

# Idaho Academy of Family Physicians

## 2016 Legislative Update - Week 11

### The Week Ending March 25, 2016

Elli Brown– IAFP Legislative Advisor

It was a week of ups and downs that ultimately ended with the House and Senate adjourning sine die for the 2016 legislative session without a resolution to address the “gap population”.

Wednesday morning, Representative John Vander Woude (R-Meridian) and Representative Lynn Luker (R-Boise) introduced [HB644a Healthcare Grant Programs](#) and [HCR63 Healthcare Study Committee](#) in the House Health & Welfare Committee. HB644 establishes a two year cooperative grant program through the Idaho Department of Health and Welfare (IDHW) to the Community Health Center Network of Idaho. The purpose of the grant program is to collect health data on the Idaho gap population and provide health care services to the gap population through federally qualified health centers throughout the state. HCR63 would initiate a legislative interim committee to study and make recommendations regarding health care for the Idahoans under 100% of the federal poverty level.

Due to timing, the bills were sent directly the House floor without a committee hearing. HCR63 passed the House 39-30-1 and HB644 passed 43-26-1, respectively. The legislation was referred to the Senate Health & Welfare Committee where the legislation had a brief presentation by the legislative sponsors. Ultimately, the committee voted to hold HCR63 in committee and sent HB644 to the 14<sup>th</sup> order (amending order). The Senate amendments to HB644 included enabling the state (IDHW) to [initiate a waiver](#) that would bring managed care dollars to cover the Idahoans under 100% of the federal poverty guidelines. The amended language passed the Senate with wide spread support.

*Unfortunately, the House voted, 57-10-3, to **not** concur with the Senate amendments. This resulted in the legislation being held at the office of the clerk, effectively killing the legislation for the 2016 legislative session.* Speaker of the House, Scott Bedke, has committed to appointing a bipartisan panel of lawmakers to review the issue during the interim.

While it’s disappointing the “gap population” was not resolved this legislative session there were several issues addressed in the healthcare realm. See below for a brief recap.

[HB632 Medical Residency Tax Credit](#) - which would provide tax credits for individuals and businesses that provide donations to Idaho based medical residency placement organizations, accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Organization. The purpose of the legislation is to continue to encourage support of residency programs within Idaho. *The legislation was introduced by Representative Melissa*

Wintrrow (D-Boise) on behalf of Representative Mat Erpelding (D-Boise) and **did not receive a full hearing.**

**[HB583](#) Telehealth Reimbursement Rates** – the legislation requires health plans or managed care entities to negotiate contractual payment rates for telehealth services. This would allow providers to develop a consistent business plan to serve all of their patients as well as allow patients to receive appropriate services in a convenient and cost effective manner. *The legislation was held in the House Health & Welfare Committee on a 9-2 vote.*

**[HB498](#) Electronic Cigarettes Sales Permits** - the legislation adds electronic cigarettes to licensing requirements for sales and distributions with the Idaho Tobacco Project ran by the Department of Health & Welfare. This will allow for accurate information about where electronic cigarettes are being sold around the state – information this is currently not available. *The legislation did not receive a hearing in Senate State Affairs.*

**[HB483](#) Biosimilar Medication** - which requires communication to the physician in the event a pharmacist makes a substitution of a biosimilar medication, with no prior authorization, to ensure accurate patient medical records. Communication of the substitution to the physician could occur up to 5 days after dispensing – ensuring there is no delay in dispensing. *On March 24<sup>th</sup> Governor Otter signed HB483 into law – effective July 1, 2016.*

**[HB374](#) Prescription Monitoring Delegates Program** – the legislation would authorize a delegate program, limit the number of delegates and requires registration within the Board of Pharmacy, ultimately making the prescription monitoring program more user friendly for pharmacists and physicians. *On March 17<sup>th</sup> Governor Otter signed HB374 into law – effective July 1, 2016.*

**[SB1410](#) Joint Millennium Fund - Tar Wars Program:** Fiscal year 2017 (beginning July 1, 2016) includes the requested \$84,400 for the Idaho Academy of Family Physicians program, Tar Wars®. This funding will allow continued outreach and education to schools throughout the state on the dangers of tobacco use. *SB1410 has been delivered to Governor Otter to be signed into law.*

**[SB1399](#) – Medical Education Funding:** Funding for five additional WWAMI students for fiscal year 2017, bringing the total WWAMI class to 40 students and two additional students for the University of Utah Medical School Program bringing the class size to 10 Six additional residents for the Kootenai Health, Family Medicine Residency bringing the program to 6/6/6. *SB1399 has been delivered to Governor Otter to be signed into law.*

**[SB1294](#) Immunizations for Children** which would authorize pharmacists to vaccinate children ages 6 years or older - currently they are authorized for children ages 12 or older. *On March 16<sup>th</sup> Governor Otter signed SB1294 into law – effective July 1, 2016.*

**Thank you for following the 2016 Idaho Legislative Session through the IAFP Updates. We've enjoyed bring this information to you and we hope you found the updates beneficial**

**and informative. I want to thank Elli Brown for keeping an eye on legislation important to family physicians and providing impartial reports. If you have any questions about legislation from this session, please do not hesitate to contact the IAFP office.**