

MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Monday, January 27, 2020

**TIME:** 3:00 P.M.

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Martin, Vice Chair Souza, Senators Heider, Lee, Harris, Burtenshaw, Bayer, Jordan, and Nelson

**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 Martin called to order the meeting of the Senate Health and Welfare Committee (Committee) at 3:00 p.m.

**MINUTES APPROVAL:** **Senator Heider** moved to approve the Minutes of January 9, 2020. **Vice Chair Souza** seconded the motion. The motion carried by **voice vote**.

**PASSED THE GAVEL:** Chairman Martin passed the gavel to Vice Chair Souza for the rules presentation.

**DOCKET NO. 16-0201-1901** **Christopher Way**, Chairman of the Time Sensitive Emergency (TSE) System Council, and Chief of Emergency Medical Services (EMS) for Kootenai County, presented the rules of the Idaho TSE System Council (Council). He explained the rule docket had been revised and updated to a more current standard in the TSE Standards Manual. He summarized the changes which relate to designated facilities, redundant or burdensome criteria, heart attack and stroke criteria, and fall prevention. The Council responded to public comments by clarifying the criteria. In compliance with the Red Tape Reduction Act, no new restrictive language was added to this rule. The updates to the TSE manual will make applying for TSE designation easier for facilities.

**DISCUSSION:** **Senator Martin** and **Mr. Way** discussed the yellow dot program. **Mr. Way** expressed he was not ready to endorse it in Idaho.

**Senator Nelson** and **Vice Chair Souza** requested clarification on whether fee rules were applicable, and if they were included in this section. **Mr. Way** responded there have always been fees in the original rules for the hospitals to apply for designation. There are no changes to the fee structure, and since there is no chance of increased revenue to EMS as a result of this, there will be no fees for EMS to apply for TSE designation. **Vice Chair Souza** added that the rule is listed under pending rules, not pending fee rules in the rule chapter.

**MOTION:** **Senator Heider** moved to approve **Docket No. 16-0201-1901**. **Chairman Martin** seconded the motion. The motion passed by **voice vote**.

**PASSED THE GAVEL:** Vice Chair Souza passed the gavel to Chairman Martin.

**S 1240** **Colleen Shackelford**, who holds a B.S. and an M.S. in nursing and is an advanced practice registered nurse, presented **S 1240** Relating to Nurses. She represents over 1,700 nurse practitioners (NPs) in the state and serves as the legislative chair for the Nurse Practitioners of Idaho. She explained that this bill provides authority of an NP's signature in current physician-only statutes. NPs were recognized to provide quality care, and Idaho became the first state in the nation to approve NPs to practice on their own. Without signature authority, NPs face limitations in providing comprehensive care to patients. **S 1240** will not expand NPs' scope of practice; it will authorize NPs to more completely serve their patients by allowing their signature on multiple forms that would be expected in a primary care office. **Ms. Shackelford** provided several examples of forms this will apply to.

**Ms. Shackelford** explained that the bill uses global language modeled after several other states that authorizes all current and future forms that use 'only physician' in their language and fall within the NP scope of practice. There are 33 independent NP practices with thousands of patients in Idaho. In some rural areas the NP is the only access to care. NPs now account for over 40 percent of primary care providers in Idaho. The NP workforce has increased by 30 percent in the last five years.

**DISCUSSION:** **Senator Lee** asked about the scope of practice. **Ms. Shackelford** assured the Committee if the form needing a signature did not fall within the NP's scope of practice, the patient would have to have a physician sign it. **Chairman Martin** asked if Idaho had many certified nurse midwives (CNM). **Ms. Shackelford** stated there were about 50 CNMs within the state. **Chairman Martin** asked if a CNM is a nurse, an RN, trained in midwifery. **Ms. Shackelford** affirmed his comment. She said all these rules pertained to advanced practice registered nurses, so they are advanced practice nurses with a master's degree or doctorate. **Vice Chair Souza** commented on a visit she had with an advanced practice cardiac nurse and affirmed the signing authority is only for items within the NP's scope of practice.

**TESTIMONY:** **Michael McGrane**, Idaho Nurses Association and Nurse Leaders of Idaho, spoke on behalf of the Idaho Centers for Nursing. He expressed his support for the bill. He stated there are 11 communities in the state where an NP is the only provider, and this bill eliminates barriers for the patients, particularly in rural areas.

**MOTION:** **Senator Bayer** moved to send **S 1240** to the floor with a **do pass** recommendation. **Senator Heider** seconded the motion. The motion passed by **voice vote**. **Vice Chair Souza** volunteered to carry the bill.

**S 1242** **Kris Ellis**, Idaho Health Care Association, presented **S 1242**, Relating to Nursing Home Administrators. **Ms. Ellis** explained this bill is co-sponsored by the Idaho Hospital Association. This legislation cleans up and clarifies language, and makes it easier to become a nursing home administrator. The change to become a nursing home administrator in Idaho is from an emphasis in long term care to an emphasis in healthcare. Often, nursing homes are attached to a hospital, and the hospital administrator is qualified to be the nursing home administrator. This bill states that a hospital administrator who has one year of experience in his/her patient care facility can become the nursing home administrator as well.

**TESTIMONY:** **Brian Whitlock** stated that he represents the Idaho Hospital Association, comprised of 46 member hospitals throughout the state, all in rural or urban settings. Twelve of those 46 hospitals have nursing homes or skilled nursing facilities attached. He said hospital administrators who had a master's level in health administration or business administration with an emphasis in healthcare were both valuable, and that the change was a simple but important change, especially to the rural parts of Idaho. See attachment 1.

**DISCUSSION:** **Senator Harris** commented that he has five rural hospitals in his district, and four of them have nursing homes attached to them. He stated this is a good bill, and will help in the difficulty of finding nursing home administrators.

**MOTION:** **Senator Heider** moved to send **S 1242** to the floor with a **do pass** recommendation. **Senator Harris** seconded the motion. The motion passed by **voice vote**. **Senator Harris** volunteered to carry the bill.

**ADJOURNED:** There being no further business at this time, **Chairman Martin** adjourned the meeting at 3:29 p.m.

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Senator Martin  
Chair

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Margo Miller  
Secretary