



2017 IDAHO LEGISLATURE

UPDATE

January 23, 2017 through January 27, 2017

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Week 3

Week three of the 2017 Idaho Legislature continued to be relatively quiet in terms of healthcare issues. The House and Senate Health and Welfare Committees have wrapped up their review of agency rules, and bills are beginning to be introduced. Last Friday, January 20th, was the deadline for submission of House personal bills, and this Friday, January 27th, is the final day for Senators to submit personal bills. The most significant event of the week was the Joint House and Senate Health and Welfare Committee Hearing held Friday morning in the Lincoln Auditorium at the Capitol. The auditorium was filled to capacity with approximately 300 Idaho citizens expressing views and concerns about healthcare in Idaho.

Here are highlights from this week's session:

Joint House and Senate Health and Welfare Committee Hearing, Friday, January 27th

Healthcare Coverage for the GAP

The House and Senate H&W Committees hold an annual session to hear citizen concerns and ideas. Last year's hearing was dominated by effort to "Fill the Gap" for those caught between eligibility for Medicaid coverage and qualification for federal subsidy to purchase health insurance through the Idaho exchange. Several ideas were being considered including full Medicaid expansion and a primary care access program promoted by the Governor. Ultimately, the legislature took no action to cover those in the Gap. The Foster Care Program was the other big issue heard last year. This year, with "Repeal" or "Repeal and Replacement" of the Affordable Care Act by Congress, the legislature has been silent waiting to see what happens at the federal level. However, testimony supporting coverage for the Gap population, expansion of Medicaid and some level of Basic Healthcare Coverage for all, was dominant. ANA Idaho and Nurse Leaders of Idaho support a plan that provides comprehensive healthcare coverage for those in the GAP including managed primary care, laboratory and prescription drug benefits, behavioral health benefits and coverage for hospitalization.

Non-emergency Medical Transport



The biggest issue was dissatisfaction with the Health and Welfare contractor for non-emergency medical transport services. These services move patients to and from medical appointments. The Department contracts with Veyo to broker transport services. Veyo then works with many transportation providers throughout the state. The Joint Committee heard from dozens of dissatisfied patients, some who were lost or left at appointments without transportation, and from providers who were being leveraged out of business by Veyo. Both H&W Committees pledged separate hearings on the NEMT issues.

Religious Exemption to the Child Welfare Law

The Joint Committee heard several people testify for repeal of the religious exemption to the child welfare law. Idaho is one of seven states that allows parents to refuse lifesaving medical care for treatable conditions for their children for religious reasons. Allowing this child neglect has caused the untimely deaths of 10 children over the past three years. One of those testifying shared his personal experience living with and seeing children die being denied medical care. Repeal of the Religious Exemption is actively supported by ANA Idaho and Nurse Leaders of Idaho.

Difficulties Applying for and Receiving Disability Benefits through Health & Welfare

A few presenters expressed frustration with the Department of Health and Welfare's process for applying and receiving benefits including a lengthy application and review process and long waits for approval. One individual who was a quadriplegic because of an auto crash said that he waited, bedridden, for 15 months for approval of a specialty wheel chair.

Refusal of Vaccinations

During the hearing parents came forward to express the barriers denying their right to refuse vaccinations for their children. Although the law allows parents to refuse, the Department of Health and Welfare, who manages the vaccination database, and schools, based upon the law, are very aggressive about ensuring children are vaccinated. Schools will refuse admission to students even with a parent's signed refusal. These parents referenced research to suggest that childhood vaccinations are associated with physical and mental disabilities.

Issues not Raised at the Hearing

Surprisingly last year's issues with the Foster Care Program did not come up. Neither did the medical use of THC Oil, and issue that failed last year.

Idaho State Board of Education Medical Education Report

In 2016, Governor Butch Otter directed the Board of Education, the medical community and higher education institutions to develop a plan to address the future demand for healthcare providers. The committee included physicians, hospital administrators, leaders from Idaho higher education, and the Idaho Medical and Hospital Associations. Focus was primarily on medical education, availability of



residency opportunities, impediments to rural practice, and the maldistribution and retention of healthcare providers. While not a primary focus of the committee, nurse practitioners were recognized as a vital component to providing rural healthcare along with nurses working with physicians and other providers as a “team.”

Committee Recommendations

- Increase the number of primary care and specialty medical residencies.
- Create a Graduate Medical Education Council to coordinate preceptor and residency opportunities.
- Increase the number of preceptors, especially in rural areas.
 - Utilize tax and reimbursement incentives to encourage preceptors for all levels of healthcare providers
- Continue to support funding the WWAMI and University of Utah School of Medicine slots for Idaho students.
- Improve support for providers in rural areas.
 - Locum tenens for rural area coverage
 - Enhanced telemedicine
 - Support integrated healthcare teams, including mental health
- Increase financial incentives and reimbursement to support recruitment and retention of rural healthcare providers.
- Enhance loan repayment programs.
- Expand healthcare provider training opportunities in rural areas.
- Implement specific pre-med and other health career tracks.
- Establish scholarship programs for Idaho medical students who serve four years in underserved rural areas.
- Develop K-12 programs to encourage interest in health careers.
- Encourage foreign recruitment for underserved areas.

EMS “Hospital” Operational Declaration

Monday, the legislature approved an addition to EMS rules that would allow EMTs and Paramedics, not affiliated with an ambulance agency, to work in hospitals. This was done to address a situation where a hospital that had operated an ambulance service and utilized EMS staff in the hospital, but no longer provides ambulance services, to continue to utilize Paramedics.

Ground EMS Agency - Operational Declaration:

07. Hospital. The hospital operational declaration is available to an agency whose primary responsibility is hospital or clinic activity and utilizes licensed EMS personnel in its facility to assist with patient care and movement.



Current rules allow EMTs and Paramedics, limited to their agency affiliation and scope of practice to work within a hospital. The agency medical director must also submit a Medical Supervision Plan that outlines the limits of hospital or clinic practice for EMTs and Paramedics. This has helped greatly to supplement clinical experience and competency for EMS personnel and bridges an important relationship with their supervising physician and the hospital emergency department staff who receive patients from them. It has also allowed hospitals that operate ambulance services to utilize EMS personnel within the hospital. Most of those being utilized within hospitals are Paramedics.

The new rule approved by the House and Senate Health and Welfare Committees would broaden EMS agency licensure to include a hospital or clinic, allowing the hospital to utilize EMTs and Paramedics who are not also working for an ambulance agency, bypassing the requirement that personnel be actively affiliated with a traditional EMS agency. Reservations were expressed about potentially displacing nursing staff.

CALL TO ACTION

Nurses Day at the Idaho State Capitol

Wednesday, February 22, 2017

11:00 – 12:00 Preparation, Message Points

12:00 – 1:00 Visit with Senators and Representatives – First Floor Rotunda

Individual appointments with Senators and Representatives throughout the day

Nurses Day at the Capitol is an opportunity to build awareness for nursing and advocate for better healthcare.

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