

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, March 09, 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, Chew

**ABSENT/
EXCUSED:** None

GUESTS: Hyatt Erstad, Idaho High Risk Pool; Alex Adams, Idaho Board of Pharmacy; Susan Farber, Kris Ellis, and Deborah Katz, Idaho Psychological Assn.; Ryan Fitzgerald, Idaho Association of Chiropractic Physicians; Addison Biason, student; Matthew Kaiserman, St. Luke's; Mike Brassey, St. Luke's Health System; Dean Cameron, DOI; Shad Priest, Regence; Steve Thomas, I.A.H.P.

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

RS 24702: **Rep. John Rusche**, District 6, presented **RS 24702**. The proposed Resolution requires the Department of Health and Welfare (DHW) provide a status report next session to the germane committees on the mental health (MH) and behavioral health (BH) transformational plan activities, including measures of the effectiveness of the state BH system. This is in response to the Office of Performance Evaluation report on the Medicaid Managed Behavioral Health Program through Optum Idaho. Plan and report components are listed in the resolution, including plan adoption resource recommendations.

MOTION: **Rep. Redman** made a motion to introduce **RS 24702**. **Motion carried by voice vote.**

RS 24670C1: **Ken McClure**, Idaho Medical Association, presented **RS 24670C1**, proposed legislation addressing the insurance coverage exclusion for conditions resulting from illegal acts or the use of drugs or narcotics, by providing a neutral third party determination. The Emergency Medical Treatment and Labor Act (EMTALA) requires, in the case of an emergency, hospitals and physicians must provide services without payment, which becomes a financial hospital burden when the individual's insurance uses this exclusion.

MOTION: **Rep. Hixon** made a motion to introduce **RS 24670C1**. **Motion carried by voice vote.**

S 1322: **Sen. Lee Heider**, Chairman, Idaho Senate Health & Welfare Committee, presented **S 1322**. Epipens, epinephrine autoinjectors, have been very successful in schools when children experience an anaphylactic reaction. Currently only obtainable through a medical prescription, this legislation amends statute to allow pharmacists prescription ability. Prepared amendments delete two lines requiring epipen usage training by the DHW.

Answering questions, **Sen. Heider** clarified any entity, including a family or private concerned party, can stock epinephrine, if they can purchase it. An epinephrine injection is not harmful when unduly administered.

MOTION: **Rep. Hixon** made a motion to send **S 1322** to General Orders with amendments attached.

The committee invited **Alex Adams**, Executive Director, Board of Pharmacy (BOP), to answer questions. He stated national training programs would include the American Red Cross, the National Association of School Nurses, and other local organizations. Pharmacists have expressed concern when a store customer has a reaction and they are unable to administer the product. Some autoinjector products provide usage labels or audio instructions. Emergency follow-up procedures are included in the training program information.

Rep. Rusche, responding to injection questions, said the epipen results last 15 to 20 minutes and is used as a bridge to more definitive treatment. It cannot be given as the sole treatment because the reaction causing stimulus is still present. Training emphasizes the combination of the epipen, a potent antihistamine, and medical aid. These are subcutaneous injections which can be given anywhere there is skin, with a few exceptions.

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

Reps. Rusche, Perry, and Chew expressed support for the pharmacist prescription authority and concern regarding general public epipen stockpiling and use.

VOTE ON MOTION:

Chairman Wood called for a vote on the motion to send **S 1322** to General Orders with amendments attached. **Motion carried by voice vote. Rep. Romrell** will sponsor the bill on the floor.

H 557:

Matt Kaiserman, St. Luke's Concussion Clinic, presented **H 557**. He shared his story of college concussion injuries and their academic and athletic affects. This legislation refines and clarifies procedures to protect athletes. The term "biannually" is changed to "biennially," to stipulate guideline review every two years. A new subsection provides a mechanism for distribution and receipt of parental authorizations acknowledging the inherent risks of injuries. Additional changes address the primary role of students returning to school and their successful reintegration.

The post-concussion path back to a successful life can have long-term cognitive impacts. The step-wise progression for athletics is also needed for returning to academic schedules, including shortened class time. **H 557** represents the next step to insure youth athletes are protected and afforded the same opportunities as other youth.

MOTION:

Rep. Rusche made a motion to send **H 557** to the floor with a **DO PASS** recommendation.

Responding to committee questions, **Mr. Kaiserman** explained the necessary informal accommodations reference defers to medical provider expertise. The St. Luke's Concussion Clinic provides an accommodations list, which is then taken by the parents to the school. The clinic also advocates on behalf of the athlete, discussing what is pertinent and necessary with medical providers and the school.

Addison Biason, Senior, Basketball Player, Meridian Medical Arts High School, testified **in support** of **H 557**. She recounted sustaining three concussions in three weeks, her symptoms, the impact test, and her worsened cognitive, memory, and other capabilities. Her school accommodations included longer testing times, attendance in half of her classes, extended deadlines, and school provided lecture notes. Student athletes need to get back into the classroom, which is more important than any athletic career.

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

VOTE ON MOTION:

Chairman Wood called for a vote on the motion to send **H 557** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Moyle** will sponsor the bill on the floor.

S 1265: **Hyatt Erstad**, Chairman, Idaho High Risk Pool, presented **S 1265**. It was anticipated the Affordable Care Act (ACA) would cover all High Risk Pool participants and the pool would then be eliminated. Although many participants did move from the pool, 84 participants remain. Previous legislation inadvertently removed the premium tax funding, effective October, 2015. **S 1265** restores the premium tax funding at the previous percentage rate, assuring claim coverage for the remaining participants.

Answering committee questions, **Mr. Erstad** stated the year end audited financial statement lists an under-restricted net position of \$21,349,000. Revenue was previously acquired from the 25% premium tax and federal revenue grants. With the ACA passage, the federal grants dissolved.

Rates are set within the pool board with base premiums paid by carriers. Insurers pay a portion of the premium directly to the carriers, based on age, gender, and tobacco use. Of the \$21M reserves, there are current claims totalling \$1,021,000. There is no income information required from the participants. All plans are age rated and cover eligible dependent children.

Norm Varin, Pacific Source Health Plans, Member, High Risk Pool Board, was invited to answer a committee question. He stated the carriers typically pay 60-70% of the insurance premium.

Dean Cameron, Director, Idaho Department of Insurance, testified **in support of S 1265**. The High Risk Pool was designed to address the uninsured population's access to coverage. Revenue was set at 25% of all premium tax above \$45M. Funding for the pool has been from carrier reinsurance and the premium tax. Pool members range from 90 to 7 years of age. The 90 year old cannot move onto an ACA plan and is not Medicare eligible. Although ACA premiums would be lower, a member may be in an episode of care, prefer their current overall treatment, or have better access to their physician of choice. No one realized the previous bill, when passed, eliminated the funding.

Responding to committee questions, **Director Cameron** said there were two ways to become a member of the pool: be denied coverage; or, receive a premium price higher than those offered under the High Risk Pool. There is an anticipated natural decline when pool members pass on from health complications.

MOTION: **Rep. Redman** made a motion to send **S 1265** to the floor with a **DO PASS** recommendation.

Steve Thomas, Idaho Association of Health Plans, testified **in support of S 1265**, stating all of the Association's members support this legislation.

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

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **S 1265** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Reps. Perry** and **Vander Woude** requested they be recorded as voting **NAY**. **Chairman Wood** will sponsor the bill on the floor.

S 1323: **Chairman Wood** stated **S 1323** will be moved to the agenda for Monday, March 14, 2016, due to the absence of its presenter.

RS 24417: **Kris Ellis**, Idaho Psychological Association, presented **RS 24417**, for prescription ability for psychologists with additional specified training. This will improve access and care for MH individuals.

MOTION: **Rep. Hixon** made a motion to introduce **RS 24417**. **Motion carried by voice vote.**

RS 24448: **Ryan Fitzgerald**, Idaho Association of Chiropractic Physicians, presented **RS 24448**, proposed legislation to update the chiropractic scope of practice for the utilization and administration of natural and/or nutritional substances by the issuance of a licensee clinical nutrition certificate. It also establishes a formulary council.

MOTION: **Vice Chairman Packer** made a motion to introduce **RS 24448**. **Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:32 a.m.

Representative Wood
Chair

Irene Moore
Secretary