

Idaho Academy of Family Physicians

2017 Legislative Update - Week 1

The Week Ending January 13, 2017

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Governor Otter’s State of the State Overview

Health and Welfare Director Dick Armstrong to retire

Governor Otter announced in his speech that Director Dick Armstrong will retire in July. He has been very supportive of several key initiatives involving family medicine, including the Statewide Healthcare Innovation Plan and will be difficult to replace. We wish him the best on his new adventure.

Mostly about education

Governor Otter’s Monday speech was very education-centric. Well over half of his speech was dedicated to his proposals for improving k-12 education – including committing \$58 million to the teacher career ladder, one of the final elements of Governor’s Task Force recommendations for improving education. He also proposed certain projects that he would like to fund on Idaho’s University and Community College campuses.

Graduate Medical Education

Governor Otter also made a plea to commit \$2.4 million to expand Idaho medical residency programs. This objective has been in the works for some time and it bodes well that the Governor is committed to increasing GME in Idaho and mention it in his State of the State speech.

ICOM

The Governor also touted the value of welcoming “Idaho’s first medical school”, the Idaho College of Osteopathic Medicine, to Idaho (ICOM). He indicated in his speech that ICOM has “...already secured 78 new residency positions for eventual ICOM graduates at hospitals throughout the region...”. This statement generated a number of questions among Idaho physicians. The Idaho Medical Association reached out to ICOM for a clarification on Governor Otter’s statement:

Dr. Robert Hasty (ICOM founding dean and chief medical officer) told the IMA the planned 78 residency positions in the region will all be located in Great Falls, Montana at the Benefis Health System. He went on to say that, while these spots are not exclusively for ICOM graduates, ICOM is playing a role in their development and that there will soon be additional opportunities within the region.

Close the Gap – CALL TO ACTION

The Governor, in his State of the State address, didn’t encourage or discourage the legislature

from taking action this session but said that “we now have the option of waiting to see what the Trump administration and Congress do with Obamacare.” The IAFP continues to work with the “Close the Gap Coalition” to encourage action by our legislators. *Idaho needs a plan, not a delay. This is a CALL TO ACTION to tell the Idaho Legislature that now is the time to close the gap. You can help thousands of uninsured Idahoans gain access to lifesaving healthcare this legislative session.* Tell Governor Otter and Idaho lawmakers that now is not the time to push pause on 78,000 lives. Now is the time for Idaho to take action to provide health coverage to Idahoans in the coverage gap. Idaho needs a plan, not a delay. Please log on to this site to voice your opinion to our legislators: <http://closethegapidaho.org/emailaction/>

New Legislation Introduced:

A couple pharmacy-related bills have been introduced by the Board of Pharmacy (BOP) in House Health and Welfare Committee:

Smoking Cessation proposal (Bill #H0004): The legislation allows pharmacists to prescribe smoking cessation NRTs and drug therapies. The bill includes education requirement for pharmacists, patient medical record notice and expands access to smoking cessation products.

Controlled Substances proposal (Bill #H0006): The legislation allows the BOP to make the annual DEA updates and allows additional housekeeping to conform with federal DEA schedules. Also, BOP reviewed to see if any products had been missed in previous years and found three that are added to the bill this year. It also schedules some synthetics, one of which is a synthetic opioid that is 8 times more potent than morphine and been linked to 2 deaths in Idaho.

Controlled Substances, Opioids and PMP proposal (Bill #H0005): The purpose of this bill is to enhance the use and functionality of the state's Prescription Monitoring Program ("PMP") database. Specifically, this bill allows medical and pharmacy students to access the PMP as a delegate of a supervising practitioner or pharmacist; limits the Board of Pharmacy's recordkeeping of PMP data to five (5) years; and requires one-time pharmacist registration for free PMP access in a manner similar to what is required for prescribers.

There will certainly be more pieces of legislation of interest to the IAFP to be monitored. For more information on the bills listed above, please refer to the hyperlink on the bill number.

RULES:

Health and Welfare Committee Action

The agenda for the first few weeks of the legislative session are typically filled with approval of rules the agencies have brought forth for approval by the legislature, and this first week has been no exception. These rules are a more refined implementation of laws that were passed in the previous legislative session – most of went into effect on July 1, 2016. It is theoretically a way for the legislature to ensure that the agencies are implementing the laws as the legislature intended. It is designed as a check on agency bureaucrats to make sure they aren't overstepping

their bounds or missing the point of the legislation. Idaho is one of the few states that does such rules review and approval process.

A handful of rules brought by the Board of Pharmacy and approved by the committees may be of interest:

Telepharmacy rule: Necessary update of telepharmacy rules given advancements in technology. The proposed updates incorporate several waivers the Board has already granted to telepharmacy petitioners which include higher inventory requirements. These are primarily for rural areas of Idaho.

Tech Modernization rule: Allow pharmacists to delegate certain non-judgmental tasks to properly-trained, registered and certified pharmacy technicians under their supervision. Delegated tasks include the ability to clarify missing elements on prescriptions, transfer prescriptions, administer medications, and take verbal prescriptions in certain circumstances. It would also enable remote data entry by certain pharmacy technicians and expand verification technician programs beyond acute care hospitals.

Med Sync Rule: Would allow Pharmacists to work with patients and their physicians to synchronize medications for patients with chronic conditions.

Opioid Short Fill Rule: The rule would allow Pharmacists to work with patients and their physicians to short fill opioids or other Schedule II meds. Late rule came in response to passage of Federal Law. **EXAMPLE:** If Doctor prescribes 30 pills, this would allow patients to get the drug filled with 10 pills at a time. This would prevent left over schedule II drugs, etc.

The 2017 Idaho Legislative session is off and running and we look forward to providing this information with you.

If you have questions regarding a piece of legislation or you would like the IAFP to monitor specific legislation that is not currently being monitored, please contact Neva Santos, IAFP Executive Director at Idahoafp@aol.com or (208) 323-1156.