

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, March 19, 2024

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Vander Woude, Vice Chairman Erickson, Representatives Blanksma, Kingsley, Mitchell, Dixon(24), Gallagher, Healey, Redman, Wheeler, Chew (Beazer), Rubel, Roberts

**ABSENT/
EXCUSED:** None

GUESTS: The sign-in sheet will be retained in the committee secretary's office; following the end of session the sign-in sheet will be filed with the minutes in the Legislative Library.

Chairman Vander Woude called the meeting to order at 9:00 a.m.

MOTION: **Rep. Dixon(24)** made a motion to approve the minutes of the March 11, 12, and 13, 2024, meetings. **Motion carried by voice vote.**

S 1247aa: **Rep. Chenele Dixon(24)**, District 24, presented **S 1247aa** which creates a temporary 24-hour hospital placement for persons with a major cognitive disorder who are in crisis. The existing mental or behavioral health (BH) holds do not pertain to Alzheimer's Disease and Related Dementias (ADRD). This protective placement addresses reversible medical triggers and provides assessment to determine the underlying cause.

Sen. Melissa Wintrow, District 19, further presented **S 1247aa**. The only options for these situations are jail, leaving the individual in the situation, or placing them on an inappropriate BH hold. Allowance is made for longer holds. Quarterly reporting will measure the effectiveness of the legislation. The fiscal note calculation is based on 2022 uninsured data and estimates 100 or less individuals will benefit from this service.

Answering questions, **Sen. Wintrow** said this legislation, effective October 1, 2024, will provide initial information to the legislature in 2025.

Dr. Jessica Kroll, President, American College of Idaho Physicians, further presented **S 1247aa**. This legislation is a new tool to evaluate and process agitated neurocognitive patients until the crisis is resolved. Most of these patients are geriatric and need to return home quickly to prevent additional confusion or worsened conditions.

Dianna David, Self, testified **in support** of **S 1247aa**. Dementia causes behavioral problems when communication misfires.

MOTION: **Rep. Redman** made a motion to send **S 1247aa** to the floor with a **DO PASS** recommendation.

Craig Durell, Sergeant, Ada County Sheriffs Office, on behalf of **Sheriff Matt Clifford**, testified **in support** of **S 1247aa**, sharing his experience caring for a family member. This legislation assists law enforcement to better assist citizens who request help for someone in crisis who may commit serious harm to themselves or others.

Dr. Kara Kuntz, Geriatrician, Director, Memory Center, testified **in support of S 1247aa**. Caregiver burnout increases when they are the only ones left to handle these situations. A short hospital stay to reverse the immediate issue is best for both the individuals and their families.

Jodi Peterson-Stigers, Executive Director, Interfaith Sanctuary, testified **in support of S 1247aa**, explaining how this provides a safe pathway for persons experiencing issues in shelters.

Jack Miller, Self, testified **in support of S 1247aa**, stating this legislation gives families another opportunity to keep their loved ones in their homes. Many things can impact medications and cause undesirable behavior.

Sarah Toevs, Self, testified **in support of S 1247aa**. The first ADRD plan in 2013 had this change listed as a critical component.

Tiffany Robb, Program Manager, ADRD Program, Department of Health and Welfare (DHW), testified **in support of S 1247aa**. These individuals become unable to communicate, causing humiliation which can manifest in harmful ways. A report will be presented to the legislature in 2025.

VOTE ON MOTION:

Chairman Vander Woude called for a vote on the motion to send **S 1247aa** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Dixon(24)** will sponsor the bill on the floor.

S 1354aa:

Rep. Jordan Redman, District 3, presented **S 1354aa** to allow informed consent for children 12 years of age or older to receive electroconvulsive therapy (ECT). This form of treatment is used for significant psychological conditions when other medications have not worked. Idaho allows adults to receive the ECT treatment but requires families to get a court order or travel out of state to get this therapy for their children. Although most insurance plans cover ECT, Medicaid does not.

David Lehman, on behalf of Cottonwood Creek Hospital, further presented **S 1354aa**. Not changing any standards of care, this legislation allows access in Idaho without a court order.

Sandra Ashley, Self, testified **in opposition to S 1354aa**. She shared concerns regarding this treatment, which is not fully understood and requires full disclosure.

Joan Derrick, Self, testified **in opposition to S 1354aa**, expressing concern regarding the rebranding of ECT as a treatment with no risks or side effects. This treatment can cause permanent disability.

G. Dee Carter, Self, testified **in support of S 1354aa**. As an ECT recipient, he shared how the treatment helped him reclaim and enjoy life. Answering a question he said the only side effects he experienced were a slight headache and some short-term memory loss during the course of treatment.

Michael Clary, Self, testified **in support of S 1354aa**, sharing the hardship of securing his son's out-of-state treatment and the need for treatment continuation when he returns home. Parents need to make these medical decisions without breaking up their families.

Dr. Roberto Negron, Medical Director, Idaho Youth Residential Treatment Center, St. Alphonsus Department of Psychiatry, Cottonwood Creek Hospital, testified **in support of S 1354aa**. ECT was introduced ninety years ago. Since then it has been refined to an outpatient procedure. This treatment, used after conventional methods fail, provides faster symptom relief.

MOTION:

Rep. Healey made a motion to send **S 1354aa** to the floor with a **DO PASS** recommendation.

Responding to questions, **Dr. Negron** said early intervention provides better outcome. This would be offered to patients with severe mental illness who are self harming. The treatment includes the participation of both the family and adolescent. Some after-treatment booster sessions are best for most patients in order to prevent reoccurrences. Medication management is based on the individual.

There is still a tremendous amount of ECT stigma from early depictions of the treatment. Many patients have family histories of mental health illnesses. Worldwide clinical research and data overwhelmingly shows it can help adolescents.

Dr. David Thompson, Psychiatrist, testified **in support** of **S 1354aa**. ECT is an effective, lifesaving therapy for patients who have failed all other treatments. It is not a first-line method. Patients report the procedure to be boring and often fall asleep.

Dr. Negron was invited to answer a question. He said the ECT machine uses a 0.5 millisecond electrical burst which depolarizes the brain energy, causing a brief seizure.

Ernest Esparza, Chief Nurse, Cottonwood Creek Hospital, testified **in support** of **S 1354aa**, stating adolescent patients who cannot interact within social norms are suffering. Expanding this treatment offers hope to every individual, regardless of age.

Answering further questions, **Dr. Negron** explained ECT is never given without an informed consent. With adolescents the guardian, parent, and adolescent are involved throughout the course of treatment.

Kevan Finley, CEO, Cottonwood Creek Hospital, testified **in support** of **S 1354aa**. Modern ECT has improved dramatically over the past 90 years. Denying the right to treatment is not in keeping with medical ethics.

Rep. Redman in closing, stated healthcare transparency is important. This legislation does not force anyone to have the procedure. Instead parents and provider teams are offered an option for their children's care.

VOTE ON MOTION:

Chairman Vander Woude called for a vote on the motion to send **S 1354aa** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Reps. Mitchell, Gallagher, Kingsley, and Vander Woude** requested they be recorded as voting **NAY**. **Rep. Redman** will sponsor the bill on the floor.

Ty Murdock, the committee's Page, was thanked by all committee members for his work during the second half of the session.

ADJOURN:

There being no further business to come before the committee, the meeting adjourned at 10:48 a.m.

Representative Vander Woude
Chair

Irene Moore
Secretary