

2017 LEGISLATIVE WRAP-UP

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On the whole, the major issues of education funding, some tax relief in the form of eliminating the sales tax on groceries (which Otter MAY veto), and a transportation funding package were among the key items the legislature accomplished this year. Among the most notable things they did NOT accomplish was taking any action to address health coverage for the gap population. And a solution to that issue remains elusive, and probably will be for the foreseeable future.

From a physician standpoint, the 2017 legislative session earns only a moderate grade. Some new money for additional residency slots was approved, and WWAMI seats were funded again. But the session saw successful attempts by allied health groups (pharmacists, chiropractors) to expand their scope of practice.

Legislation of interest that passed the legislature, still to be acted upon by the Governor:

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. Signed by the Governor 4/4/2017

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 **has been adopted by both Houses of the Legislature.** As a legislative resolution, this does not require the Governor's signature.

Legislation Signed into Law:

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, passed Senate 29-3 and is **now Law.**

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. The

amendments maintain the rural, primary care, and option of last resort focus of the J-1 Program while allowing no more than 10 of the 30 total waiver slots to be used annually for recruiting specialist physicians to federally designated shortage areas. Passed both the House and Senate and is **now Law.**

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. This is especially useful in rural areas, given that they need replacements quickly because of their low population. Background checks and fingerprinting is currently not in the statute. This bill received its full hearing in House Health and Welfare on Thursday, February 16th. The bill passed the House and Senate and is **Law.**

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. **Law.**

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 judgement 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 the Senate 33-1 and is **law.**

S1060 Health care/cytomegalovirus - The purpose of the bill is to provide funding for the Department of Health and Welfare to develop and disseminate educational material ensure the women of Idaho and their doctors have access to the most accurate and up-to-date information available regarding cytomegalovirus (CMV) prevention, infection, and treatment. **Law.**

S1081 Immunization Assessment Board - This bill resets the Sunset date for the Immunization Assessment Board from 2017 to July 1, 2019. **Law.**

H004 Pharmacists Prescribing - will add the prescribing of tobacco cessation products to the practice of pharmacy and **has been signed by the governor.**

H005 Prescription Monitoring Program – will enhance the PMP 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.**

Failed Legislation this year:

S1182 Commonly referred to as the “**Faith Healing Bill**” would have removed the civil litigation prospects against parents whose children suffered injury or death due to lack of modern medical care by reason of religious beliefs. Criminal proceedings could still be pursued. This bill was rather controversial, and passed the Senate State Affairs committee by a single vote. **It then Failed on the Senate Floor 11-24.**

H160 Healthcare Assistance Program - This legislation would authorize primary care, limited prescriptions, and care coordination to Idaho’s eligible population with income levels under 100% of the federal poverty guideline who are not eligible for Medicaid, the Advanced Payment of Tax Credit, and not currently eligible or enrolled in an employer sponsored or other government subsidized health care plan. This program will only cover a limited subgroup of adults and is not comprehensive care. It would be funded by \$10 million from the Idaho Millennium fund. **Rep. Wood never brought the bill forward for a hearing.**

S1142 Health Care Assistance Act - As reported, this is a version of Rep. Wood’s minor attempt at addressing the “Gap” population by Senator Hagedorn. **Failed in the Senate 13-22.**

H 82 Sales Tax Exemptions for Free Medical Clinics - 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 **never received a hearing in the Senate Local Government and Taxation Committee.**

S1058 Telehealth Access, Cost Coverage - This legislation would have bolstered 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 then **failed on the House floor 26-44-0.**

S1106 Would have revised the legal age for possession or use of tobacco. This bill would raise the legal age of use/possession/acquiring **of tobacco to 21**. About $\frac{2}{3}$ of the people who signed up to testify were in support and $\frac{1}{3}$ was in opposition. After a long hearing **the committee voted to hold the bill in committee.**

S1131 Relating to Abortion - This bill would require the Department of Health and Welfare and providers to tell patients where they can get information on how to reverse a medication abortion. **The bill never received a hearing.**

H161 Medical Lab Science Practitioners - to provide licensure for the practice of Medical Laboratory Science. It ensures that those working in medical laboratories are qualified to perform laboratory testing and all activities related to the analysis of materials derived from the human body. **Did not receive a hearing.**