



## 2017 IDAHO LEGISLATURE

### UPDATE

February 20, 2017 through February 24, 2017

*Michael McGrane, RN, MSN  
For ANA Idaho and Nurse Leaders of Idaho*

### Week 7

With lively hearings on casino gambling, state provided pre-school and immunizations, this has been the most active week so far in this year's session. Two bills to address healthcare coverage for those in the Gap have been introduced, however neither saw a hearing this week. You can check Committee agendas by going to [www.legislature.idaho.gov](http://www.legislature.idaho.gov), select Committees then select Senate and House Standing Committees. There you will find listed all the Committees and their members. Select Meetings to find a link to the next day's agenda. Included below is a recap of each of the bills, one in the Senate and one in the House. Attached to this Update is an excellent opinion piece written by Dr. Kenneth Krell, an intensivist from Idaho Falls, for the Idaho Falls Post Register regarding this year's legislation to close the Gap.

Thursday, along with Dr. Magni Hamso, a physician with Terry Reilly Clinics, I had an opportunity to meet with Brian Raybon, Assistant to U.S. Senator Mike Crapo to get some insight into what action Congress might take in replacing the Affordable Care Act. We expressed our concerns that the Medicaid program which provides comprehensive care, including mental health, to Idaho's poor and disabled including children and the elderly, is vulnerable should Congress choose to dismantle the current Medicaid program in favor of block grants to states. How would Idaho fair compared to states that elected to expand Medicaid to cover their Gap population having received additional Medicaid funds if allocations are based on current Medicaid expenditures, or are on a per capita basis? While little information is known about the ACA replacement, we attempted to drive home the necessity to preserve Medicaid for the needs of those in rural Idaho who are the working poor, who cannot afford health insurance and who don't have a voice. Additionally, we stressed the need to preserve key pieces of the Affordable Care Act that extend coverage for those under 23 on their parent's insurance, and allow coverage for preexisting conditions. It is so important to have access to basic healthcare coverage for all Idahoans.

### NURSES DAY AT THE CAPITOL

Wednesday was our first annual Nurses Day at the Idaho State Capitol. About 24 nurses showed up to visit with legislators during their lunch hour. A dozen or so Representatives and Senators came by, representing districts from across Idaho including several with constituent nurses at the event. The objective was to build awareness for nursing and the many roles nursing contributes to Idaho's health as well as speak to healthcare coverage for the Gap, mental health resources, the looming nursing



shortage, and patient safety. Nurses are the first line of protection for the advocacy and safety of patients. For a first-time event, it was exceptional.

## **HEALTHCARE BILLS**

Watch for two bills to address access to healthcare by those caught in the Gap between coverage under Medicaid and qualification for subsidized health insurance coverage that should be scheduled for committee hearings soon:

### Health Care Assistance Act – H0160

Sponsored by Representative Fred Wood, Chairman of the House Health and Welfare Committee, and the work of members of the Interim Workgroup.

- 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

### Community Primary Care Program – S1082

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.

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

- Includes primary care, limited prescriptions and care coordination
- 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

## **RELIGIOUS EXEMPTION TO CHILD WELFARE**

Retired Idaho Supreme Court Chief Justice, Jim Jones, offered an opinion piece related to the religious exemption in the Idaho child welfare law (below). This week senator Dan Johnson of Lewiston met with Senate leadership to propose two bills presumably to remove the exemption or to provide for case-by-case judicial review. Neither bill has been introduced, so no specifics have been revealed. There is passionate interest about this topic. The protection of children and access to life saving health care is a policy agenda for ANA Idaho and NLI.

## **IMMUNIZATIONS**

House Bill, **H0091**, that would require providers who immunize patients report immunizations to the Idaho Immunization Reminder Information System (IRIS) passed in the House Health and Welfare Committee but was defeated on the House floor, 26-44, with concerns over privacy and data security.

The Senate Health and Welfare Committee heard two hours of testimony Thursday on the risks of immunizations from parents opposed to immunizing their children. Richard Armstrong, The Director of the Department of Health and Welfare presented modifications to the required form for parents to decline vaccinations for their children. The new form removed educational components and acknowledgement of the risk of not receiving vaccinations. However, a statement on the form acknowledging the risks of not receiving vaccinations drew ire from parents.

## **PRESCRIPTION AUTHORITY FOR PHARMACISTS – H0191**

The Board of Pharmacy introduced a bill in the House H&W Committee Friday to allow the Board to expand the list of drugs pharmacists may prescribe and administer. Earlier this session, pharmacists gained the ability to prescribe tuberculin tests and nicotine sensation drugs. The Board is asking the legislature to allow the Board, with limitations, to determine what drugs would be appropriate for pharmacists to prescribe rather than coming back to the legislature for each additional drug.

## **PRESCRIPTION AUTHORITY FOR PSYCHOLOGISTS**

The Idaho Psychological Association introduced a bill Friday to allow psychologists to prescribe mental health drugs. Under the proposal, psychologists would be required to complete training equivalent to

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

#### **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. Senate H&W.
- 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. Third Reading House Floor.
- 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. Passed Senate. Passed House Health & Welfare. Held for Reading on House Floor.

- S1004 NURSING BOARD COMPENSATION REVISED** – Increase compensation for Board of Nursing members from \$50/day to \$75/day. Passed Senate. Passed House. Sent to Governor.
- 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. Passed Senate Health & Welfare. To Senate Floor.
- 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.

As you hear of issues or have question about the legislature, please e-mail [mcgraneconsulting@gmail.com](mailto:mcgraneconsulting@gmail.com).

## **With talk of block grants replacing Medicaid, failing to expand now could forever make Idaho a second-class state, writes Kenneth Krell MD.**

By Dr. Kenneth Krell to the Idaho Falls Post Register

According to the recently released Idaho Public Policy Survey, conducted in December 2016 by Boise State, 70.8 percent of Idahoans favor the governor and state Legislature taking action to provide the 78,000 low income citizens in the gap with access to quality health care.



That means support for closing the gap has increased about 10 percent from the last poll.

Yet the best the Legislature has proposed so far this session is to take \$10 million from the state's Millennium fund to provide primary care services. That's even less than the \$30 million Otter proposed last year. This would provide about \$125 per gap individual — not even enough to cover recommended screenings and an annual exam.

How would the money be allocated? According to sponsor Rep. Fred Wood R-Burley "Basically on a first-come, first-served basis. As I understand it, that's the way it's going to have to work." So get in line, Idaho poor.

Both the New York Times and the Washington Post have recently essentially ridiculed Idaho's feeble attempts to skirt Medicaid expansion. As the Post said Feb. 9 in a headline, "Republicans in Idaho tried to design a better plan than Obamacare — and failed."

Time may be running out — forever — for Idaho to provide comprehensive coverage for the gap population. On Feb. 16, House Speaker Paul Ryan, two committee chairmen and Tom Price, the new secretary of Health and Human Services, outlined their draconian plan to replace the ACA. Medicaid would be replaced by block grants to the states.

And while the details aren't clear, block grant money would likely be allocated to the states based on present federal dollars, making it likely Idaho and 18 other states that haven't expanded Medicaid would lose forever.

Ryan's paper claims, "On its current path, the Medicaid program is on unsustainable footing."

That's simply not true. A recent Congressional Budget Office Report noted that if current policies are maintained, overall federal spending on healthcare will increase from 5.5 percent of GDP to 8.9 percent by 2046. That's a big jump, but expanded Medicaid would increase from 2.3 percent to 3.1 percent, a modest increase.

Idaho has been here before. As Bryan Clark recently pointed out in the Post Register, because Idaho had very poor welfare funding in 1996 when welfare was turned into a block grant, we have essentially the same federal welfare dollars now as then. So while New York receives \$2600 per child, Idaho receives \$400. And poverty in Idaho has increased from 13 percent of citizens below the federal poverty level to 16 percent, and deep poverty from less than 4 percent to more than 6 percent. It's income inequality by state—and fixed forever in federal allocations.



Financially, it's becoming clearer that Medicaid expansion improves states' financial pictures, although of course, block grants could change that total amount of dollars.

Adding 78,000 to Idaho's pool will greatly enhance our long-term Medicaid funding, even if the percentage of per enrollee reimbursement were to drop from 90 percent to 50 percent, as Ryan has proposed.

It won't drop that much—Republican governors who have seen their citizens achieve health coverage won't stand for it.

Meantime 78,000 Idahoans continue to suffer and die — 325 at least per year, nearly one per day, with unfathomable suffering by those who live in constant fear of getting sick with no coverage.

These are our fellow citizens, the majority of whom work, the rest predominately severely disabled. We must not forget their plight. This is not how we treat each other as Idahoans.

So when the legislature is debating \$10 million for healthcare for the poor, tell them no — no way are we going to stand for that mistreatment of hard working and disabled Idaho citizens.

For \$12.2 million, the Legislature can fully expand Medicaid this session. To miss this opportunity may lock us in forever as a second-class state. Seventy-one percent of Idahoans support Medicaid expansion. We must make our voices heard.

## **Does the Right to Life End at Birth for Some Kids?**

**By Jim Jones**

It is time for the Legislature to repeal the faith-healing exemption to Idaho's statute prohibiting the injury of children. Section 18-1501 of the Idaho Code penalizes conduct by "any person" that is likely to endanger the person or health of a child. This applies to parents but the statute has qualifying language that limits violations to rather egregious conduct. It was carefully crafted to limit governmental intrusion into the family setting.

However, the statute includes an exemption that has allowed some parents to refuse to provide readily available health care to their children, resulting in needless suffering and death. The exemption says that the "practice of a parent or guardian who chooses for his child treatment by prayer or spiritual means alone shall not for that reason alone be construed to have violated the duty of care to such child." This language should be eliminated in order to protect some of our most helpless and vulnerable citizens.

Adults can decide for themselves on healthcare matters. If they decide to forego medical intervention for themselves for religious reasons, that is their



prerogative. The state has an interest in safeguarding the health and safety of minors who cannot speak for themselves. Our laws have numerous protections for children without religious exemptions--marital age, child labor, ability to contract, and the like. In my estimation, the right to have basic life-saving healthcare trumps those protections.

A courageous young woman, Linda Martin, recently spoke out in a Statesman ad to urge the repeal of the faith-healing exemption. As a former member of a group that denies basic medical care to its youngest members, she spoke with eloquence and authority about the injury inflicted on sick children in the group. She closed with this statement: "This is not a freedom of religion issue: this is a right to live issue." Amen.

Since at least the 1980s, when I served as Idaho Attorney General, the Legislature has passed numerous laws intended to support the right to life by using the power of the government to require women to carry a fetus to term. To my knowledge, none of those measures contained a religious exemption. The question arises as to whether the right to life of some children in our great state ceases upon birth. It is time for the Legislature to stand up for our children and to require that faith-healing parents provide basic healthcare to their children.