

## 2011 Legislative Session Update

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The November elections are over and its time for the Idaho Legislature to begin orienting new legislators and planning for the upcoming session which will begin on January 10th. The partisan balance of power in the legislature remains unchanged, however there are indications that majority leadership will change in the Senate. House leadership may also change. Leadership style and priorities will certainly influence the outcome of the session. The biggest challenge facing the legislature will be the budget, with some estimates of the anticipated shortfall being as high as \$500 million or almost a quarter of the entire budget. This number certainly will shift as revenues come in and the economists become more certain of their projections. There will be pressure to raise some taxes in order to prevent further cuts to education, Medicaid and health care services for the poor, higher education and the rest of state government. There will also be pressure to lower taxes in order to stimulate growth.

The Health Care Task Force, which is a joint House and Senate Committee that meets year round to address health related issues, held a meeting on November 22. They spent most of the time receiving updates from various entities which have been working at the direction of the legislature or the Governor on health related issues, and being informed by groups anticipating bringing legislation this session. Here is a recap of that meeting:

### **Behavioral Health Transformation WorkGroup:**

This workgroup, created by executive order in 2009 completed its work and delivered its report to the Governor in October. The full report is attached for your review. The recommendations include creating an integrated behavioral health system with increased regional empowerment, centralized cross-agency coordination and cooperation, braided funding, and improved accountability for outcomes. The focus of the transformation is on recovery and improved access to prevention and early intervention services. The recommendations include legislative changes in the 2011 session.

### **Suicide Prevention:**

There has been a 40% increase in the incidence of suicide in Idaho since 2007. Idaho continues to have one of the highest rates in the nation. Efforts to secure stable funding for a suicide prevention hotline have not been successful, however the Council on Suicide Prevention continues to work with the Suicide Prevention Action Network (SPAN) to explore funding opportunities.

### **Insurance Exchange:**

The Idaho Department of Insurance is working to create an Insurance Exchange in compliance with the Affordable Care Act provisions. They must have a plan design to HHS for approval in 2013. The exchange is for use by persons looking for an individual insurance product. Persons who are eligible for a subsidy (133-400% of federal poverty level) must use the exchange.

**Department of Health and Welfare:** The director provided a report of the Departments efforts to comply with health care reform provisions as well as the current status of the Molina billing and payment system, and the management of the Medicaid dental program by DentaQuest. (details to follow).

**Report from HHS, Federal Pre-Existing Condition Insurance Plan:** Idaho opted to use the federal plan rather than create a state plan to address the needs of those individuals that are denied coverage because they have a pre-existing condition. The federal program is in effect now and is a subsidized insurance plan that provides a bridging benefit to those who qualify, until the ACA provisions become effective in 2014. The insurance rates are very competitive and over 30 persons have qualified to date. There was discussion about improving coordination of this program with the DOI and the agents and carriers.

**Report from The National Conference of State Legislators:** Trends to expect with the new Congress were presented by NCSL health policy staff. Because of the shift in balance of power, staff believe that the House will successfully pass legislation that will then have difficulty passing the Senate. There will have to be compromise in the Senate to gain passage of anything. Health reform repeal is “easier said than done”. Riders on appropriation bills that say no money can be spent on health care reform provisions create budget problems if the CBO calculated a savings from the ACA.

There may be some movement on Sec 1332 state waivers (Sen Wyden, D, Oregon). Staff predicted this may be the first consensus legislation out of Congress.

The Florida court is scheduled to hear the suit on the constitutionality of the health insurance mandate in mid-December; the Supreme Court has denied a request for an expedited hearing.

There are 3 priorities for this Congress:

1. Deficit reduction
2. Renewal of the tax cuts
3. Growing the economy

**Tobacco Tax :** The American Cancer Society presented its draft legislation to raise the tobacco tax by 1.25 per pack. The Partnership Committee of NLI, and the Board have recommended NLI sign on as a supporter of this legislation pending the response of membership.

**Peer Review:** The IHA and the IMA are negotiating legislation that would protect the peer review process as well as individual providers who might believe the process is flawed and seek a legal remedy.

**Dental Hygiene:** There is legislation that will expand their scope of practice for services they can perform without supervision.

**Health Care Professional Transparency Act:** The IMA has legislation that would require practitioners who wear name badges, to fully identify their credentials, or to post signage about the credentials of their providers. This is based on national AMA model legislation. The draft legislation is available for review and comment. (attached)

**Next meeting:** Tentatively planned for January 5, 2011