

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, January 28, 2016
TIME: 9:00 A.M.
PLACE: Room EW20
MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche (Van Tassel), Chew
**ABSENT/
EXCUSED:** None
GUESTS: Linda Hatzenbuehler, and Mary Ellen Kelly, Suicide Prev. Council; J. Robert Polk, MD, MPH, HQPC; Anne Lawler, Mary Leonard, and Jean Uranga, Board of Medicine; Steward Wilder, Live Wilder Foundation; Carmen Sanger, Idaho AFSP; Amanda Hundt, ID Amer. Found. Suicide Prev.; Elke Shaw-Tullach, IDHW; Dieuwke A. Disney-Spencer, and Ahmed Kassem, IDHW Division of Public Health; Karan Tucker, Jannus, Inc.

Chairman Wood called the meeting to order at 9:01 a.m.

DOCKET NO. 22-0101-1501: **Anne Lawler**, Executive Director, Idaho State Board of Medicine presented **Docket No. 22-0101-1501**, for the licensure of international medical school graduates (IMG). Under the current Rule, IMG residents cannot apply for Idaho licensure until completion of three years of their post-graduate program. The Rule change reduces this requirement to two years for residents attending an Idaho-based residency program. This will increase the pool of resident physicians. It will also allow residents to obtain controlled substance licenses, authorize medical equipment for home health, and receive community medical practice experience. Many of the IMGs seeking licensure are Idahoans who want to return to practice.

Answering committee questions, **Ms. Lawler** said individuals attending U.S. medical schools can obtain licensure while in residency. Canadian schools are the only schools outside the U.S. considered domestic. The additional time for international medical schools confirms education has been provided at the high quality expected.

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 22-0101-1501**.

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to approve **Docket No. 22-0101-1501**. **Motion carried by voice vote.**

DOCKET NO. 22-0115-1501: **Anne Lawler**, Executive Director, Idaho State Board of Medicine, presented **Docket No. 22-0115-1501**. This Pending Rule, prompted by the Idaho Telehealth Access Act, clarifies the obligations of licensed health care providers when providing telehealth services to patients located in Idaho.

MOTION: **Rep. Beyeler** made a motion to approve **Docket No. 22-0115-1501**.

Responding to a committee question, **Ms. Lawler** said the Teladoc organization opposed allowing patient selection of providers, because they prefer assigning the provider.

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to approve **Docket No. 22-0115-1501**. **Motion carried by voice vote.**

Dr. Linda Hatzenbuehler, Chairman, Idaho Council on Suicide Prevention (ICSP), presented their annual report to the committee. The council began in 2006 to develop and implement a plan to address the number of Idaho deaths by suicide. In 2014, there were 320 deaths by suicide, an average of six deaths per week. From 2010 to 2014, there were ninety-six school-aged children who died by suicide. Twenty of those deaths were children fourteen years of age or younger. The state economic impact for fiscal year (FY) 2013 indicates \$1.3M paid in annual medical costs for completed suicides, \$465M lifetime productivity losses, and an average annual medical cost of \$43.8M for non-fatal suicide attempts.

The Idaho and national per capita rate gap continues to grow, with Idaho substantially higher. Both the Suicide Prevention Action Network (SPAN) and the Idaho Suicide Prevention Hotline (ISPH) are partner organizations.

Kim Kane, Program Director, Idaho Lives Project, continued the presentation to the committee. She said although no single event can be attributed to an increase in suicide, economic downturn is a factor. Comparison of before (1994-2007) and after (2008-2014) the economic decline shows a definite post-decline suicide increase. With the exception of 2011, Idaho has ranked in the top ten states for the number of completed suicides per capita for the last five years. The youth, ages 15 to 24, suicide rate has also ranked Idaho in the top ten states for the past five years.

With more known about suicide than ever before, four areas have been determined to have a major impact on suicide rate reduction. These areas are state leadership, youth training, hotlines, and public awareness. State leadership is necessary for comprehensive, effective, and sustainable suicide prevention programs. Youth training with positive, evidence-based, upstream approaches reduces suicide rates over time. Hotlines are a critical and necessary component to the suicide prevention infrastructure. Public awareness, with targeted media campaigns, have a positive effect on suicidal behavior.

Dr. Bob Polk, Retired Physician, Former Chief Quality Officer and Chief Medical Officer, St. Alphonsus Hospital, Chair, Health Quality Planning Commission (HQPC), presented further to the committee. The HQPC was charged to prepare an implementation plan for a comprehensive suicide prevention program, such as the Idaho Suicide Prevention Plan (ISPP), published by the ICSP and approved, along with a budget, in December, 2015. Because this approval was after the budget cutoff dates for various sources, he is also asking the committee for funding support.

A 2013 youth risk behavior survey of Idaho high school students indicated one in six have seriously considered suicide, one in eight have a suicide plan, and one in fourteen have attempted suicide. Not only did Idaho lose 96 children of school age from 2010 to 2014, we also lost 155 college age youth (19 to 24 years of age).

With a range of complex grief reactions, surviving the loss of a loved one to suicide is also a suicide risk. The full impact on family lives, productivity, and relationships remains unknown. Seven percent of the U.S. population are estimated to have known someone who died of suicide in the previous twelve months.

A 10% reduction in suicides and attempts would save Idaho \$46M in foregone productivity and \$4.4M in medical care for non-fatal attempts. The HQPC is requesting state funding of \$971,102.90. These funds would be added to continued private and grant funding.

Of the HQPC initiatives, four are priorities. First is the creation of the Office of Suicide Prevention (OSP) to provide statewide leadership, with the ICSP as their advisory group. The budgeted amount of \$258k includes four full-time employees. The OSP would be housed within the Department of Health and Welfare's (DHW) Division of Public Health.

Another priority initiative is the training of 50% of all middle and high school students, expanding the existing Idaho Lives sources and strength program to reach 162 schools. The expansion cost is \$165k per year.

ISPH sustainability is a priority, with a state fund request of \$273k to cover 60% of their operations. As the front door access point for Idahoans, ISPH effectively decreases suicidality, hopelessness, and emotional pain. In one year they have saved \$962k through de-escalation during calls.

The final priority initiative is a public awareness campaign, at a cost of \$300k, to provide individual and community information for increasing awareness, decreasing the shame, and detailing how to seek help.

Other initiatives, not part of the funding request, will be addressed later. They include assessment and management training for gatekeepers and behavior health (BH) clinicians. Effective, immediate follow up of suicidal patient post health care facility visits will also be addressed. Professionals who encounter survivors immediately after the suicide loss will have access to training and support. Support facilitators of suicide loss support groups will be trained, supported, and groups will be coordinated. Accurate and adequate data reporting of behavior and attempts have barriers that must be overcome. This would require an enhanced database, which would be part of the State Healthcare Innovation Plan (SHIP) grant.

Answering questions, **Kim Kane** said ongoing statewide gatekeeper training has occurred for twelve years through SPAN Idaho. Farmers are among both the top ten and top fifteen lists of occupations with high suicide rates.

In reply to committee questions, **Dr. Polk** stated the OSP would develop the training strategy for immediate statements to survivors. The initial training, geared toward middle and high schools could include colleges, although they are embedded in other strategies.

John Reuser, ISPH, was invited to answer a committee question. He said the ISPH partners with community donors and has outreach gains. If the state provides 60% of their budget, he is confident the public private partnership will provide the rest of the funds.

Answering further committee questions, **Dr. Polk** explained the reasons someone pursues suicide are complex. Current theories report these individuals have a perceived burdensome, a thwarted belongingness, and an acquired ability for lethal self injury. This may explain why physicians are in the top ten professions for suicide and why the military has experienced a recent suicide rate increase.

Responding to additional committee questions, **Mr. Reuser** stated the ISPH call center is located in Boise, with statewide voluntary boots-on-the-ground ambassadors. The 9:00 a.m. to 1:00 a.m. calls are handled by trained volunteer phone responders. Paid staff members handle calls from 1:00 a.m. to 9:00 a.m. The phone room is always filled by a master-level clinician or equivalent, who silently monitors the phone calls and assists the volunteers. Data reports, part of their additional outreach efforts, are sent to targeted low call volume areas.

The use of a three-digit phone number was suggested by **Rep. Beyeler**. **Vice Chairman Packer** suggested a link to the ISPH be established with first responder dispatchers. **Dr. Polk** said both suggestions will be seriously considered upon funding.

Ms. Kane, answering a committee question, stated a week long crisis intervention training program trains police officers in ways to deal with mental health disorder encounters.

Chairman Wood urged **Dr. Polk** to pursue budget discussion coordination with the Governor's office. He also suggested discussion with **Rep. Malek** and **Sen. Schmidt**, who are both on the Joint Finance and Appropriations Committee.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:17 a.m.

Representative Wood
Chair

Irene Moore
Secretary