



Idaho Medical Association

2019 LEGISLATURE: IMA STATUS REPORT *Week of February 25 – March 1, 2019*

MEDICAID EXPANSION UPDATE

The good news this week is that the Joint Finance and Appropriations Committee (JFAC) voted unanimously to set a budget to cover Medicaid expansion. Passage of the budget was expected, but the unanimous vote was a pleasant surprise. IMA believes this means that most legislators have accepted the vote of the people and that discussions of repealing Medicaid expansion are over, or very nearly so. An appropriations bill will now be drafted and submitted to the House and Senate for approval.

What is still on the table, however, are a variety of waiver options to place conditions or restrictions on the new Medicaid recipients. The different options are still being discussed, with the primary focus being the debate over mandatory work requirements versus an optional work promotion program. Recent experience in Montana shows that their less costly work promotion program, which refers Medicaid participants to job training and education, has proven to be successful. The Montana program data shows increased labor force participation rates among low-income households and 58 percent of participants in workforce training saw increased wage earnings by an average of \$8,712 annually.

A newly released poll from Close the Gap Idaho shows that 74.3 percent of Idahoans support implementation of clean Medicaid expansion as passed by the voters, and that 69.9 percent oppose taking coverage away from low-income Idahoans if they are unable to meet additional requirements implemented by legislators. Another finding from the poll is that 67 percent of Idahoans would support a work promotion program over a work requirement program. IMA is working with other stakeholders to ensure legislators understand the preferences of their constituents.

The IMA Board of Trustees developed three principles as a yardstick against which to evaluate all proposals and for IMA to use when developing a formal position on legislation. IMA will not support any provisions in proposed bills that:

- Lead to delayed implementation of Medicaid expansion
- Add administrative burdens and costs to the state in administering Medicaid expansion
- Take away coverage from eligible individuals or are punitive in nature

There is significant discussion about Medicaid implementation going on throughout the Capitol. The IMA lobby team remains very involved in these discussions and will work to uphold the principles outlined by our Board of Trustees.

TOP PRIORITY ISSUES

Graduate Medical Education ~ SUPPORT

Earlier this week JFAC set the health education budgets for medical school and residency training programs. IMA lobbyists have been advocating for full funding of the Governor's recommendation to bring state funding for existing GME programs up to \$40K/position, and the creation of 19 new positions at \$60K. However, we learned the night before the budget meeting that JFAC members intended to shave \$215,000 off of the budget request and fund the new GME positions at \$50K. IMA expressed concern that it might not be possible for programs to stand up expansion seats for less than \$60K.

On Tuesday, JFAC first passed the budget at the lower level, and then supported a new motion to use the \$215K savings to fund the University of Idaho ECHO program, which the Governor did not include in his budget recommendation. The full funding package will now go to a vote of the full Legislature.

***Status:** An appropriations bill will be introduced for a vote of the House and Senate.*

HB 109: Maternal Mortality Review Committee ~ *SUPPORT*

IMA is sponsoring a bill to create a Maternal Mortality Review Committee (MMRC) within the Idaho Department of Health and Welfare. The majority of maternal deaths are preventable and the MMRC would be created to study why maternal deaths are happening in Idaho and what can be done to improve outcomes. The MMRC would be a multi-disciplinary group made up of physicians, nurses, midwives and other health professionals. MMRC proceedings would be completely confidential and the privacy of affected individuals is strictly protected and not divulged. The purpose is education, not punishment, and all MMRC work would be under the protection of state peer review statutes.

The Idaho Freedom Foundation is opposed to this bill and testified in the House committee that adding this committee to DHW expands the mission of the Department, can be more appropriately done by the private sector, and increases government spending. They also said the patient privacy concerns are substantial. As physicians know, the extensive peer review and confidentiality requirements in the bill will protect patient and health provider privacy to an extent not possible to replicate in the private sector.

There are no state funds required to develop the MMRC, as CDC grant funds are available to cover the cost. The bill has a four-year sunset to coincide with the duration of the grant funds.

***Status:** This legislation passed the House on a 34-33 vote and will be heard in the Senate Health & Welfare Committee on Monday, March 4.*

Thank you to the IMA members who emailed their representatives in support of HB 109. Please [CLICK HERE](#) to write a similar message of support to your senator.

EXPANSION OF PHARMACIST PRESCRIBING PASSES HOUSE COMMITTEE

HB 182: Expansion of Pharmacist Prescribing

Eighteen out of the 22 members of both the House and Senate Health & Welfare Committees are co-sponsoring a bill that will greatly expand our existing pharmacist prescribing laws, which are already the most liberal in the country.

This legislation will allow pharmacists to prescribe any medications they choose to treat any conditions that, in the pharmacist's judgment:

- Do not require a new diagnosis;
- Are minor and generally self-limiting;
- Have a test that is used to guide diagnosis or clinical decision-making and are waived under the federal clinical laboratory improvement amendments of 1988; or
- Threaten the health or safety of the patient should the prescription not be immediately dispensed.

The bill says pharmacists must prescribe in accordance with FDA product labeling and existing language in the statute says they cannot prescribe controlled, compounded or biological drugs or products. The Board of Pharmacy will no longer be required to develop administrative rules to authorize specific drugs or conditions allowed for use or treatment by pharmacists.

HB 182 is counter to Idaho's preferred method of healthcare delivery through patient-centered medical homes and coordination of care. Pharmacists do not have access to patient medical records and patients might not be able to provide complete information about their specific conditions and medications. Supporters of the bill assured committee members that the bill will improve access to care and that pharmacists will be conservative in their prescribing habits.

Despite IMA testimony expressing serious concerns with the bill, the House Health & Welfare Committee passed the bill unanimously. The Idaho legislature remains convinced that non-physician providers need to have a much larger role in patient care than has traditionally been seen in practice.

Status: Passed the House Health & Welfare Committee and is awaiting a vote of the House.

OTHER ISSUES

HB 9: Board of Medicine Statute and Administrative Rules Updates ~ *SUPPORT*

The Idaho Board of Medicine has undertaken a rewrite of their statutes and rules to modernize the language and to ensure that what is in law reflects the processes and procedures BOM currently follows. There are, however, a few new provisions:

New Grounds for Medical Discipline. BOM has added unprofessional or disruptive behavior to the list of acts that are considered grounds for medical discipline. The language in the new law addresses a physician who is: Engaging in a pattern of unprofessional or disruptive behavior or interaction in a healthcare setting that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered to a patient; provided that such behavior does not have to have caused actual patient harm to be considered unprofessional or disruptive.

Changes to PA Supervision Ratios. BOM is increasing the number of PAs a supervising physician or alternate supervising physician may supervise from three to four. The provision enabling a physician to petition the board to supervise up to six PAs will remain in place.

New PA Position on Board of Medicine. BOM is adding a PA position to their full board. The board will now consist of eleven members: seven physicians, one PA, two public members, and one representative of law enforcement.

Status: LAW.

HB 12: Expanded Access to Opioid Antagonists ~ *SUPPORT*

Current law states only "prescribers or pharmacists" may prescribe an opioid antagonist. HB 12 revises the language to state that any health professional licensed or registered under this title may prescribe and dispense an opioid antagonist. The bill sponsor reports that some public health programs have been hindered by the original language.

Status: LAW.

HB 58: Expansion of Idaho Legend Drug Donation Act ~ *SUPPORT*

This legislation adds donation repositories to the current statute, including community health centers, free clinics, regional behavioral health centers, state charitable institutions and drug outlets. It also expands the definition of qualified donors.

***Status:** Passed the House on a 68-0 vote and is awaiting a hearing in the Senate Health & Welfare Committee.*

HB 59: Age for Self-Identifying as an Organ Donor on Driver's License

This legislation clarifies that 15-year-old drivers are able to volunteer as organ donors on their driver's licenses.

***Status:** Passed the House on a 64-5 vote and is awaiting a vote of the Senate.*

HB 64 (previously HB 29): Reporting on Abortion Complications

HB 64 adds to and revises the legislation passed last year that requires reporting on abortion complications. The bill sponsor states that, "It is the intent of the State of Idaho to enact this statute to protect the health of women and advance Idaho's medical knowledge about the frequency and nature of abortion complications in Idaho. The data collected as a result of this legislation will provide statistical information about actual patients who receive treatment because of an abnormal or a deviant process or event arising from the performance or completion of an abortion."

***Status:** Passed the House on a 54-16 vote and passed the Senate on a 26-8 vote; will head to the Governor for signature into law.*

HB 114: Female Genital Mutilation

This legislation makes female genital mutilation of a minor a felony.

***Status:** Passed the House on a 69-0 vote and is awaiting a hearing in the Senate Judiciary & Rules Committee.*

HB 133: Notice of Immunization Requirements

This legislation requires daycares and schools to notify parents or guardians of their right to opt out of immunizations at the same time they provide information about immunization requirements.

***Status:** Passed the House on a 52-17 vote and is awaiting a hearing in the Senate Health & Welfare Committee.*

HB 172: Hospital Districts

This legislation amends existing law to provide that a person shall not simultaneously serve as both a trustee for a hospital district and on the board of directors for a hospital within the same district.

***Status:** Awaiting a hearing in the House Health & Welfare Committee.*

HB 180: Syringe and Needle Exchange Act

This legislation allows the Department of Health & Welfare, a government entity, or a private organization to operate a syringe and needle exchange program in Idaho. The administrator of such a program is responsible for giving instructions on methods for preventing Hep C and HIV, as well as options for obtaining substance use disorder treatment, testing for blood-borne diseases, and opioid antagonists.

***Status:** Passed the House Health & Welfare Committee and is awaiting a vote of the House.*

HB 181: Child Abuse

This legislation broadens the definition within child abuse statutes to remove the term “subdural hematoma” and replace it with the term “head injury.” This change will help to identify potential abuse situations by allowing the consideration of various types of head injuries.

Status: Passed the House Health & Welfare Committee and is awaiting a vote of the House.

HB 196: Licensing Naturopaths Under the Idaho Board of Medicine ~ NEUTRAL

This legislation would create state licensure for naturopathic physicians with 4-year post-graduate training from accredited naturopathic colleges. Neither the Board of Medicine nor the IMA are opposing this legislation because it would give the Board of Medicine oversight and regulatory authority over these practitioners rather than creating a regulatory board made up of other naturopaths. (This bill replaces HB 152.)

Status: Passed the House Health & Welfare Committee and is awaiting a vote in the House.

HCR 4: Rejecting IDHW Rules Mandating Immunizations for Idaho School Students ~ OPPOSE

HCR 4 would reject (repeal) the entire docket of administrative rules of the Idaho Department of Health and Welfare requiring any immunizations for Idaho school students. The rationale is that these requirements “are not consistent with legislative intent.”

Status: In House Ways & Means Committee – unlikely to receive a hearing this session.

SB 1034: Access to Oral Chemotherapy ~ SUPPORT

This legislation creates co-insurance parity for anti-cancer medications regardless of the route of administration so that oral medications are no costlier than those that are injected or administered intravenously.

Status: Passed the Senate Health & Welfare Committee and is awaiting a vote of the Senate.

SB 1049: Partial-Birth Abortions

According to the bill sponsors, it is the purpose of this legislation to update the Idaho partial-birth abortion ban so it is consistent with the federal law that bans the performance of a partial-birth abortion except when necessary to save a mother's life.

Status: Passed the Senate on a 29-6 vote and is awaiting a vote of the House.

SB 1068: Requirements for Pharmacy Benefit Managers (PBMs) ~ SUPPORT

This legislation creates registration for PBMs under the Idaho Department of Insurance and requires transparency of PBM activities in Idaho.

Status: Passed the Senate Commerce & Human Resources Committee and is awaiting amendment in the Senate.

SB 1098: Bone Marrow Donors

Allows physicians to inquire whether patients ages 18-45 are bone marrow donors and to provide information about bone marrow donor registration.

Status: Passed the Senate on a 34-0 vote and is awaiting a hearing in the House Health & Welfare Committee.

SB 1100: Medicaid Expansion

This legislation provides for optional enrollment in an employment and training program for Medicaid participants under expansion, for premium assistance for qualified health plans, for research on waiver opportunities, for a review of Medicaid eligibility expansion, and to provide that expansion will be null and void if federal financial participation is reduced below a certain rate.

Status: Awaiting a hearing in the Senate Health & Welfare Committee.

Rule Docket 16-0215-1802. Requiring Meningitis Vaccination for High School Seniors ~ SUPPORT

The Idaho Department of Health & Welfare has submitted an administrative rule that adds a new school entry immunization requirement. It requires a second dose of meningococcal (MenACWY) vaccination before a student enters the 12th grade in Idaho, or a first dose if the student was not previously vaccinated, starting with school year 2020-2021. If a student received their first dose of the vaccine at 16 years of age or older, they will not be required to receive the second dose before entry into the 12th grade.

Status: This rule was adopted and will go into effect July 1, 2019.

WEEKLY REPORTS ON LEGISLATIVE ACTIVITY

As always, the IMA will provide weekly electronic legislative reports during the session. If you have questions or concerns on any of the issues discussed in our reports, please contact us. We are always happy to provide context, additional information, or background on how IMA legislative policies are developed.

If we don't have your current email address you could miss out on important legislative news. If you would like to receive the reports, please send your current email address to membership@idmed.org or call us at (208) 344-7888. For more frequent legislative updates, follow the IMA on Facebook!

ADDITIONAL LEGISLATION

It is not possible for us to report on all legislation that is introduced in a legislative session. Go to this link for a complete list of 2019 legislation:
<https://legislature.idaho.gov/sessioninfo/2019/legislation/minidata/>.

SUPPORT IMPAC, THE IMA's POLITICAL ACTION COMMITTEE!

The IMA Political Action Committee (IMPAC) Board uses your contributions to support a variety of bi-partisan candidates based on the best interests of Idaho physicians and their patients. Even though there was just an election in late 2018, please consider donating to IMA's political action committee (IMPAC). Campaign contributions are made during election years (every two years in Idaho) and it is important that the PAC coffers get refilled in the non-election years.

IMPAC needs your contributions now to support the house of medicine in Idaho!

Go here to donate: [IMPAC](#)