

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, February 27, 2024

TIME: 3:00 P.M.

PLACE: Room WW54

MEMBERS PRESENT: Chair VanOrden, Senators Lee, Harris, Bjerke, Zuiderveld, Wintrow, and Taylor

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: **Chair VanOrden** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:13 p.m.

MINUTES APPROVAL: **Senator Zuiderveld** moved to approve the Minutes of January 24, 2024. **Senator Wintrow** seconded the motion. The motion passed by **voice vote**.

S 1288 **YOUTH ATHLETES - Amends existing law to permit certain qualified chiropractors to evaluate and authorize return to play for youth athletes who are suspected of having sustained a concussion during school athletic activities.** **Senator Bjerke** stated this was not meant to cause animosity or competition between medical practitioners. Those who could offer treatment currently were: physicians, physicians assistants, Advanced Practice Registered Nurses, and licensed health care professionals trained in the evaluation and management of concussions and supervised by a directing physician. This was to add Chiropractic Physicians to this list, those who had completed a State Board of Chiropractic Physicians approved Concussion Management Education (CME) program. This program included ongoing reassessment, implemented appropriate plan of care, return to activity determination, and referred to appropriate health care provider. This was to be a solution to the fact that Idaho was number 50 out of 50 states in per capita physicians with fewer physicians in rural areas.

DISCUSSION: **Caroline Merritt**, Idaho Association of Chiropractic Physicians, pointed out that as athletic trainers were qualified to treat concussions, and that chiropractic physicians were qualified to supervise athletic trainers, a natural extension would then allow chiropractic physicians to treat an athlete's concussions. Two key issues were noted: the first being, chiropractors would complete additional training related to concussions, and second, would refer the patient to an appropriate provider as necessitated, as other practitioners would have.

S 1288 would help alleviate confusion where many school districts around the State accepted chiropractic physicians as qualified medical professionals with their return to play recommendations, while some school districts did not.

Senator Wintrow inquired about the additional required training. In addition to chiropractors extensive training, this was directed by the Board of Medicine and agreed upon by all stakeholders as appropriate for return to play. **Ms. Merritt** replied yes, chiropractors were the only practitioners that had the requirement of a CME program.

TESTIMONY IN FAVOR:

Dr. Ted Forcum, DC, DACBSP, CES, PES, CSCS, Board Member, Joint Commission on Sports Medicine & Science (JCSMS) emphasized that on all levels of sport, from pro level to high school, concussions were assessed on an ongoing basis as part of basic training. Included were a six step process for return to play and a four step process for return to learn. These processes were part of a continued evaluation process using the Sport Concussion Assessment Tool (SCAT).

Devin Scoresby underscored existing Idaho Code 54-3903 for Athletic Trainers, "SCOPE OF PRACTICE. The scope of practice of athletic trainers under the direction of the designated Idaho licensed physician, registered with the board, or a designated Idaho licensed chiropractic physician", and asked if athletic trainers could return to play, why couldn't chiropractors.

Lee Thompson questioned why there was such opposition, was it a turf war, or war on qualifications.

Dr. Jeremai Hafer, President of the Idaho Association of Chiropractic Physicians confirmed that chiropractors had the training and experience with concussions and were safe for recommending return to play. States that had been using chiropractors had much success and had not seen any significant shifts in malpractice insurance, indicating confidence in the profession's ability manage concussions.

TESTIMONY IN OPPOSITION:

Dr. Caroline Faure, Chair of the Human Performance and Sport Studies Department, noted that:

- Concussion education efforts had expanded despite little to no funding.
- Athletic trainers were present in the majority of Idaho's schools and were often relied upon to manage concussion.
- Ninety-nine percent of school administrators were confident their schools were adhering to the tenants of concussion law and appropriate health care was in their community or within a thirty minute drive.
- Improved statewide Telehealth reduced the concern for access to health care providers "specially trained in the evaluation and management of concussion."
- Return to play could be delayed due to behavioral issues, such as suicidal thoughts. Would chiropractors be able to evaluate and manage such issues.
- Would another provider added to the list for managing concussions create a way to shop for what the athlete wants to hear - which was return to play.

Ty Jones, Executive Director, Idaho High School Activities Association (IHSAA) stated his concern regarding secondary concussion syndromes. In response to questions by Senator Wintrow regarding additional training required, **Mr. Jones** replied he had not seen the required training put forth nor had the IHSAA been contacted. Therefore, the IHSAA adhered to the recommendation of the Sports Medicine committee of the National Federation of High Schools, which was opposed to allowing chiropractors determine return to play.

MOTION:

Senator Lee moved to send **S 1288** to the floor with a **do pass** recommendation. **Senator Zuiderveld** seconded the motion. The motion carried by **voice vote**.

PRESENTATION: Suicide Prevention. Lee Flinn, MBA, Director, Idaho Crisis and Suicide Prevention Hotline, gave a summary of the crisis hotline for the year 2023. She noted that was not just for suicidal assistance, it was for any life situation that had become a crisis for that person. Access to the 988 crisis hotline was for all Idahoans 24 hours a day, 7 days a week. The youngest caller was 6 years old, while the oldest was 101 years old. Additional highlights of 2023 were: two of the biggest reasons for contacting the hotline were Suicidal Ideation (39 percent) and mental health concerns (36 percent), 22,591 contacts were made with over 7,000 safety plans created for assistance (Attachment 1).

DISCUSSION: Senator Wintrow inquired about the volume of calls from caregivers regarding Alzheimer's, dementia, or another neurocognitive disorder. Ms. Flinn replied, although they were getting these calls, the number was low, but expected to grow as Idaho's population aged.

PRESENTATION: Idaho Suicide Prevention 5 Year Plan. Stewart Wilder, President, Idaho Suicide Prevention Coalition and Co-chair of the Idaho Suicide Prevention Action Collective (ISPAC) provided an overview of 2023 achievements. Between 2019-2022, the Idaho aggregated suicide rate improved to 21.7 suicides per 100,000 population, a reduction of nearly nine percent from the 2018 baseline. A move in the right direction especially as Idaho's population increased over those same years. Due to the high use of firearms in suicide, focused effort to draw down firearm usage in suicide would save many lives (Attachment 2).

ADJOURNED: There being no further business at this time, Chair VanOrden adjourned the meeting at 4:38 p.m.

Senator VanOrden
Chair

Lena Amoah
Secretary

Jim Hickey
Assistant Secretary