



2017 IDAHO LEGISLATURE

UPDATE

February 13, 2017 through February 17, 2017

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For ANA Idaho and Nurse Leaders of Idaho*

Week 6

Monday was the deadline for bills to be introduced by Committees. Privileged Committees have an even longer deadline; however, the push is on for bills to see the light of day. The initial step for a proposed bill is an RS (Routing Slip) which is a private, unpublished draft that is presented in Committee for introduction and printing. A Print Hearing is held where the Committee votes to print, or not print. Once printed, it becomes a bill with an assigned bill number. So, this is the first step of survival or death of a proposed bill. Once printed, leadership for the House or the Senate, whichever body first considers a bill, assigns the bill to a Committee where there is scheduled a bill hearing. The Committee Chair can schedule a hearing or hold a bill. This is the second step where a bill either survives or is killed. If heard and “passed” by the Committee, the bill is sent to the Chamber Floor with a “do pass” recommendation. On the floor, the entire body, House or Senate, votes to pass or fail the bill. If passed in one chamber, the bill then is sent to the other chamber where the process is repeated. If a bill is lucky enough, or doesn’t generate enough interest to be debated, to pass in both the House and the Senate, it is sent to the Governor for his signature or veto. Unless there is an emergency provision, bills become effective on July 1st following the legislative session. Some bills breeze through, others are caught up in debate or party politics. An example this week was the RS proposed by Representative Matt Erpelding, the House Minority Leader that would ban the sale of illegal fireworks. In Idaho, it is legal to sell illegal fireworks, but not to set off illegal fireworks. The RS was proposed to help prevent wildfires like the one that occurred in Boise this past summer. After 45 minutes of debate, the RS failed in the print hearing. There is an art to getting a sponsor for the bill and gaining legislator support before it ever gets to a vote, then seeing a bill all the way through the process. So far 296 bills have been introduced. You can see how slow the wheels of democracy turn.

HEALTHCARE BILLS

Finally, two bills to address access to healthcare by those caught in the Gap between coverage under Medicaid and qualification for subsidized health insurance coverage were introduced:

Health Care Assistance Act

This is the bill sponsored by Representative Fred Wood, Chairman of the House Health and Welfare Committee, and the work of members of the Interim Workgroup on healthcare coverage for those below 100% of the federal poverty level and who are not eligible for other coverage through Medicaid,

employer coverage or eligible for tax credits that would enable them to purchase insurance on “Your Health Idaho,” the health insurance exchange. This is similar, but more limited, to the Primary Care Access proposal that failed last year. It would provide limited primary care coordination. The bill has few details and will be heard in the House Health and Welfare Committee next week.

- Coordination of Primary Care with a focus on managing chronic conditions
 - Primary Care
 - Limited Prescriptions
 - Care Coordination
- Providers include physicians, physician assistants, nurse practitioners, clinical nurse specialists
- Providers must enter a program agreement with the Department of Health and Welfare
- Providers must report utilization data and clinical data such as the number of patients with a disease diagnosis, and health quality outcomes.
- Patients must enroll in the program annually, and are on a first-come, first-serve basis until funds are depleted, the applicant is placed on a waiting list until more funding comes available.
- Prior to annual re-enrollment, participants are reevaluated annually for eligibility and compliance with treatment or management plans.
- 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 will come from the Tobacco Settlement Millennium Fund
- Enrollment in the program, if passed, will be January 1, 2018

Community Primary Care Program

This is the bill drafted by Senator Steven Thayne who also was a member of the interim workgroup. His bill is similar, but with much more detail, and focuses on “Direct Primary Care” where patients pay directly for their care without the provider having to work with insurance contracts or submit claims. Direct Primary Care can be provided at a much lesser cost without government or insurance set rates. The bill has been assigned to the Senate Health and Welfare Committee but has not been scheduled for a hearing.

Goal to improve health of low-income Idahoans and assist them in developing self-sufficiency

Administered by the Board of the Catastrophic Health Care Program

Coordination of Primary and Preventative Care

Includes primary care, limited prescriptions and care coordination

- Patients must enroll in the program annually, and are on a first-come, first-serve basis until funds are depleted.

- Participants must complete an orientation that includes appropriate use of primary care and the emergency department, and personal improvement plans
- Providers, physicians, physician assistants, nurse practitioners and clinical nurse specialists, would receive up to \$600 per year per participant to provide an annual wellness exam, same-day or next-day primary care visits, weight management, limited procedures, care coordination including diabetes, blood pressure, mental health and hospitalization follow-up; discount prescriptions. A price list is included for specific procedures, laboratory and imaging
- A provider can be paid an additional \$400 to provide personal improvement planning and life skills training. This is optional for participants. Patients must meet frequently with their provider, social worker or counselor.
- Details of life skills training including personal budgeting, cooking, conflict resolution, parenting are included
- Participants can enroll for up to two years and must meet enrollment criteria and adhere to program requirements
- Funding for the program is from the State Catastrophic Healthcare Fund

PRESCRIPTIVE AUTHORITY FOR PSYCHOLOGISTS

The Idaho Psychological Association is preparing to introduce a bill that would allow psychologists to prescribe a broad range of mental health medications. The Psychological Association has been working on this with the Medical Association and the Psychiatrists for the past three years. The legislation includes additional training requirements. Given the dearth of mental health resources in rural Idaho, this bill should see support in both chambers.

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.
- H0004** **PHARMACISTS** – Allows pharmacists to prescribe tobacco cessation products. Passed House. Approved by Senate. Signed by Governor.
- 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. Second Reading in House.
- 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. Second Reading in House.

- 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. House Judiciary, Rules, Administration.
- 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.
- 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. House Health & Welfare.
- S1003** **NURSES LICENSES, EMERITUS/REINSTATE** - Eliminates the necessity for a nurse to renew a license on emeritus status. The bill has been assigned to the Senate Commerce and Human Resources Committee. House Health & Welfare.
- S1004** **NURSING BOARD COMPENSATION REVISED** – Increase compensation for Board of Nursing members from \$50/day to \$75/day. Passed Senate. Sent to House. House Second Reading.
- 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. Senate Health & Welfare.
- S1058** **TELEHEALTH ACCESS** – Requires insurers to cover telehealth in an “equivocal” manner as face-to-face healthcare services. Senate Commerce & Human Resources.
- 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. Senate Health & Welfare.
- 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. Senate Judiciary & Rules.



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. To make an appointment with your legislator call, **208-332-1000** or go on-line www.legislature.idaho.gov/legislators and enter your address, select your Senator or Representative and select their e-mail address.

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