

Idaho Academy of Family Physicians

2017 Legislative Update - Week 9

The Week Ending March 10, 2017

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As one \$10 million “gap population” coverage plan dies, another emerges.

Last week we noted that Dr. Fred Wood will not bring forward his bill to partially address health care coverage for a portion of that population without coverage (**H160**). The bill would have used \$10 million from the Millennium Fund tobacco settlement money. The next day, a new version of that very bill (**S 1142**) was introduced in the Senate by Senator Marv Hagedorn. The concept is nearly identical in that it uses \$10 million of Millennium Fund dollars to provide coverage to a limited portion of that population. **This bill saw its full hearing in Senate H&W on Thursday, 3/9/2017, where it was sent to the amending order per the request of the bill’s sponsor.** Given the reaction to the Congressional Republicans’ just released proposal to replace the Affordable Care Act, it is most likely that the Legislature will choose to do nothing related to Medicaid and the “gap population” this year as they wait to see what Congress does on the Affordable Care Act.

Telehealth Reimbursement Parity bill dies on the Senate Floor

S1058 A bill geared toward gaining parity on reimbursement rates for telehealth medical consultations was introduced and amended by the Senate to be more palatable to the parties involved and then was promptly killed on the Senate floor by a vote of 10-24. The proposal, brought forth by Dr. Scott Dunn, IAFP Board member and physician in Sandpoint, would allow costs for telehealth services to be covered in a commensurate manner as if the same services were delivered in person. Some Senate members expressed concern that this was a “mandate” to force insurance companies to pay a particular rate and interfered with the marketplace and negotiations between providers and carriers – an argument echoing the carriers, who opposed the bill.

Speaking of Millennium Fund: Changes in the works

The Millennium Fund is a trust account into which the state puts payments from tobacco companies as a condition of the Tobacco Master Settlement Agreement of many years ago. Idaho has chosen to distribute funds from that account to programs designed to reduce tobacco use by accepting competitive grant applications based on merit. The Idaho Academy of Family Physicians receives about \$80,000 in funding every year from the Millennium Fund to run the “Tar Wars” tobacco education program in elementary schools. Over the years, the amount of money distributed to tobacco prevention and cessation programs has grown to nearly \$12 million. This year’s funding has been approved by the Finance Committee and “Tar Wars” will be funded again this fiscal year, beginning in July. The Millennium Fund Committee – chiefly Co-Chairman Wood – has announced their intention to **NOT** solicit applications next year as the committee re-evaluates the best use of this money. There is some question about the effectiveness of distributing in small amounts as they do. Additionally, Chairman Wood, based on his bill (**H160**) appears to be eyeing the Millennium

Fund as a potential source for addressing any future Medicaid and “gap population” issues. This means it is likely funding for IAFP’s “TAR WARS” program (and others like it) will not be available through the Millennium Fund in FY 19.

Legislation of interest:

H250 “Abortion” – This bill would repeal a law, passed in 2015 banning telemed abortions and chemical abortions. The 2015 law, sponsored by Idaho Chooses Life was legally challenged by Planned Parenthood and a judge found it to be unconstitutional. This legislation would repeal that law. **Passed the House this week and awaiting action by Senate State Affairs committee.**

SCR 113 Medical residencies – Senator Chuck Winder introduced a concurrent Resolution encouraging Idaho hospitals to develop and support more medical residencies in the state, including not only primary care and psychiatry but sub-specialty residencies. This resolution passed the Senate, passed House Health and Welfare Committee and **is awaiting action by the full House.**

H 195 Chiropractic “clinical nutrition” A bill sponsored by the Idaho Association of Chiropractic Physicians would establish a set of standards and educational requirements for a chiropractic certification in clinical nutrition for those who wish to utilize vitamins and minerals, *via intravenous or injectable routes of administration*, in the treatment of their patients. **Passed the House this week 64-5 and was heard in Senate Health and Welfare on 3/9/2017. The committee sent the bill to the Senate floor with a do pass recommendation.**

H 191 Pharmacist prescribing authority This bill expands the types of drugs /situations in which a Pharmacist may “prescribe” a drug. This bill allows the Board of Pharmacy to promulgate rules under which a Pharmacist can prescribe “drugs, drug categories, or devices that a) do not require a diagnosis, b) are minor, and generally, self-limiting, c) have a test that is used to guide diagnosis or clinical decision-making..., or c) in the professional judgment of the pharmacist, threaten the health and safety of the patient should the prescription not be immediately dispensed.” Additionally, “the (Pharmacy) Board shall not adopt any rules authorizing a pharmacist to prescribe a controlled drug, compound drug, or biologic product.” This bill passed the House unanimously, passed out of Senate Committee and is **awaiting action by the full Senate.**

H81 “Health Care J-1 Visa Waiver Program” This proposal amends the current Idaho Conrad J-1 Visa Waiver Program (J-1 Program) that allows qualifying Idaho healthcare organizations to apply for the placement of a foreign trained physician in federally-designated shortage areas as a recruitment option of last resort. Passed the House 59-8-3, Passed Senate Health and Welfare now **awaiting action by the full Senate.**

H 82 “Sales Tax Exemptions for Free Medical Clinics” by Rep. Kauffman. This legislation would provide sales and use tax exemption for sales to or purchased by the ten designated free medical clinics in the state. This bill passed the House with only 3 NO votes and is still **awaiting action in the Senate Local Government and Taxation Committee.**

H 115 “Interstate Medical Licensure Compact” This legislation adds language authorizing the Board of Medicine to obtain criminal background check information when qualifying physicians for the Interstate Medical Licensure Compact. The compact provides expedited licensure for physicians. The bill passed the House floor 66-0-4, Passed out of Senate Health and Welfare, **awaiting action by the full Senate.**

H128 “Medicaid, Agreements for Services” This bill directs the Department of Health and Welfare to pursue value-based payment opportunities up to and including full-risk, provider-based managed care for the Medicaid program. The purpose is to improve health care for Medicaid participants at a reduced cost to Idaho taxpayers. Passed the House 49-18-3 and Senate Welfare, **awaiting action by full Senate.**

H161 “Medical Lab Science Practitioners” This bill is to provide licensure for the practice of Medical Laboratory Science. **Still awaiting hearing** in House Health and Welfare and is unlikely to get a hearing.

S1060 “Health care/cytomegalovirus” The purpose of the bill is to provide funding for the DHW to develop and disseminate educational material regarding cytomegalovirus (CMV) prevention, infection, and treatment. Introduced in Senate Health and Welfare Committee on February 9. Passed the Senate 31-3, passed House Health and Welfare, **awaiting action by the full House.**

S1081: “Immunization Assessment Board” This bill resets the Sunset date for the Immunization Assessment Board from 2017 to July 1, 2019. Passed the Senate 29-6-0, passed House Health and Welfare Committee, **awaiting action by the full House.**

S1131 "Relating to Abortion" This bill would require the DHW and providers to tell patients where they can get information on how to reverse a medication abortion. It would also require health care providers to provide patients with a list of locations and clinics that will provide ultrasounds prior to the abortion. The bill is being printed and is assigned to the Senate St Affairs Committee where it **is unlikely to get a hearing.**

Defeated Legislation or those that will not be moving forward:

S1058 “Telehealth access, cost coverage” This legislation will bolster the success of Idaho’s Telehealth Access Act. It would allow for costs of telehealth services to be covered in the same manner and to the same extent as if the services were delivered in person. **This bill is the idea of Dr. Scott Dunn of Sandpoint and Senator Shawn Keough is sponsoring it. This bill was defeated on the Senate floor 10-24.**

H 91 “Immunization Registry” This legislation requires that all providers who immunize patients in Idaho shall enter all immunizations, with the exception of adult influenza vaccines, into the Idaho Immunization Reminder Information System (IRIS). This bill is from the Idaho Medical Association, and had its full hearing in House Health and Welfare but **the bill failed on the House floor 26-44-0.**

S1106 “Tobacco 21” To revise the legal age for possession or use of tobacco to 21. Twenty people signed up to testify on this bill Friday morning. Among those about $\frac{2}{3}$ were in support and $\frac{1}{3}$ was in opposition. After a long hearing **the committee voted to hold the bill in committee, essentially killing the bill for the year.**

Legislation Signed into Law:

H004 to add the “prescribing of tobacco cessation products to the practice of pharmacy” has now unanimously passed both houses and **has been signed into law by the governor.**

H005 to enhance the use of the “Prescription Monitoring Program” for controlled substances and allow greater access to the database by pharmacists. This bill also passed both houses unanimously and **has been signed into law by the governor.**

H006 “Controlled Substances” This bill aligns Idaho law with recent DEA changes, to provide conformance DEA schedules. Two additional products have been added to the schedule: eluxadoline and brivaracetam. **Was signed into law by the governor on February 13th.**

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.