



2017 IDAHO LEGISLATURE

UPDATE

March 20, 2017 through March 24, 2017

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Week 11

How much difference a day makes... With dispute over taxes and funding for highway repair, the 2017 legislative session that was supposed to close this Friday, March 24th is now expected to go into next week. When the tax bills and highway funding collapsed Monday, the Speaker again predicted the session would end this Friday, on-time. Two bills dear to nurses, S1142, the Health Care Assistance Program, that would have provided \$10M from the tobacco settlement fund for primary care to those caught in the Gap, failed in the Senate, and S1182 addressing the faith healing exemption to the Child Welfare Act to allow court intervention in cases where the life of the child is “gravely endangered” and to take into consideration the desires of the child, died by a single vote in committee. Last Friday, March 17th, the House Republican Caucus introduced a new healthcare bill, H0310, the Idaho Accountable Community Care Act. It is the single remaining chance for addressing the Gap this session. While it has been introduced, it has yet to be scheduled for a hearing. The desperate need for road repair and infighting between Republican factions in the House will push the session into next week. Maybe something good will still come in the remaining days of the session.

CHILDREN TREATMENT BY PRAYER – S1182 - FAILED

The bill would have altered 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 acknowledged the fundamental right of the free exercise of religion and prohibited 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 would have been required to consider the wishes of the child. After two hours of wrenching testimony on both sides of the issue, the bill failed 4-5 in the Senate State Affairs Committee.

This bill was the outcome of a legislative workgroup that heard testimony over the summer. Senator Dan Johnson of Lewiston was the workgroup chair and sponsor of the bill. Last year, a bill to repeal the faith healing exemption failed to get a hearing. This year in drafting the bill the workgroup was careful to reach a compromise by acknowledging free religious beliefs while inserting court considerations for the protection of a child’s life in the event of serious preventable illness. The workgroup considered four options:



- 1) Do nothing – Allow the faith-healing exemption to remain as is;
- 2) Expand “faith-healing” as an acceptable form of medical treatment;
- 3) No enforcement - Protect believers of alternative treatment, including faith-healing, from intrusion and prosecution;
- 4) Add protection for faith-healing to the Idaho Free Exercise of Religion Act;
- 5) Modify the exemption to allow court intervention for emergency medical treatment.

The workgroup chose the last option, emphasizing the free exercise of religion. Even with that compromise, the bill failed with Committee members’ personal testimony on the power of prayer, the chairman even suggesting that the dead children are better off with their Heavenly Father. It seems inconsistent that those who are so adamant for the “right to life” of the unborn child, so easily dismiss the right to life of these children.

CHILD PROTECTION ACT COURT INTERVENTION FOR EMERGENCY MEDICAL TREATMENT – S1181

With the failure of S1182 in the same committee, there is little chance this bill will get a hearing. The bill 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. Senate State Affairs Committee.

NURSE PRACTITIONER AUTHORITY TO ADMIT – S1139 - PASSED

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. Passed Senate. Passed House. Expected to be signed by the Governor.

HEALTH CARE ASSISTANCE ACT – S1142aa – FAILED

While the bill passed the Senate Health and Welfare Committee, it failed in the House. It was opposed by Democratic Representatives who cite the bill’s lack of comprehensive coverage and support Medicaid expansion, and by hard-right Republicans and those who oppose use of tobacco settlement money to address the needs of those without healthcare coverage. While the bill was minimal, providing only \$10M and potentially covering 15,000 of the 78,000 in the Gap with limited primary care, it would have been a step forward. The legislature in general is waiting to see what Congressional action will do with Medicaid.



THE IDAHO ACCOUNTABLE COMMUNITY CARE ACT – H0310

The House Republican Caucus, who have previously killed bills addressing Medicaid expansion or access to care for those in the Gap population, released the Idaho Accountable Community Care Act. Sponsors include Senators Steven Thayne and Marv Hagedorn who were members of the interim workgroup and sponsored other healthcare bills this session. The bill is designed to work with changes that may be coming from Congress with the American Health Care Act. It was introduced Monday in the House Ways and Means Committee (the Speaker's Committee), but has not been scheduled for a hearing. With the legislative session coming to an end very soon, time is of the essence. Both the Senate and House have their focus on last minute appropriations, highway repair and tax relief.

The Idaho Accountable Community Care Act

- Creates Idaho Accountable Community Care Policy
 - Decrease the cost of healthcare, including the state's investment, while improving outcomes for patients;
 - Establish accountable care standards;
 - Provide affordable access to primary care and comprehensive care;
- Idaho Coordinated Care Program
 - Eligibility – Those on Medicaid and those not qualifying for subsidy to acquire health insurance or who are without employer healthcare insurance and who have incomes below 100% of the federal poverty level;
 - Priority for enrollment, those with asthma, diabetes, heart disease, hypertension or obesity
 - Contracts with Primary Care and Hospital Providers
 - Care Coordination
- Primary Care for Non-Medicaid Enrollees
 - Services including annual wellness visits, same-day or next-day appointments, weight management, basic procedures such as EKG, limited laboratory and prescription drugs, focused management for diabetes, high blood pressure, heart disease, mental health, pre-operative exams and hospitalization follow-up
- Primary Care Provider Scarcity
 - Expansion of family medicine residencies
 - Financial incentives for primary care physicians
 - Loan repayment program
- Access to Non-Emergency Care
 - Redirection for non-emergency care from emergency departments – Hospital discretion
- Department of Health & Welfare authorization to seek additional waivers and federal funding, grant funding and voluntary contributions
- Creates regional oversight boards
- Personal Accountability
 - Penalties for non-compliance with personal healthcare plan



HEALTH SAVINGS ACCOUNTS FOR STATE EMPLOYEES AND CONTRACTS WITH PROVIDERS

Another idea to control healthcare costs is for the state to create an Health Savings Account (HAS) 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 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. The concept has not surfaced as a bill this year, but may surface next year.

AMERICAN HEALTH CARE ACT

CONGRESS DELAYED THURSDAY'S VOTE TO SECURE ADDITIONAL REPUBLICAN SUPPORT

The bill has been amended several times over the past week to appease dissenting Republican Congressmen. Changes to the bill are happening rapidly, and details are scarce. However, most of the changes restrict Medicaid funding. Medicaid is a vital program for the disabled. The complex of the effort to replace the Accountable Care Act hinges on this funding bill, which only requires a majority vote, and requires Senate support; a second bill to addresses non-funding healthcare issues that requires 2/3 support, and rule alignment from the Department of Health and Human Services. Thus, the Republican healthcare plan has several hurdles to go.

BILLS OF INTEREST TO NURSING

- H0003** **PHARMACISTS – PASSED** - 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 – PASSED** - Allows pharmacists to prescribe tobacco cessation products. Passed House. Approved by Senate. Signed by Governor. Becomes Law.
- H0081** **J-1 VISA WAIVER PROGRAM – PASSED** - 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. Signed by Governor. Becomes Law.
- H0091** **IMMUNIZATION REGISTRY – FAILED** - 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 – PASSED -**
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. Signed by Governor. Becomes Law.
- H0160** **HEALTH CARE ASSISTANCE PROGRAM – WITHDRAWN -** 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 as **S1142**.
- H0161** **LICENSING OF MEDICAL LABORATORY PRACTITIONERS –** Establishes licensure requirements for medical lab science practitioners. House Health & Welfare.
- H0191** **PHARMACY PRESCRIPTION AUTHORITY – PASSED -** Would allow the Board of Pharmacy to authorize pharmacists to prescribe. Signed by Governor. Becomes Law.
- H0195** **CLINICAL NUTRITION CERTIFICATION – PASSED -** Allows the limited administration by IV of mineral and vitamin preparations by chiropractors. Signed by Governor. Becomes Law.
- H0212** **PSYCHOLOGISTS PRESCRIPTION AUTHORITY – PASSED -** Allows limited prescription authority for mental health drugs. Requires psychopharmacology degree and one year psychiatrist supervision. Signed by Governor. Becomes Law.
- H0310** **IDAHO ACCOUNTABLE COMMUNITY CARE ACT –** Creates primary care program for Medicaid and those at less than 100% federal poverty level, creates standards for providers, and incentives for addressing primary care physician shortage. House Ways & Means Committee
- S1003** **NURSES LICENSES, EMERITUS/REINSTATE – PASSED -** 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 – PASSED -** 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 – FAILED** - Requires insurers to cover telehealth in an “equivocal” manner as face-to-face healthcare services. Failed Senate. Bill Died.
- S1060** **CYTOMEGALOVIRUS INFORMATION – PASSED** – 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 – PASSED** - 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. Signed by Governor. Becomes Law.
- 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 – PASSED** – 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. Passed Senate. Passed House. Sent to Governor.
- S1142** **HEALTH CARE ASSISTANCE PROGRAM – FAILED** - 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. Failed Senate.

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