vote 45-25.

NURSE PRACTITIONER AUTHORITY TO ADMIT – S1139

The Bureau of Facility Standard, part of the Idaho Department of Health and Welfare, that licenses hospitals had determined that only physicians were authorized to admit patients. Language in the law is ambiguous and somewhat archaic in that it authorized the “director of any facility” to admit patients, where the term “admit” likely means allow patients to enter the facility under specific conditions, one condition being that their care is under the direction of a physician. The bill would clarify that physicians, nurse practitioners and physician assistance are authorized to admit patients subject to their scope of practice, privileges and facility policy. The requirement that a patient’s care must be under the direction of a physician remains. The bill will next be heard in the House H&W Committee on Monday.

PRESCRIPTION AUTHORITY FOR PSYCHOLOGISTS - H0212 – PASSED

The bill received overwhelming support in the Senate H&W Committee, including testimony from ANA Idaho, NLI and the Idaho Medical Association, and passed the Senate. It now goes for the Governor’s signature. The bill allows doctoral psychologists who complete a master degree in psychopharmacology and one year mentorship with a psychiatrist to prescribe psychiatric medications. This will broaden the availability of psychiatric treatment, especially to more rural areas.

PRESCRIPTION AUTHORITY FOR PHARMACISTS – H0191 - PASSED

H0191 gives the Board of Pharmacy discretion in authorizing pharmacists to prescribe low risk, limited use medications or diagnostic tests, such as lice treatment or strep testing.

PRESCRIPTION AUTHORITY FOR CHIROPRACTORS – H0195 - PASSED

The bill will allow chiropractors to administer IV mineral and vitamin solutions. It faced opposition from the Idaho Medical Association, however the legislature is more tolerant of allowing alternatives to healthcare with more emphasis on patient choice and lower cost.

HEALTH CARE ASSISTANCE ACT – S1142aa – AMENDED

The bill passed the Senate H&W Committee with a vote to send it for amendments to incorporate components of Senator Thayne’s bill **S1082** that promote personal responsibility and improvement planning. The amended bill was heard on the Senate floor on Thursday with an attempt by Senator



Marianne Jordan of Boise to add another amendment to fully expand Medicaid. That amendment died, and the new bill pass the “Committee of the Whole” to be voted again later by the Senate before going to the House.

- Coordination of Primary Care with a focus on managing chronic conditions
 - Primary Care
 - Limited Prescriptions
 - Care Coordination
- Providers receive a monthly payment per participant they manage under the program for primary care, prescriptions and care coordination
- Patients will have a co-pay not to exceed \$20
- Eligibility for the program will be limited to specific chronic conditions to be defined in rule
- Funding for the program (\$10M) will come from the Tobacco Settlement Millennium Fund
- Enrollment in the program, if passed, will be January 1, 2018

HEALTH SAVINGS ACCOUNTS FOR STATE EMPLOYEES AND CONTRACTS WITH PROVIDERS

One of Senator Thayne’s ideas to control healthcare costs is for the state to create an HSA pool for state employees, eventually expanding to county, city and school employees, where the state and employees would contribute to the HSA that could then be used to pay for healthcare costs. In addition, the state would contract with providers for specific services at specified rates, for example knee replacement surgery. The employee could select based on cost and quality between several providers, potentially using the healthcare exchange to post provider services and rates, then use the HSA to pay for the procedure. The idea is that the state/employee HAS pool would become large enough to leverage cost and create a direct relationship between the patient and provider without the intervention of insurance.

VOICES FOR AFFORDABLE HEALTH

Voices for Affordable Health is an effort by Cambria Health Solutions to draw attention to rising healthcare costs and efforts to control cost including prescription drug costs, health cost inflation, high hospital costs, and surprise medical bills. Check out their web site, where you can post stories and comments at <http://voicesforaffordablehealth.com/>

You can also like them on Facebook at <https://www.facebook.com/voicesforaffordablehealth/>

AMERICAN HEALTH CARE ACT

Monday, the Congressional Budget Office issued their report on the impact of the AHCA, suggesting 14M would lose coverage increasing to 24M by 2026. Here is a link to the CBO report:

https://cbo.gov/sites/default/files/115th-congress-2017-2018/costestimate/americanhealthcareact_0.pdf

[Highlights of the American Health Care Act](#)

- Maintains the Medicaid program but changes the funding from federal/state match to a “per-capita” formula allocation to states with preference for poorer and small states to balance allocations. Objective is to cap Medicaid expenditures
- Removes the “employer mandate” that requires employers with 50+ employees to provide healthcare coverage
- Removes the “individual mandate” that requires health insurance
- Replaces the tax for non-coverage with 30%, one year premium penalty if coverage lapses more than 63 days
- Maintains coverage for pre-existing conditions
- Maintains coverage for those under 26 years on parents’ insurance
- Repeal “Obamacare tax” on income above \$200,000. Repeal tax on insurance companies, medical devices, over-the-counter medications
- Provides tax credits of \$2000/person to \$4000/person up to incomes of \$75,000/person or \$150,000 per family to purchase health insurance. Tax credits would be available to all who are not otherwise covered under an employer or governmental coverage
- Expands Health Savings Accounts annual contribution limit from \$3,550 to \$6,550/individual or \$13,100 per family to match maximum allowed deductible amounts for catastrophic plans and allow both spouses catch-up contributions
- Under the ACA, an older consumer could not be charged more than three times the cost for a younger consumer (3:1). Under the AHCA, the ratio increases to 5:1, potentially making premiums more expensive for the elderly
- Eliminates “Bronze (60%), Silver (70%), Gold (80%), Platinum (90%) labels and required coverage in favor of age ratios and more insurance flexibility and consumer choice
- Allows states to expand Medicaid with 90% federal funding to the end of 2019, then coverage at new “per capita” formula for all Medicaid. This would allow states that chose not to expand Medicaid under the ACA to extend coverage for those who do not qualify for Medicaid or premium assistance.
- Alternative Federal Support to provide additional federal payment to states that did not expand Medicaid and to mitigate the loss of Medicaid funds to states that did expand Medicaid
- Non-Expansion State Funding that would provide \$10B over five years as safety-net for non-expansion states
- \$422M in FY 2017 for community health centers (Federally Qualified Health Centers – FQHCs)
- Patient and State Stability Fund to assist states in funding “high-risk pools” that would manage high cost claims and allow private insurance to offer lower premiums
- Restores Disproportionate Share (DSH) payments to hospitals
- Removes ACA limits on provider payments
- Beginning in 2020, state Medicaid programs would not have to meet “Essential Health Benefit” requirements
- Repeals ACA appropriations for prevention, wellness and public health initiatives under the Prevention and Public Health Fund
- Planned Parenthood programs that would otherwise receive Medicaid funding would be barred for one year

BILLS OF INTEREST TO NURSING

- H0003** **PHARMACISTS** – Allows pharmacists to prescribe and administer a tuberculin purified derivative product for screening purposes under certain circumstances. Passed House. Approved by Senate. Signed by Governor. Becomes Law.
- H0004** **PHARMACISTS** – Allows pharmacists to prescribe tobacco cessation products. Passed House. Approved by Senate. Signed by Governor. Becomes Law.
- H0081** **J-1 VISA WAIVER PROGRAM** – The Visa Waiver Program currently allows recruitment of up to 30 foreign primary care physicians to practice in underserved areas. The bill would allow 10 of the 30 positions to be used to recruit specialty physicians. Passed House. Passed Senate. Sent to Governor.
- H0091** **IMMUNIZATION REGISTRY** – Idaho Immunization Reminder Information System (IRIS) reporting. IRIS is maintained by the Department of Health & Welfare and is a centralized database to track and notify providers and patients of recommended vaccinations, immunization information, and recall notifications. There is an opt-out provision for those who do not wish to be tracked. Failed House. Bill Died.
- H0146** **SEXUAL ASSAULT MEDICAL EXAMS, ASSAULT EVIDENCE, NOTIFICATION** – Victims of sexual assault cannot be denied a medical examination. Inability to pay cannot be an obstacle to receiving an examination. Addresses retention of evidence and notification of victim of case status change. Passed House. Third Reading in Senate.
- H0160** **HEALTH CARE ASSISTANCE PROGRAM** – Primary care, limited prescription and care coordination to cover primary healthcare for those not qualifying for employer or governmental coverage or subsidy including Medicaid, Medicare or enrollment in the healthcare exchange. House Health & Welfare – Withdrawn. Reintroduced at **S1142**.
- H0161** **LICENSING OF MEDICAL LABORATORY PRACTITIONERS** – Establishes licensure requirements for medical lab science practitioners. House Health & Welfare.
- H0191** **PHARMACY PRESCRIPTION AUTHORITY** – Would allow the Board of Pharmacy to authorize pharmacists to prescribe. Passed House. Passed Senate. Sent to Governor.
- H0195** **CLINICAL NUTRITION CERTIFICATION** – Allows the limited administration by IV of mineral and vitamin preparations by chiropractors. Passed House, Third Reading in Senate.
- H0212** **PSYCHOLOGISTS PRESCRIPTION AUTHORITY** – Allow limited prescription authority for mental health drugs. Passed House. Passed Senate H&W. Third Reading in Senate.
- S1003** **NURSES LICENSES, EMERITUS/REINSTATE** - Eliminates the necessity for a nurse to renew a license on emeritus status. Passed Senate. Passed House. Signed by

Governor. Becomes Law.

- S1004 NURSING BOARD COMPENSATION REVISED** – Increase compensation for Board of Nursing members from \$50/day to \$75/day. Passed Senate. Passed House. Signed by Governor. Becomes Law.
- S1050 IMMUNIZATION FORM** – Allows parents to use any written communication to decline having their children immunized rather than using the Department of H&W form that includes acknowledgement of the risk of not immunizing but does not include information on the risks associated with immunizations. Held in Senate Health & Welfare for revisions.
- S1058 TELEHEALTH ACCESS** – Requires insurers to cover telehealth in an “equivocal” manner as face-to-face healthcare services. Failed Senate. Bill Died.
- S1060 CYTOMEGALOVIRUS INFORMATION** – Would require the Department of Health and Welfare to provide information on the risks of cytomegalovirus to the public, pregnant women and healthcare providers. Signed by Governor. Becomes Law.
- S1081 IMMUNIZATION ASSESSMENT BOARD SUNSET REAUTHORIZATION** – The bill reauthorizes the Idaho Immunization Assessment Board that funds the Universal Childhood Vaccine Program to distribute vaccines to providers throughout Idaho. Passed Senate. Passed House. Passed Senate. Sent to Governor.
- S1082 COMMUNITY PRIMARY CARE PROGRAM** – Would cover the initial \$600 for primary care physician visits, lab, drugs, and health coaching for specified chronic illness management for 15,000 adults in the coverage gap. Senate Health & Welfare.
- S1090 HEALTH CARE ADVANCED DIRECTIVES** – Clarifies the rights of developmentally disabled to consent to their own healthcare without a guardian’s consent, including the ability to revise or withdraw advanced directives. Clarifies presumed consent to resuscitate. Held in Senate for amendment. Senate Third Reading.
- S1142 HEALTH CARE ASSISTANCE PROGRAM** - Primary care, limited prescription and care coordination to cover primary healthcare for those not qualifying for employer or governmental coverage or subsidy including Medicaid, Medicare or enrollment in the healthcare exchange. Amended. Return to Senate Floor.

As you hear of issues or have question about the legislature, please e-mail mcgraneconsulting@gmail.com.