

2018 IDAHO LEGISLATURE

UPDATE

Week 5

February 5, 2018 through February 9, 2018

Michael McGrane, RN, MSN

Idaho Nurses Day at the Capitol, Thursday, February 22, 2018, First Floor Rotunda, Idaho State Capitol

- 7:30 – 9:00** Informal visits with Idaho Legislators and State Employees
- 9:00 – 10:00** Opportunity to attend House Health & Welfare Committee Hearings – EW 20
- 10:00 – 11:00** Informal visits with Legislators
- 11:00 – 12:00** CE Opportunity – In's and Out's of the Idaho Legislature, How to Connect with your Senator and Representatives
- 12:00 – 1:30** Pre-scheduled Appointments

Idaho Nurses Day at the Capitol should be a fun day to heighten awareness of Nursing and the contribution Nurses make to the health of our state. It is also an opportunity to show support for improved access to healthcare, especially for those who do not have health insurance coverage.

The Idaho Health Care Plan – SUPPORT – Passes House H&W Committee, to House Floor

After two hours of public testimony, Wednesday, **House Bill 464**, passed the House Health & Welfare Committee. It is scheduled for House Floor vote on Monday, February 12th. This passes a major hurdle to provide coverage for a large segment of Idaho citizens who cannot afford health insurance for their families. Once it passes the House, it will go to the Senate where it is more likely to have a positive reception.

H464, if accepted, would allow the state to apply to the Federal Government for two waivers which would make the Idaho Health Care Plan possible. The first waiver, the **State Innovation 1332 Waiver**, 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. H464 added a work requirement for able-bodied adult recipients of Medicaid. This would potentially affect 700 Medicaid recipients who are not disabled and do not already have a work requirement.

The second waiver, **Medicaid 1115 Waiver**, 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 health insurance market. Once an individual is recovered from serious illness, they would revert back to private insurance. The Department of Insurance and the Department of Health and Welfare have said both waivers are necessary to make the Idaho Health Care Plan work.

The third piece of the plan proposed by the Governor, is to allow Health Insurers to provide plans that do not fully cover all 10 essential benefits required under the Affordable Care Act. The insurers would be required to continue to offer plans on the Idaho Healthcare Exchange and at least one individual plan that does comply with the requirements of the ACA. Preexisting conditions would be covered under the plan so long as there is continuity of insurance within a 61 day period. The objective is to reduce premium costs and stabilize the individual health insurance market. The Governor's executive order does not require legislative approval.

S1262 Patient Caregiver Support Act – Held in Committee

Patient Caregiver Support Act, Senate Bill 1262, was scheduled for a hearing and vote in the Senate Health and Welfare Committee Thursday. However, the Chairman, Senator Lee Heider, pulled the bill noting that AARP and the Idaho Hospital Association could not come to agreement on the bill. He encouraged AARP and the Hospital Association to work out their differences. The bill will not come back this year. This action by the chairman avoided senators having to vote against the bill or against the chairman who was the bill's sponsor. This is the bill pushed by AARP as part of their national Caregiver agenda. According to AARP materials, the Caregiver Act has passed in 39 states. ANA has generally opposed this legislation as it has made its way across the country.

The Act would require hospitals to

- Record the name of the caregiver when a patient is admitted;
- Notify the caregiver when the patient is discharged or transferred to another facility, and
- Provide explanation and live or video instruction on medical tasks to be performed by the caregiver.

**Board of Nursing Bill – SUPPORT – Scheduled for hearing Monday,
February 12th, Senate H&W Committee**

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

H465 Medicaid, Preventive Dental Care – SUPPORT – Passed House H&W, to the House Floor

H465 would restore Medicaid coverage for dental services for adults covered under the Basic Medicaid program, approximately 33,000 adults with children who are below 26% of the federal poverty limit (\$4,212/yr for a family of two such as a mother and her child). Dental care is already covered for those under the Enhanced and Coordinated Medicaid programs. In 2011, during the economic downturn, the Legislature retracted basic dental coverage with the commitment to restore coverage once the economy recovered. Covering screenings and preventive dental care under Medicaid is possibly the most exaggerated example of spending a little to save a lot. Estimated savings would be \$2.5M for an added cost of \$1.24M. Several who testified gave examples of those with delayed dental care who ended up receiving emergency and critical medical care that Medicaid fully covers. It was surprising those on the committee who voted against the bill who argued against spending more for Medicaid preventive services. Votes were along ideological lines with 8 voting for and 4 against. The bill goes to the House Floor.

H448 Exemption from Obscenity Laws for Breastfeeding – SUPPORT

The legislation would protect public breastfeeding from laws covering indecent exposure. Printed and referred to House Judiciary and Rules Committee.

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, to Senate Floor.

H353 Immunity for Volunteer Healthcare Providers - SUPPORT

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. Passed House, to Senate H&W Committee.

H354 Opioid Agonists – Add to Prescription Monitoring Program - SUPPORT

This bill adds Opioid Agonists such as Narcan to the Prescription Drug Monitoring Program. Passed House H&W Committee. Passed House, to Senate Floor.

H410 Cannabidoil Oil

The legislation would allow the possession and use of Cannabidoil prescribed by a physician. Printed and referred to House H&W Committee.

H393 Immunization Assessment Board - SUPPORT

This would extend a sunset date for the Immunization Assessment Board to 2024. The Board provides access to vaccines for providers throughout the state. Passed House, to Senate H&W 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. Senate H&W 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.

S1224 Medicaid Expansion - SUPPORT

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 Senate H&W Committee.