



2017 IDAHO LEGISLATURE

UPDATE

UPDATE

March 6, 2017 through March 10, 2017

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Week 9

The Idaho Legislature continues to work through bills with a target of closing the session on March 21st. Other than distractions from far-right legislators that have occupied the House, most of the issues have been fairly routine with transportation, education and the budget getting the most attention. This week, U.S. House leadership unveiled their proposal to “repeal and replace” the Affordable Care Act. This will certainly influence Idaho as the legislature considers healthcare in the 2018 session. A summary of the American Health Care Act is below.

REAUTHORIZATION OF THE IDAHO IMMUNIZATION ASSESSMENT BOARD – S1081

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 cease to exist and so would the vaccine program. Opposition has come from some self-insured businesses who object to the cost without realizing the preventive benefits of childhood vaccinations. Due to the collective efforts of the Idaho Medical Association, ANA Idaho and Nurse Leaders of Idaho, and other organizations, House floor vote on the Bill has been delayed until next Monday, March 13th, with greater support among legislators to pass the reauthorization bill.

CYTOMEGLAVIRUS BILL PASSES – S1060

This bill is a grassroots effort by parents of children affected by CMV. CMV during pregnancy can cause serious disability including hearing loss and cerebral palsy. This effort would direct the Department of Health and Welfare to oversee education to pregnant women on the risks of CMV, and encourage testing and preventive treatment. A separate measure has allocated \$15,000 for the first year to this effort. The bill has passed the House and Senate, and was sent to the Governor.

PRESCRIPTION AUTHORITY FOR PSYCHOLOGISTS - H0212

Passed the House, and is scheduled for hearing Tuesday at 2:00 in the Senate H&W Committee. Under the proposal, psychologists would be required to complete training equivalent to psychiatric nurse



practitioners to prescribe limited mental health drugs. With the lack of adequate mental health services across rural Idaho this bill will expand access to mental health care.

PRESCRIPTION AUTHORITY FOR PHARMACISTS – H0191

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. Pharmacists would be required to have adequate training related to the medication they prescribe. The bill passed the House. Passed Senate H&W Committee. Third Reading Senate Floor.

PRESCRIPTION AUTHORITY FOR CHIROPRACTORS – H0195

This is an example of “persistence pays off.” The proposal to allow chiropractors to administer IV mineral and vitamin solutions has been considered but failed in at least the past three years. This year, the legislature is more tolerant of allowing alternatives to healthcare with more emphasis on patient choice and lower cost. The bill passed the Senate Health and Welfare Committee, and now goes to the Senate floor.

CLOSE THE GAP

Thursday, Close the Gap Idaho held a rally at the capitol to stress the opportunity afforded by the proposed American Health Care Act that would allow states like Idaho that chose not to expand Medicaid to adopt expansion with 90% federal funding until 2020, then funding would reduce to a per capita formula for all Medicaid. This would close the gap in coverage for adults who earn too much to qualify for Medicaid, but not enough to receive subsidies under the Affordable Care Act. The American Health Care Act would eventually replace subsidies with tax credits from \$2000 - \$4000 per person up to an income limit of \$75,000 per person or \$150,000 per family. While the Healthcare Assistance Act that is in the Senate would provide primary care for those in the Gap, it does not cover comprehensive healthcare including hospitalization. The rally was meant to draw attention to the healthcare needs of 78,000 Idahoans who fall in the “Gap.” A family of two earning \$16,000/year would not qualify for assistance under Medicaid and would not qualify for subsidized health insurance. Under the Idaho Healthcare Exchange, “Your Health Idaho,” their premium for the lowest cost catastrophic health plan would be just under \$600 or \$7,000/year, nearly half of their income. It is unrealistic to consider that cost “affordable.” ANA Idaho and NLI support any move that would provide access for all Idahoans. Ideally this would be comprehensive healthcare coverage at truly affordable rates. The opportunity to get a Medicaid Expansion bill introduced and heard this session is slim if non-existent, let alone opposition from a legislature that sued the Obama administration and won over the original expansion mandate.

Thursday, the Senate Health and Welfare Committee heard **S1142**, the Health Care Assistance Act, and voted to send it to amendment to incorporate components of Senator Thayne’s bill, **S1082**, the Community Primary Care Program. These bills provide for limited primary care for those in the Gap. The hearing room was packed with participants with the Close the Gap rally who oppose a limited



primary care solution in favor of full Medicaid expansion, something that the American Health Care Act, if passed by Congress, would allow. Medicaid expansion would provide comprehensive health care including hospitalization, mental health, diagnostics, treatment, etc. The risk of holding support of a limited alternative is that the Idaho Legislature is waiting for direction from Congress on the AHCA, and in the past, have avoided expansion. Failure of some alternative would mean another year without any solution. Now with a new Republican administration and “Obamacare” going away, they may be more inclined to accept expansion possibly next session. Initiating a primary care program this year would not preclude a fuller expansion bill next year.

AMERICAN HEALTHCARE ACT

Tuesday, Republicans in the U.S. House of Representatives introduced the American Healthcare Act, a complex set of bills and administrative actions to “repeal and replace” the Affordable Care Act. The House Ways and Means Committee and the Energy and Commerce Committee are in the process of “marking-up” the two bills. The final bills won’t be ready for consideration by the House until the Congressional Budget Office completes an analysis of the budgetary impact. The House is moving quickly with a target for a House floor vote the week of March 27th, and Senate vote before the Easter recess. Of concern is that there are no public hearings planned on the bill. It is all happening behind closed doors without expert or public input.

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

IDAHO HEALTHCARE BILLS

Health Care Assistance Act – S1142

This bill is identical to the one introduced in the House and later withdrawn by Chairman Fred Wood. It was introduced by Senator Marv Hagedorn who co-chaired the interim workgroup on alternative for healthcare coverage for those in the Gap. The bill has broad senate support but may face opposition in the House. Thursday, Senator Hagedorn presented the bill in the Senate Health and Welfare Committee. Due to other prior bills, there was no public testimony. The bill passed with a vote to send it for amendments to incorporate components of Senator Thayn’s bill **S1082**.

- 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

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. Third Reading Senate Floor.
- 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. Senate Judiciary & Rules Committee.
- 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 H&W Committee. On Third Reading Senate.

- H0195** **CLINICAL NUTRITION CERTIFICATION** – Allows the limited administration by IV of mineral and vitamin preparations by chiropractors. Passed House, Passed Senate H&W Committee. Sent to Senate Floor.
- H0212** **PSYCHOLOGISTS PRESCRIPTION AUTHORITY** – Allow limited prescription authority for mental health drugs. Passed House H&W Committee. House Floor vote on Tuesday, March 14.
- 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. Passed Senate. Passed House. Sent to Governor.
- 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 H&W Committee. Held for House Floor Vote on Monday, March 13.
- 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.



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. Passed Senate H&W Committee. Sent for Amendment.

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