



# Idaho Medical Association

## 2019 LEGISLATURE: IMA STATUS REPORT *Week of March 4 – March 8, 2019*

### **MEDICAID EXPANSION UPDATE – CONTACT YOUR LEGISLATORS NOW!**

We have reported in every week's legislative report this session that legislation would be introduced to place restrictions on Medicaid expansion. That legislation, House Bill 249, was introduced this week. IMA is asking you to show support for clean Medicaid expansion without restrictions in two ways:

**FIRST:** Click [HERE](#) now to ask your legislators to VOTE NO ON HB 249.

**SECOND:** Attend the press conference and rally on Thursday at the Capitol:

**What:** Physician Led Press Conference Calling for a Clean Implementation of Medicaid Expansion

**When:** Thursday, March 14, 2019, 11:30 am-12 pm

**Where:** Idaho Statehouse, first floor rotunda

HB 249 puts restrictions on Medicaid expansion that were not part of Prop 2 as passed by 61% of Idaho voters in November. These costly and unnecessary administrative burdens -- such as work requirements -- will take away coverage from eligible Idahoans.

The IMA Board of Trustees developed three principles as a yardstick against which to evaluate all proposals. IMA will not support any provisions in proposed bills that:

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

HB 249 violates these principles and goes far beyond the initiative passed by the voters:

- Adds work requirements as a condition of eligibility for Medicaid that will take away coverage from some individuals, thereby creating a second gap population.
- Adds a considerable administrative burden and cost to the state of Idaho with a start-up cost of \$150,000 plus ongoing annual costs of \$1.5 Million to the state (as estimated by IDHW).
- Automatically repeals Medicaid expansion if the federal match falls even a fraction of a percentage point below 90%.
- May cause delays in implementation because CMS waivers are needed to add many of these restrictions.

Please click [HERE](#) to tell your legislators, in your own words, why you oppose HB 249 and instead support clean, unrestricted implementation of Medicaid expansion as passed by Idaho voters.

Please also attend the press conference and rally on Thursday at 11:30 am at the Capitol to show support in person. Legislators will be hearing from many Idahoans on all sides of the issue and it is important they hear from and see their physician constituents.

## TOP PRIORITY ISSUES

### **SB 1165: Graduate Medical Education ~ *SUPPORT***

Last 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.

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: Awaiting a vote of the 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 and the Senate Health & Welfare Committee and is awaiting a vote of the Senate.*

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 ~ *OPPOSE***

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 both the House and the Senate Health & Welfare Committee unanimously and is awaiting a vote of the Senate. We expect it to pass the Senate unanimously as well.*

## **FUNDING TO SUSTAIN THE OFFICE OF HEALTHCARE POLICY INITIATIVES (OHPI) ~ SUPPORT**

The Healthcare Transformation Council of Idaho (HTCI) – the successor to the Idaho Healthcare Coalition (IHC) – and the Office of Healthcare Policy Initiatives (OHPI), are seeking to continue promoting the advancement of patient-centered healthcare delivery transformation in Idaho. These entities have been critical to the implementation of the SHIP grant project, which has been a major success for Idaho.

Guided by the IHC and administered by OHPI, SHIP facilitated the transformation of 162 primary care practices across the state to patient-centered medical homes; engaged payers to evolve their payment models from paying for volume of services to paying for improved health outcomes; and through their work, the state bent the cost curve by \$90M (i.e., avoided additional spending).

These achievements are the result of a four-year effort aimed at implementing targeted healthcare reforms in Idaho. Now in order to keep that momentum, support for the HTCI and the OHPI is essential to continue Idaho's efforts to achieve improved health, improved healthcare delivery, and lower costs. IMA supports sustaining this work of the HTCI and the budget request necessary for the OHPI to continue playing their essential role in implementing future reform.

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

## **PROGRESS ON HUMAN TRAFFICKING LAWS IN IDAHO**

Current Idaho law does not adequately protect victims of human trafficking, particularly minors. In order to get victims the services they need to break free from traffickers, Idaho law enforcement officers must arrest the victim for a crime (usually prostitution) before they can get help for the victim. This obviously leads to many negative consequences for individuals who have already been abused. In addition, human trafficking is not an independent crime in Idaho at this time and can only be charged in conjunction with another crime.

The Idaho Criminal Justice Commission Human Trafficking Subcommittee has worked with the Idaho Coalition Against Sexual & Domestic Violence and the Idaho Anti-Trafficking Coalition to introduce two bills to address these and other human trafficking laws in Idaho. IMA appreciates and supports their important work.

### **SB 1003: Human Trafficking – Diversion of Minor Victims ~ *SUPPORT***

This bill provides a safe harbor provision to protect minor victims of human trafficking from criminal prosecution or juvenile proceedings for nonviolent offenses where committing the offense was a direct result of being a victim of human trafficking. The bill allows for diversion of minor victims into a program that provides comprehensive case management, integrated recovery services, education and employment training, and off-site specialized services. The bill also provides an affirmative defense for identified nonviolent offenses for adult victims of human trafficking where the nonviolent offense was committed as a direct result of being a victim of human trafficking.

*Status: Passed the Senate Judiciary & Rules Committee and is awaiting amendment in the Senate.*

### **SB 1005: Human Trafficking - Prosecution ~ *SUPPORT***

This bill makes changes in definitions of trafficking and requires additional training for law enforcement to allow them to better identify traffickers. It also makes trafficking an independent crime. In effect, this legislation makes it easier for prosecutors to charge traffickers.

*Status: Passed the Senate unanimously and is awaiting a hearing in the House Judiciary & Rules Committee.*

## **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 passed the Senate 34-0. Will go to the Governor for signature into law.

**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. The Chair of Senate Health & Welfare Committee, Fred Martin (R-Boise) has announced he will not schedule the bill for a hearing and that the bill is dead for the session.

### **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 ~ SUPPORT**

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 on a 47-20 vote and is awaiting a vote of the Senate Health & Welfare Committee.*

### **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 on a 66-0 vote and is awaiting a vote of the Senate Health & Welfare Committee.*

### **HB 244: 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 and HB 196.)

*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 on a 27-8 vote and is awaiting a hearing in the House Health & Welfare Committee.*

### **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.*

**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 12<sup>th</sup> 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](mailto: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](#)**