MINUTES HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, January 27, 2022

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Burns

ABSENT/ None

EXCUSED:

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

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

- MOTION: Rep. Burns made a motion to approve the minutes of the January 26, 2022, meeting. Motion carried by voice vote.
- **RS 29156: Rep. John McCrostie**, District 16, presented **RS 29156** which stipulates a licensed mental health professional shall not engage in conversion therapy on a patient younger than 18 years of age. It exempts clergy, religious counselors, parents, and grandparents, as long as they are not acting as a licensed professional. This is the result of discussions and compromise between disparate stakeholders.
- MOTION: Rep. Rubel made a motion to introduce RS 29156. Motion carried by voice vote. Rep. Blanksma requested to be recorded as voting NAY.
- **RS 29187: Rep. Chris Mathias**, District 19, presented **RS 29187**, a proposed resolution recognizing Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDA) or Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) which impact the autoimmune systems of young children. It declares October 9, 2022, PANDA/PANS Awareness Day in Idaho and will encourage information is easily accessible to the public.
- MOTION: Rep. Blanksma made a motion to introduce RS 29187. Motion carried by voice vote.
- **H 446: Kurt Stembridge**, Director, State Government Affairs, Greenwich Bioscience, a Division of Jazz Pharmaceuticals, presented **H 446**. Epidiolex has been approved for children, ages one year old and above, thanks in part to Idaho's expanded Food and Drug Administration (FDA) access site. Research is now bringing forth a second drug which is going through the FDA pathway. It's generic name is Nabiximols. It is a highly complex botanical oromucosal spray. The two main components are tetrahydro cannabidiol (THC) and cannabidiol (CBD). There are other minor cannabinoids within Nabiximol. Although it has been approved in over 25 countries, filing with the FDA will occur sometime this year to start the approval clock for full approval.

Currently the only marijuana approved drug is Epidiolex. The legislation adds "or nabiximols" within the marijuana definition and with tetrahydrocannabinols in Section 37-2705(d)(27)i.

This legislation prepares the way for immediate prescribing to begin upon FDA approval, Drug Enforcement Administration (DEA) scheduling, the Idaho Board of Pharmacy (IBOL) review, and the Idaho Division of Occupational and Professional Licenses (DOPL) review.

Nabiximols have been studied in the U.S. and abroad for multiple sclerosis spasticity, with additional trials in other neurological events. The FDA pathway requires proof of the drug interaction, that it works, and side effects.

Responding to committee questions, **Mr. Stembridge** said although derived from botanical marijuana, it requires the aforementioned proof to achieve FDA approval. Nabiximols will join Epidiolex, which has changed lives in children experiencing major seizures. It can only be prescribed by a licensed prescriber and dispensed by a licensed pharmacist. Legislative approval now assures immediate prescription authority upon FDA approval. Epidiolex was approved by the FDA in six months.

They have over 100k post-market safety data and clinical trials from Europe, which will be submitted to the FDA along with clinical trials run in the U.S. GW Pharmaceuticals was a small company with limited resources. By becoming part of Jazz Pharmaceuticals they have increased their resources for clinical trials and research on this area of cannabis.

Chairman Wood noted there was no one signed up to testify either remotely or in person.

MOTION: Rep. Blanksma made a motion to send **H 446** to the floor with a **DO PASS** recommendation.

Committee members commented on the use of medication when there are other alternatives without risk profiles, the possibility of this legislation opening the door to medicinal and recreational marijuana use, the existence of more dangerous pain killers already on the market, and the importance of helping multiple sclerosis patients.

VOTE ON
MOTION:Chairman Wood called for a vote on the motion to send H 446 to the floor with
a DO PASS recommendation. Motion carried by voice vote. Rep. Vander
Wouder requested to be recorded as voting NAY. Chairman Wood will sponsor
the bill on the floor.

Ross Edmunds, Administrator, Department of Health and Welfare, Division of Behavioral Health (BH), presented an update of **H 233**, 2021, the Child Protection Act.

He summarized the new section of Idaho Code 16-2426A, implemented July 1, 2021, to address substantiating disposition of a child and the inclusion of an inter-agency agreement.

Inter-agency collaboration is required to provide services and supports to children experiencing serious emotional disturbance (SED) and their families. Also required is an individualized assessment of the child's needs and available resources. Education regarding the roles of the department and other community partners is necessary. The collaboration with hospitals and health systems statewide is another integral part for successful implementation.

The department held focus groups to engage and learn from parents, families, law enforcement agencies, hospitals, and treatment providers. From the information gained a Child Welfare Administrative Directive was created to stipulate substantiation will not occur based solely upon a request for treatment and need for out-of-home placement. A review by the Deputy Attorney General and the Child Welfare Chief is required.

Additional focus has been placed on cross-divisional collaboration and communication. The intervention begins with the children and families prior to hospitalization. Developing a Quick Reaction Team of empowered decision makers leads to a coordinated response. An intra-agency agreement is being developed which outlines the response in advance.

Challenges include a shortage of resources, misconceptions regarding increased access to behavioral health treatment, when the courts can take jurisdiction under the Child Protection Act, when law enforcement can declare imminent danger, and coordination across multiple health care systems or organizations.

Answering committee questions, **Mr. Edmunds** said there is an intra-agency agreement and the inter-agency agreement is being developed. The inter-agency agreement needs to include juvenile corrections and define the concept of "agency," to include non-agency groups. They need to find the balance between agreement signers and stakeholders. They have been using circumstance-based education, which has highlighted the need for protective services for some cases.

Mr. Edmunds, responding to a committee request, stated he will provide a report indicating the number of children with mental health concerns who have been reported to child protection after July 1, 2021, in alignment with Idaho Code 16-2426A.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:06 a.m.

Representative Wood Chair Irene Moore Secretary