MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Wednesday, February 01, 2017
TIME:	3:00 p.m.
PLACE:	Room WW54
MEMBERS PRESENT:	Chairman Heider, Vice Chairman Souza, Senators Martin, Lee, Harris, Anthon, Agenbroad, Foreman, and Jordan
ABSENT/ EXCUSED:	None
NOTE:	The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.
CONVENED:	**Chairman Heider** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:20 p.m.
APPROVAL OF MINUTES:	**Senator Harris** moved to approve the minutes of the January 19, 2017 meeting. **Vice Chairman Souza** seconded the motion. The motion carried by **voice vote.**
PRESENTATION:	**Community Care Advisory Council Annual Report. Christine Pisani,** Executive Director of the Idaho Council on Developmental Disabilities, introduced herself to the Committee, appearing as Vice Chair of the Community Care Advisory Council (Council) to present the Council's annual report (see Attachment 1). **Ms. Pisani** explained the Council was created by statute in 2005 and is a forum for stakeholders in residential care/assisted living facilities and certified family homes. The Council meets quarterly and its purpose is to: 1.) make policy recommendations regarding the coordination of licensing and enforcement standards in residential care/assisted living facilities and certified family homes, as well as provision of services; 2.) advise the agency during development and revision of rules; 3.) review and comment upon any proposed rules pertaining to residential care/assisted living facilities or certified family homes; and 4.) submit an annual report to the Legislature stating opinions and recommendations that would further the State's capability in addressing residential care/assisted living facility and certified family home issues. **Ms. Pisani** informed the Committee the Council is comprised of assisted living and certified family home providers; advocates for elderly individuals and people with developmental disabilities and mental health issues; and residents or family members of assisted living facilities and certified family homes. The Director of the Department of Health and Welfare (Department) or his designee also serves on the Council, and at this time the designee is Tamara Prisock. Last year, the Council elected to add a non-voting member, a resident/family member of a residential assisted living facility, to provide valuable insight. **Ms. Pisani** stated pages 6 through 9 of the annual report contain survey information and trends regarding assisted living facilities and certified family homes. The Department has done extensive work on its website to provide useful information to the public regarding assisted living facilities, including survey results and information about complaints.

Ms. Pisani advised the Council has identified several issues over the past year. The first involves funding. Providers continue to express concern that negotiations with the Department's Division of Medicaid regarding outdated rates for Medicaid reimbursement have not resulted in an increase in rates. Reimbursement rates for services provided in certified family homes are almost 15 years old. Personal care service rates in residential/assisted living facilities are lower than what they were in 2009. As time has gone by, numerous supports for clients have been curtailed or eliminated, and new burdens on providers have evolved. The Council recommends a fresh look at the current operating environment to ensure funding is adequate to safely care for residents according to established regulations and recent interpretations of those regulations.

Ms. Pisani explained the second issue is the assessment of residents in assisted living facilities. In 2014, the Council began work on ways to improve the assessment of residents admitted to assisted living facilities or certified family homes to ensure there is a good match between the resident and the services provided. When residents have needs beyond the facility's ability to provide required care, some residents are involuntarily discharged and admitted to another residential setting that may be more appropriate for their needs. Moving is stressful and disruptive for the resident. In cases in which a facility chooses to maintain a resident but cannot provide the required care, the facility is in violation of the requirements of its statewide certification. Many assisted living facilities and certified family homes use the Uniform Assessment Instrument, a tool used by the Department's Division of Medicaid to determine Medicaid reimbursement. The Council has requested the Department explore other options for assessment tools. Changes in how residents are assessed will likely require updates to Idaho law and rules.

Ms. Pisani stated the third growing issue in Idaho is the difficulty of finding appropriate residential placement for individuals who exhibit difficult behaviors. Assisted living facilities and certified family homes are required not to admit or keep individuals who attempt to harm themselves or others. Most of the individuals are on Medicaid, and providers feel they do not receive sufficient Medicaid reimbursement to implement supervision and services needed to effectively manage difficult behaviors. There is also a lack of training to provide the needed support. This situation requires a provider to either run the risk of losing its license if the resident harms himself or others, or to discharge the resident, even when the resident has nowhere else to go. Last year, the Council recommended the Department work with stakeholders to find a solution to this problem. The Department responded by making the issue a high priority and launching an initiative to examine the problem and explore solutions.

Ms. Pisani advised the last two issues involve implementation of residential care/assisted living rule changes that were negotiated in 2014 and implemented in 2015. To date, the only concerns expressed to the Department and the Council have come from a few small assisted living facilities which have become organized to become the Idaho Small Providers Association. One of the rules that has caused financial stress to small providers is having the staff up and awake and available 24 hours a day, 7 days a week. The Department's Division of Medicaid has met with providers to ensure they are billing accurately to maximize Medicaid reimbursement and alleviate some of the financial strain regarding that rule change. The Council has also identified the need to update the rules pertaining certified family home and will be working this year to provide recommendations to the Department.

Ms. Pisani commented the Council is collaborative and solutions oriented. Tamara Prisock provides excellent support to the Council with accurate details of the programs and a sense of urgency in addressing any concerns the Council brings to her attention.

Vice Chairman Souza mentioned the table of core deficiencies on page 5 of the report that shows the abuse category has jumped up and asked how the Council deals with that type of increasing problem. **Ms. Pisani** responded the table reflects individual incidents that are not necessarily brought to the Council. They are incidents reported to the Department and the Department conducts its own investigation. Tamara Prisock likely has additional information.

Senator Jordan expressed concern that the reimbursement rates have not been raised for almost 15 years and asked for data that shows the commensurate increase in cost of service provision over that same period of time. **Ms. Pisani** advised Ms. Prisock would have that data and would be pleased to provide it. **Senator Jordan** asked for the definition of a small service provider. **Ms. Pisani** asked to defer that question to Tamara Prisock.

Senator Lee has heard from a number of providers in her district who struggle with the dilemma of individuals with challenging behaviors and asked what measures are being taken to address this issue. **Ms. Pisani** replied that Ross Edmunds, Administrator of Behavioral Health with the Department, plans to present some legislation and an appropriation request for a "heart home" model, which is the ability to support people with challenging behaviors with a different reimbursement rate. The State has no response to the current level of need in this area and no place for individuals to be served. The "heart home" model will not resolve the entire issue but will be a good first step to implement.

H 0002

Relating to Pharmacists. Alex Adams, Executive Director of the Idaho State Board of Pharmacy (BOP), introduced himself to the Committee to present the bill. **H 0002** amends the BOP qualifications for licensure by reciprocity, meaning how pharmacists who are licensed in other states can transfer their licenses to practice in Idaho. A strict interpretation of today's statute would mean an individual who had a minor infraction in another state would never be eligible to transfer the license into the State of Idaho. The bill updates language to conform with the intent of the model act of the National Association of Boards of Pharmacy (NABP). NABP processes license transfer requests across all 50 states and the District of Columbia, and the BOP worked closely with NABP to update language to ensure what is proposed conforms to the model act. Specifically, the bill clarifies that pharmacists are not eligible to transfer a license into Idaho if the license is currently revoked, suspended, or restricted in a manner that prevents him or her from practicing pharmacy in the home state. Minor infractions can be taken up on a case-by-case basis.

Senator Martin asked if the law change would allow the BOP to look at any violations a pharmacist had in the past. **Mr. Adams** responded NABP has a way to flag individuals with past discipline when processing the license reciprocity request. The BOP delegates certain authority to BOP staff to process applications. If there are criminal issues or previous suspensions or revocations, those applications are held until a BOP meeting. The BOP hears the merits of the specific case, and the individual can present to the BOP. The BOP can judge based on the severity of the violation whether the individual should be permitted to practice in the State of Idaho.

Senator Jordan asked if there are appeal opportunities contained in the rules or elsewhere for someone who is denied a license. **Mr. Adams** answered the BOP follows the State's Administrative Procedures Act, which specifies the process for both hearings and appeals and rights of the individual. The BOP is also advised by a Deputy Attorney General in all areas.

MOTION:

Vice Chairman Souza moved to send **H 0002** to the floor with a **do pass** recommendation. **Senator Jordan** seconded the motion. The motion carried by **voice vote. Senator Jordan** offered to sponsor the bill.

H 0003

Relating to Pharmacists. Mr. Adams stated **H 0003** would allow pharmacists to prescribe and administer tuberculosis (TB) skin tests in pharmacy settings. This has become a common and routine practice in pharmacies in other states. Most commonly, TB skin tests are often required as a condition of employment or for college students. In a TB skin test, a health professional performs an intradermal injection, and the patient has to return within three days for the test to be interpreted. Having this service available in a pharmacy provides substantial convenience to the consumer. Several studies have been published. One demonstrated a 93 percent completion rate for the test across 600 patients, while the comeback rate for other healthcare settings was only 40 to 50 percent.

Mr. Adams explained the bill contains safeguards requiring pharmacists to: 1.) complete special training on appropriate technique, with free training options available; 2.) follow clinical guidelines for testing; 3.) document the results of tests provided; and 4.) coordinate a timely referral to the patient's primary care provider or a local clinic in the rare instances when a patient tests positive for TB. In the study of other states where the test was performed in pharmacies, the referral rate to the primary care provider was only two to three percent.

Chairman Heider asked if this test is the TB tine test, or is it an actual inoculation. **Mr. Adams** answered this test is an actual injection under the skin. He is not familiar with previous testing procedures. **Vice Chairman Souza** asked if the pharmacy would be required to report test results to the primary care physician. **Mr. Adams** stated only a positive result must be reported to the local health district or the Department in accordance with Idaho reportable diseases rules.

MOTION:

Senator Lee moved to send **H 0003** to the floor with a **do pass** recommendation. **Senator Harris** seconded the motion. The motion carried by **voice vote.**

H 0004

Relating to Pharmacists. Mr. Adams stated the goal of **H 0004** is to make it as easy to quit smoking as possible. The Federal Drug Administration (FDA) has approved seven smoking cessation medications. Three of them are already available over the counter: patches; gum; and lozenges. Four are prescription only: nasal spray; inhalers; Chantix; and Zyban. When someone makes the decision to quit smoking, often it is a spontaneous decision. If the person has to wait weeks to get into the primary care provider, the will to quit might bend or break in the meantime. Having these products conveniently accessible at the pharmacy might help consumers make that quick decision.

Mr. Adams informed the Committee **H 0004** would allow a pharmacist to prescribe any of the seven tobacco-cessation medications. Some of the prescription products are more effective than over-the-counter products. In clinical trials, Chantix has the highest effectiveness rate. Also, some of the prescription products can be used in combination with the over-the-counter products. There might be some clinical use cases where a person would need a nasal spray or inhaler. Pharmacists would be required to obtain advanced training, document the services provided, and notify the patient's primary care provider. This would create harmony with other State programs like the Idaho Quitline.

Mr. Adams stated there are often questions about the safety of smoking-cessation products. The BOP noted the focus of negative comments on this proposal was almost entirely on the risks without considering the benefits. The FDA reviewed the evidence of the largest clinical trial ever conducted on these products and issued a report in December 2016 stating the benefits of the products outweigh the risks. According to the FDA, the most common side effects of Chantix are short-term nausea and short-term constipation. By contrast, smoking can cause death. The FDA said the most common side effects of Zyban are short-term dry mouth and short-term insomnia. By contrast, smoking can cause lung cancer. One of the rare risks of Chantix was suicidal ideation. However, the FDA recently removed the "black box" warning from Chantix related to neuropsychiatric events. It is the first time in U.S. history that the FDA has ever removed a "black box" warning from a drug. Pharmacists have been allowed to prescribe smoking cessation products in New Mexico, California, and nine Canadian provinces for 50 cumulative years. The BOP contacted its counterparts in those jurisdictions and asked how many complaints were received alleging harm. There were zero complaints, zero civil lawsuits. The BOP also asked the largest liability insurer in the U.S. regarding pharmacist insurance rates in New Mexico pre- and post-implementation of the policy. The answer was there was no change because it did not increase risk and was found to be safe and effective in other jurisdictions.

Mr. Adams advised the BOP found 11 peer-reviewed studies showing good results from the use of community pharmacists for tobacco-cessation programs. Overall, pharmacy-based interventions were found to be more cost effective than other health care settings. The largest of these studies was in New Mexico with 1,437 patients. Pharmacists achieved quitting rates similar to other health professionals. In late 2016, the results of a randomized control trial in Alberta, Canada showed pharmacists achieved a 20 percent greater relative reduction in smoking compared to the control group of usual physician care. Medicaid within the last few weeks has provided advice on how to facilitate easier access to medically necessary and time sensitive drugs, including tobacco-cessation productions, and specifically highlighted the New Mexico and California examples.

Senator Martin asked if the bill would allow pharmacists to prescribe only the seven products mentioned or would the bill allow prescribing of any new products that might be identified in the future. **Mr. Adams** answered the bill provides a pharmacist may prescribe any smoking cessation product approved by the FDA. Pharmacists would be able to prescribe those mentioned today as well as any approved by the FDA in the future. Naming the specific drugs in the legislation would require a law change each time a new drug is approved.

Senator Martin asked whether it is a good step to move from the current model of obtaining a prescription from the doctor and going to the pharmacy to have the prescription filled. **Mr. Adams** responded the statute currently includes a list of products that can be prescribed by a pharmacist such as dietary, fluoride supplements, immunizations, opioid antagonists, and epinephrine auto-injectors. The root of every one of those products is public health need where access to the products can help achieve public health goals. For example, one in four Americans has gone to a pharmacy in the last 12 months to obtain an immunization. Data from TriCare and Harvard Medical School show this is the most cost-effective venue to get an immunization. Other states are far ahead of Idaho in this regard and allow other products such as flu medications, contraceptives, strep throat medications, and travel medications to be prescribed by a pharmacist.

Senator Jordan inquired whether the pharmacist has a choice whether or not to prescribe the medications. **Mr. Adams** answered yes. No pharmacist is compelled to prescribe the products and must obtain additional training to provide the service. It is unlikely all pharmacists will offer the service. **Senator Jordan** asked if this is the same type of training as with the TB test where it is available online and relatively inexpensive. **Mr. Adams** replied the TB test training is only a 29-minute video but for this service, the pharmacists would be required to choose a training accredited by the American College of Physicians. There are several free programs, and there is a curriculum used in other states called "Rx for Change," from the University of California - San Francisco, including a variety of programs focusing on the pharmacological treatment of nicotine dependence. There is a time cost associated with the training but no direct cost outlay.

Vice Chairman Souza asked if pharmacists in other states have to take advanced training to prescribe contraceptives and the other products mentioned. **Mr. Adams** said it depends on the state. He thinks every state requires some kind of training but he is not aware of the specifics. Some states conditioned the approval to administer flu medication on the pharmacist administering an FDA-approved Clinical Laboratory Improvement Amendment (CLIA) waived test that will determine the individual actually has flu prior to prescribing. There was also concern that if pharmacists prescribe the medications, it could increase antimicrobial resistance. However, studies found the service actually decreased prescribing of antimicrobials 40 to 60 percent. **Vice Chairman Souza** asked if the BOP is planning to bring forward a list of products for pharmacists to prescribe, or will they be presented one at a time. **Mr. Adams** answered these are tough things to work out and he would hope not to have to come back every year with a new product.

TESTIMONY:

Pam Eaton introduced herself as President and CEO of the Idaho Retailers Association, which includes the Idaho Retail Pharmacy Council and the Idaho State Pharmacy Association, in support of **H 0004. Ms. Eaton** informed the Committee Mr. Adams already covered many of the points she wanted to make. She has heard questions about what happens if there are adverse effects, and the doctor would know about it where the pharmacist might not. Side effects to these medications are minor, and if one occurs, it will occur outside the physician's office or pharmacy. No one knows there is an adverse effect unless the patient calls. The pharmacist would review the adverse effects with the patient, just like a physician would, and direct the patient to pick up the phone and call if something happens.

Ms. Eaton addressed another concern that a patient might feel more reluctant to talk to the pharmacist about health risks. In her experience, many patients feel more comfortable talking to the pharmacist because the physician might be more judgmental. **Ms. Eaton** advised that pharmacists are repeatedly voted at the top for trustworthiness. Most people, especially if they have health issues, have a better relationship with their pharmacists than they do with their physicians, usually because they see their pharmacists more often. For these products, it truly doesn't matter where people get their prescriptions.

TESTIMONY: **Billy Gallagher** introduced himself to the Committee as a second-year family medicine resident to speak in opposition to **H 0004**. **Dr. Gallagher** said his job is to see patients every day and make sure the "what ifs" of bad outcomes are accounted for. He prescribes tobacco cessation medications on a regular basis, but not always for smoking cessation. For example, Wellbutrin is also an anti-depressant. It is true Chantix had the "black box" warning removed, but Wellbutrin still has one. Both Chantix and Wellbutrin have recommendations for laboratory monitoring before starting the medication. Chantix has side effects affecting nearly every organ system, including promoting heart arrhythmias. Wellbutrin can lower the threshold for seizures and is Class D in pregnancy, cautioned in the elderly and for patients with liver disease. It can cause glaucoma, which if left untreated could cause blindness.

Dr. Gallagher commented that pharmacists cannot order lab work. A doctor will have the patient's full medical record. Other monitoring for blood pressure and the patient's past medical history is also indicated to make sure there is no history of depression or other mental health diseases, due to the warning that the drug can increase the risk of suicidal behavior or thoughts. Sometimes patients skip around to pharmacists based on where they are at that moment, but usually there is only one primary care doctor. The patient physician relationship is one of the strongest and the 20 to 30 minute appointments sitting face to face with patients is better than having a conversation in a busy Walgreen's. The medicines have serious implications, and he is not sure sufficient monitoring can take place at a pharmacy. It can work if a pharmacist is just down the hall from the doctor. The Idaho Medical Association chose not to support this bill based on their experience.

Chairman Heider asked Dr. Gallagher if he opposed all pharmacist prescribing privileges or just this particular type of drug. **Dr. Gallagher** answered he did not oppose all pharmacist prescribing privileges. A lot of what they do is helpful and provides access to busy people who cannot make it to a doctor's office during the day. The smoking-cessation medications have significant implications, and the list will keep growing. Next will be lipid lowering medicines, anti-depressants, and high blood pressure medications. These are best delivered from the doctor where the patient will call when there is a problem.

Senator Jordan inquired if Dr. Gallagher was familiar with the New Mexico program and if he has seen other adverse impacts from this type of program that might not have risen to the level of a complaint. **Dr. Gallagher** replied he is not familiar with the New Mexico program and would like to look into it further.

Senator Foreman asked about Dr. Gallagher's experience prescribing these drugs and what side effects he has seen to cause him concern. **Dr. Gallagher** responded there are pros and cons to taking drugs, and the black box warnings are cause for concern. He has prescribed medicines in a similar class that can cause a person to be very anxious and provide them with a lot of internal energy and anguish. This is stronger in people with a history of anxiety or depression or bi-polar disorder and can drive people to the emergency room or damage their relationships and ability to function at work. When he prescribes a new medication, he asks the patient to return in two weeks so he can check in and make sure the drug is overall improving their function. This is very similar to the approach for tobacco-cessation products. When he has seen bad side effects, he is quick to take them off the medication. **Senator Foreman** stated it is convenient to go to the pharmacy and it is cheaper, and from the consumer point of view, it sounds good. **Senator Foreman** asked how one would explain to the consumer that the risk outweighs the convenience. **Dr. Gallagher** answered he would counter that monitoring of blood pressure, kidney and liver function, pregnancy status, and so forth is important. Perhaps a patient has smoked for 40 years and has untreated illnesses and giving a prescription

could exacerbate those problems and provoke a heart attack or stroke. He would want to make sure someone is thoroughly screened before prescribing.

TESTIMONY: **Andrea Winterswyk** introduced herself to the Committee as an Idaho pharmacist to speak in support of **H 0004**. Pharmacy school is four years long and a very intensive program. Pharmacists learn about diseases as well as medications. **Dr. Winterswyk** teaches a three-hour lab for pharmacy students on smoking cessation and focuses on behavior modification. Pharmacists are the medication experts and have a doctorate in pharmatherapy. With a condition like tobacco dependence that has such serious implications, having the proper resources to be able to quit is crucial. Increased access to drugs is a benefit, and all pharmacists are trained to prescribe these products. The risk of the medication and the liability are carried on the person who prescribes it no matter who that is. Pharmacists provide close follow-up and patients are more likely to succeed in quitting smoking.

Dr. Winterswyk said she has personal experience with patients identifying pre-existing conditions. Patients tell her right away if they are pregnant and are very willing to discuss their psychiatric maladies because they don't want to harm themselves. The clinical trial mentioned by Mr. Adams found no significant difference in neuropsychiatric adverse effects between Chantix, Zyban, nicotine replacement, and placebo. The trial included patients with pre-existing illnesses so it is a realistic picture and even within that cohort, there was no statistical difference.

Dr. Winterswyk stated pharmacists screen patients for tobacco use and provide behavioral modification, and pharmatherapy is the most beneficial service they can provide today. Pharmacists are more than capable of providing this service and monitoring the patient, as they are more accessible and would not do anything the doctor wouldn't do.

Senator Foreman asked whether pharmacists will be able to provide the same one-on-one consultation at a busy drug store as in the doctor's office. **Dr. Winterswyk** replied any health care setting is very busy. One of the most beautiful things about a pharmacy is it has a private consultation room and the pharmacist can administer a health questionnaire. It is totally feasible and is done with immunizations even with the busy workload in a retail setting. A pharmacist can prescribe 400 immunizations every few days and still find time to sit a minute or two to make sure the person is okay and answer questions. It is not only feasible, it is enjoyable. Pharmacists are trained to have connection with the patient and not just put pills in a bottle.

Mr. Adams advised the Committee he did not hear any evidence of harm in the 12 years New Mexico has approved this program, nor in California, nor in Canada. The same arguments were made in 2011 against allowing pharmacists to prescribe immunizations. The studies have not been refuted and show good results.

MOTION: **Senator Martin** moved to send **H 0004** to the floor with a **do pass** recommendation. **Vice Chairman Souza** seconded the motion. The motion carried by **voice vote.**

DISCUSSION: **Senator Jordan** will support the motion because it addresses the concerns about accessibility and does not preclude a physician from offering advice and counsel to a patient. It will be interesting to get some data as this goes forward to see how it works.

Senator Martin advised he sits on the Millennium Fund and Idaho spends millions each year to get Idahoans to stop using tobacco products. He supports this and other measures to assist in smoking cessation.

Senator Foreman stated he will support this bill but is close to reaching a maximum of what he wants to put on the backs of pharmacists. He has the highest respect for the profession and they do good work to bridge the gap between the patient and physician, but perhaps the pharmacists are being asked to do too much. Based on the studies and presentations, he intends to support the bill.

Vice Chairman Souza said she also supports the motion because it is a help to have the professions work together to provide primary care when Idaho is so short of primary care providers, and doctor visits are often five to seven minutes. Primary care physicians are overworked as is, and pharmacists who want to be involved can. It provides more options for consumers.

Chairman Heider called for the vote, and the motion carried by **voice vote.**

H 0005 **Relating to Controlled Substances. Mr. Adams** stated **H 0005** relates to the Idaho Prescription Monitoring Program (PMP). The bill sets a record retention deadline for PMP data at five years. Currently, data is kept in perpetuity. The five-year period was chosen to synchronize with the statute of limitations for felony cases.

Mr. Adams explained legislation was passed in 2014 to require all prescribers to register for access to the PMP except veterinarians. Pharmacists were not part of that legislation, and this bill would require pharmacists to register for access the PMP similar to the requirement for prescribers. At the beginning of 2016, only 60 percent of pharmacists were registered, and as of two weeks ago the rate has gone up to 89 percent after the BOP conducted outreach efforts. Registration is free and takes three to five minutes.

Mr. Adams informed the Committee the bill would expand the definition of "delegates" of a supervising practitioner. Currently, a nurse or other office personnel can search the PMP on behalf of a prescriber. A pharmacy technician can search on behalf of a pharmacist. Delegate access to the PMP has increased use of the database 28 percent. The definition of delegate would be expanded to included medical and pharmacy students on behalf of the supervising prescriber or pharmacist in the usual course of care. Idaho State University brought this idea to the BOP because early practice exposure while going through the curriculum can help engender long-term participation and increased use of the database.

MOTION: **Senator Harris** moved to send **H 0005** to the floor with a **do pass** recommendation. **Vice Chairman Souza** seconded the motion. The motion carried by **voice vote.**

ADJOURNMENT: There being no further business at this time, **Chairman Heider** adjourned the meeting at 4:45 p.m.

Senator Heider Chair	Jeanne Jackson-Heim Secretary