

CORRECTED MINUTES *
(Approved by the Task Force)

HEALTH CARE TASK FORCE

January 27, 2009
Boise, Idaho

Co-chairman Gary Collins called the meeting to order at 4:15 p.m., January 27, 2009. Members present were Senators: Co-chairman Dean Cameron, Joe Stegner, John Goedde, Patti Anne Lodge, Tim Corder, John McGee and Representatives: Co-chairman Gary Collins, Sharon Block, Jim Marriott, Carlos Bilbao, Fred Wood and John Rusche. Absent and excused was Senator Elliot Werk. Invited to participate were: Representative Elaine Smith and Senator Nicole LeFavour. Legislative Services staff present were Paige Alan Parker, Amy Castro and Charmi Arregui.

Others present were: Senator Jim Hammond, District 5; Woody Richards, Attorney and Lobbyist; Julie Taylor, BlueCross of Idaho; Tim Olson and Christine Lynch, Regence Blue Shield of Idaho; Joie McGarvin, America's Health Insurance Plans (AHIP); Kathie Garrett, Idaho Academy of Family Physicians; Kurt Stanbridge, Glaxo SmithKline; Heidi Low, American Cancer Society; Stephen Thomas, Idaho Association of Health Plans; Tom Shores, Idaho Association of Health Underwriters; Ken McClure, Russ Newcomb, M.D., Molly Steckel and Susie Pouliot, Idaho Medical Association; Dick Schultz, Jennifer Hannah, Richard Armstrong, Heather Wheeler and Leslie Clement, Department of Health & Welfare; Bill Deal and Shad Priest, Department of Insurance; Suzanne Budge, SBS Associates; John Watts and Elizabeth Criner, Veritas Advisors; Denise Chuckovich, Idaho Primary Care Association; Patrice Burgess, M.D.; Tony Poinelli, Idaho Association of Counties; Toni Lawson, Idaho Hospital Association; Jennifer Oberst, National Association of Social Workers; Jonathan MacDonald, Intermountain Hospital; Louis Schlickman, M.D.; Robert Vestal, M.D.; Peg Munson and Dede Shelton, AARP; Bobbie Dennett, Gary Trakas and Gene Barrett, Idaho Health Care for All; Janet Shackelford, Idaho Health Care for All and Boise School District Insurance Comm.; Elwood Kleaver, Primary Health, Greg Dickerson, Mental Health Provider Association; Richard Bangert, Intermountain Hospital, Lyn Darrington, Regence BlueShield of Idaho and Business Psychology Associates; Suzanne Allen, WWAMI; David Lehman, Principle Strategic Advisors;

NOTE: All copies of presentations, reference materials, and handouts will be on file at the Legislative Services Office (LSO).

Co-chairman Collins called attention to the minutes from the last meeting on November 24, 2008. **Representative Mariott moved that the minutes be approved, seconded by Senator Lodge and the motion passed unanimously by voice vote.**

*** On page 9, paragraph 3, Representative Paul Wood was changed to Representative Fred Wood.**

Co-chairman Collins recognized **Senator Stegner** who reported on the status of the consideration of the WICHE report, stating that a response from the Governor's office was to be forthcoming on the suggestion that the next step the state needs was to create a working group to consider the transformation of behavioral health division into a regional health system and consideration of the seven major points and 35 minor points in the WICHE report. To that end, **Senator Stegner** announced that Legislative Services has helped facilitate briefings by WICHE staff to the Governor's office; he added that the Governor's office had been evaluating the report itself and direction that report suggests being taken. To move forward in that effort, the Governor's office recommended a top-level work group be created to work on that, taking into consideration what would be involved in transition to move in that direction. **Senator Stegner** said he was extremely pleased to announce that he had a copy of Executive Order 2009-03 from the Governor's office signed on this meeting date, November 27, 2009, which was replaced by Executive Order 2009-04. **Senator Stegner** said that the Executive Order does all of the above; it recognizes the WICHE report as having significant value and benefits to the state of Idaho by moving in that direction; the Executive Order creates the Governor's Behavioral Health Transformation Work Group and identifies a few members of that group who will hopefully interact with the WICHE staff and their report planners. According to the Executive Order:

"The work group shall:

Develop a plan for a coordinated, efficient state behavioral health infrastructure with clear responsibilities, leadership authority and action; and

Provide for stakeholder participation in the development and evaluation of the plan.

The plan shall be presented to the Governor by December, 2009.

The work group shall also present its plan to both the Senate and House Health and Welfare Committees and the Legislative Health Care Task Force during the 2010 legislative session."

Senator Stegner emphasized the significance of this, thanking the Governor's office and all those involved, believing this to be the next significant step in order to proceed, adding that there has always been a question about the cost in terms of transition; he said it was anticipated that it will not require any appropriation this year to move in this direction, just to study this transition. He said one thing this transition will be focusing on over the next year will be fiscal impact to furthering this transition effort, especially due to current budget conditions. **Senator Stegner** said he does support this and is very optimistic about making significant strides toward progress in evaluating this in 2009.

Senator LeFavour said this was very exciting news, mentioning a previous transitional working group on mental health under Governor Kempthorne that had participants from counties and all levels of government; she inquired if there was intention to make sure there would be overlap between these two groups. **Senator Stegner** identified members in the Governor's Executive Order as: "Members of the work group shall include, but are not limited to, Director, Department of Health and Welfare; Director, Department of Correction; Director, Department of Juvenile Corrections; Superintendent, State Department of Education; representatives of law enforcement; Administrator, Office of Drug Policy; Chair, Statewide Drug and Mental Health

Court Coordinated Committee; Chair, Idaho State Planning Council on Mental Health; one representative from Idaho Association of Counties; one citizen with experience in mental health service delivery issues; and one citizen to represent consumers served by the system.”

Co-chairman Collins stated that several meetings ago, there was a presentation on Variable Voluntary Employers Benefits Associations (VEBA) and **Senator Hammond** was invited to present further information on this topic. **Senator Hammond** gave a presentation entitled “Management Strategies” (in LSO) saying that the reason he was here today was that on the day of the original presentation, the committee ran short of time and there were questions that remained unanswered, so he went through the strategy for an HRA/VEBA. He gave an example of a city in northern Idaho that was struggling with cost of employee benefits, looking at the fact they had retirees stay within the group, causing rates to rise, so the first thing that city did was remove any future retirees from staying within the group, but the problem was that rates continued to grow in the range of 21% to 35%. One strategy employed was putting into practice an HRA/VEBA which is a health reimbursement arrangement (HRA) similar or about the same as a health savings account. He explained that VEBA is a voluntary employee benefits association and they become trustees of the funds that are jointly collected to invest and to hold for employees. The power of an HRA/VEBA, he said, was that things can be done such as raise the co-pay, the deductible, change your co-pay on drugs, take all the savings that creates as well as asking employees to share to a greater degree in the actual premium costs. These savings are put into an account for the employee; an HRA/VEBA cannot receive contributions from an employee, only from an employer. The deductibles were \$750 for single and \$1,500 for a family; they raised that to \$1,500 for single and \$3,000 for a family, but between raising the co-pay and the deductible and having the employee pay more for the cost of insurance, they created \$1,200 for the single employee and \$2,200 for a family that annually could be put into this account. The employees were educated about what this account was for, trying to save that money for catastrophic events without using for small co-pays or prescriptions, even though they could if they so desired. However, it would deplete the account, the goal being to save that account, having it grow, going in tax free, grows tax free, and comes out tax free, which is a great deal, in his opinion. The advantage to the employer, and could have been for the state of Idaho, say ten years ago, the advantage would be that right now those retiring employees, along with what they get for sick leave, could be a substantial sum of money as a cushion for them either for catastrophic medical events or to help with individual retirement insurance premiums. **Senator Hammond** said it also gets the employee invested in keeping the premium costs down, which means that the employer has more money for raises, equipment and there is also the possibility that there is more money available for the VEBA. He said that health and wellness for their own sake do not seem to sell, but if there is some financial rewards, the employees seem to pay more attention. He believes that HRA/VEBAs will stabilize claims and rates, empower employees, and save employers and employees money to use for future costs. If a person has health care insurance, the only time you benefit is when you get sick, which amounts to 20%; the other 80% pay more into it than they really use. He said the biggest concern of HRA/VEBA is from the heavy users who actually lose nothing but there is an incentive there for them to take better care of themselves so they can gain.

Representative Marriott asked what happens in a catastrophic situation and if they are covered. **Senator Hammond** answered that in that instance, they still have regular insurance with a higher deductible, and they can either pay that deductible or, if they don't want to pay that deductible, they can ask for reimbursement through their account. The money in that account is eligible for reimbursement for any kind of medical expense or premium costs.

The next presenter was **Bill Deal**, Director, Department of Insurance, who introduced **Shad Priest** and thanked the committee for allowing him time on this agenda to present draft legislation by the department. He said this draft dealt with the independent third-party review by rulemaking; he said that as the department began discussing this issue with the health insurance industry, they decided the best plan was to move forward with a substitute *compromise* bill that would result in the terms of independent review. He said they were still working on two definition issues, yet to be resolved, and again emphasized that the legislation will be brought forward as a compromise bill. He said this draft provides an insured the opportunity to request and receive an independent review by a qualified third party if the claim is denied by the insurer as being investigational or medically not necessary; other types of decisions will not be included in this independent review draft. The reviewer would be selected by the Department of Insurance who would formulate a list, and the review would be paid for by the insurer's insurance company. The reviewer's decision would be binding both upon the insurer and the insured, unless the plan has been subject to federal ERISA agreements; in those cases, the insured would continue to have the right to appeal to the health carrier's decision to the courts, but the administrative record reviewed by the court would include the independent review record. He said that the proposed bill would also have an expedited review in emergency cases, believing that the proposed bill would provide an efficient, fair, and low cost alternative to a court involving any disputed health claims. He said that the department and the health insurers have worked long and hard on this issue and he expressed hope that within a week the bill would be brought before the Legislature and printed.

Representative Collins asked if there were any legislative proposals by members of the committee. **Representative Rusche** handed out a draft RS18403 and said that this draft was a modification of coverage for dependent children up to age 25 if full-time students, explaining that this draft would remove the full-time student requirement. He said the reason for the draft was because we are entering a time when increasing numbers of young adults are returning home, partially employed, financially dependent upon parents and unable to afford insurance, and may not be able to afford full-time student status. He said that other states had taken this approach, and that a copy of this draft had been sent to health insurers and he was awaiting responses, being willing to work with them on any concerns.

Senator Lodge asked if that meant that if a dependent is working at a job, could parents still be responsible for health insurance, or would this draft be for unemployed. **Representative Rusche** answered that the draft would require that the young adult be *financially dependent* upon the parents.

Senator Goedde asked if *financially dependent* meant 5% dependent, 50% dependent or 80%,

adding that he saw no definition of *financially dependent*. A short discussion took place on whether that definition was in tax code. **Representative Rusche** said that definition was not part of the draft, but he would consider that. **Senator Goedde** expressed concern that there could be a young person living at home, possibly making \$80,000 annually, and he wondered if said child could be construed as being *financially dependent*. **Representative Rusche** had no answer to that question. **Representative Marriott** said he thought that on page 7, line 36, says that dependent means a spouse **and** unmarried child under the age of 25 years who is *financially dependent* or an unmarried child of any age who is medically certified, which is in existing law and he asked if the word in the draft should read **or** instead of **and**. **Senator LeFavour** stated that tax code was clearly defined.

Senator Cameron said he thought there was a definition of *financially dependent* in code and wondered whether a child would be essentially filing their own tax return; if that young person was filing as a *financially dependent* child under parents, then that would qualify that person as a *financially dependent* child, requesting that clarification.

Senator Stegner asked if this draft would require the young person be living at home; he did not see this in the draft. **Representative Rusche** said the draft would not require the young person to be living at home, since they may be a student elsewhere, or have a part-time job, but the majority of financial support would be coming from the parent. **Senator Stegner** asked if there was any fiscal impact. **Representative Rusche** said that he had some fiscal impact information; he said that the state BlueCross insurance does not require documentation of student status, adding that this draft would have no impact to the general fund that there might be a potential for a small reduction in indigent care of uninsured payments and expenses in the catastrophic fund.

Senator Cameron asked **Mr. Shad Priest** if he knew of any statute that defines *financially dependent* in insurance code. **Mr. Priest** said he did not know, but volunteered to find out. **Senator Cameron** said he had mixed emotions about this draft since the status was just changed recently and he was concerned about changing it again; he did agree with comments by **Senator Goedde** and **Senator Lodge**, and expressed concern that if this draft moved forward that *financially dependent* would have to be clarified. He did not want to leave it to carrier interpretation as to the definition of who would qualify; he believed that the carriers and consumers should have a clear definition of *financially dependent*.

Representative Rusche answered that this was for situations where given the increase in unemployment, they would otherwise be uninsured and invited comments from carriers. **Julie Taylor**, Blue Cross of Idaho, said that she remembered when her own son was in school out of state, the definition is in IRS tax code and that if a parent provides fifty percent of a child's support then a parent can claim them as a dependent. **Senator Cameron** said he believed there was a choice whether to have a child file separately, if a parent doesn't claim said child, pointing out that if a parent chose not to claim their child for other reasons, and if filing on the tax return was the threshold, they may also be choosing not to elect staying on the plan. **Ms. Taylor** stated that the child could choose to be emancipated.

Mr. Tim Olson, Regence BlueShield of Idaho, said that from a practical standpoint, they have allowed parents to verify if their child is a dependent or not. **Senator Stegner** invited **Ms. Taylor** and **Mr. Olson** to comment on any concerns about added coverage cost with this mandate possibly being imposed on policies. **Mr. Taylor** commented that some groups were concerned, but when costed out, not that many were concerned. **Senator Cameron** added that the biggest complaint heard was from self-funded groups who didn't want to comply with the law, and frankly are not required to comply with law and created some concern with employees who had heard about the law changing and wanted their children added on to the group and the employer believing that to be an added burden or cost. He said that initially when the law was changed, actuarial computations were requested on the effect of raising to age 25 and 21, if not in school, the result being that the cost was negligible, but could be potentially some increased cost and an offsetting factor of kids not previously insured without coverage, now being insured. He did not believe there had been an automatic adjustment to rates due to that change; he said that based on the study the largest segment of uninsured population is the age group between 18-30, adding that this could be another way to get at that age group.

Ms. Taylor added that this was asked about and said they let them know that the law was in place and if they chose to, they could do it voluntarily and they'd make a change on their contract.

Representative Rusche said that he would work with Legislative Services Office on this.

Senator Stegner said he found it troubling to select out kids going to college for coverage and not others, even though good reasons why; in his mind he could never figure out a good reason. **Senator Stegner** believes that if children or young adults are going to be covered who are enrolled in college, pointing out that some who are enrolled are not really going, suggesting distinguishing between them, looking at the definition in terms of credit, understanding that may need to be redefined.

Senator Stegner moved that the committee support the concept of Representative Rusche's proposed legislation, suggesting that he might want to look at the definition of *financially dependent*, seconded by Senator Cameron.

Senator McGee addressed a procedural point, having no opposition, asking if the committee could agree to the motion conceptually without actual text. **Representative Collins** thought that to be appropriate, to vote on the concept of the legislation. **Senator Cameron** said he wasn't sure if this committee would meet again before the proposed legislation was reconstituted, adding that they had tried to establish a pattern by which people who have health care legislation come before this committee, ideally in final form, but similarly when coming before a privileged committee, suggestions can be made for change, retaining that ability. He said the recommendation for change was being made here and thought the motion to be within reason, believing that **Director Deal's** concepts might also be endorsed, when the actual language comes forth from **Representative Rusche's** proposal; he suggested the only thing missing is a more concrete definition of *financially dependent*, the concept having been endorsed by this

committee.

Representative Rusche expressed his appreciation for the committee's support for the concept of this unseen, proposed legislation. **Representative Collins restated the motion being that the committee as a whole endorse the concept of Representative Rusche's proposed legislation and the motion passed by voice vote.**

Senator Cameron stated that he had been working on several pieces of legislation, adding that unfortunately the financial fiscal restraints that the state is under has certainly thwarted these efforts. He said he could not, in good conscience, promote something that would potentially cost the state additional money at this time, adding that he was committed to working with the Governor's office to find solutions. He said there is another subcommittee regarding the Catastrophic Health Care Fund, being constituted because of budget constraints and the way the Governor's proposed budget has allocated (or not) dollars toward that fund. They have begun meeting to discuss short and long-term potential adjustments in that fund as well as indigent laws, inviting others to be included on the mailing list for that subcommittee. Ideally, he said he would like to come back to this committee with recommendations, but he didn't know if that would be forthcoming or perhaps brought before the joint committee, welcoming input once conclusions have been reached, especially those long-term, over the next summer to be brought back to this committee. Whether or not the short-term solutions, if any, would be brought back to this committee, at possibly another meeting, would have to be determined by leadership.

Senator Cameron said that the Governor's office was considering pieces of legislation and, at some point, this body should consider those recommendations.

Representative Collins said he had attended a meeting the Governor's office had, confirming that ideas were shared and that legislation would be forthcoming in the near future and that input would be solicited from this committee.

Mr. Olson remarked that one of the two items he wanted to make the committee aware of is the Employer's Health Coalition, stating that body is moving forward to create a collaborative here in Idaho to support the Governor's efforts with the planning commission, specifically looking at and identifying quality measures. The Employer's Health Coalition of Idaho has engaged **David Lehman** to help the Coalition with that effort and will be working with the Commission, as well as this newly created entity, with the obligation to look at quality measures as they move forward with data exchange, engaging hospitals, consumer groups, etc. **Mr. Olson** also informed the committee that within the next few days Regence will be providing a website, nationally, on data source for third-party educational healthcare information. **Mr. Olson** gave his email address as tolsonid@regence.com.

Mr. Ken McClure, Idaho Medical Association, brought forth draft legislation, a copy of which is on file in LSO, with the authority to look at scope of practice, patterned after legislation in effect in Arizona. He said this draft is a process bill to deal with legislation that would change scope of practice for licensed healthcare professionals. It is designed to enhance a process that, to him, in recent years has appeared to be rather chaotic. This would create or imbue an

organization with the authority to look at scope of practice legislation in advance of legislative sessions. **Mr. McClure** said that this draft legislation is a lot like Arizona's, and it says that anyone who wants to bring forth legislation for a new licensed profession brings it to this body, the Health Care Task Force, by September 1, and the presenters bring other information to substantiate their request for licensure. He said that it also applies for expansions of scope of practice, emphasizing that he would never try to tell the legislators how to do their jobs, but it seemed to him that there is often legislation brought with little time left for lots of controversy associated with it. If brought forth earlier, that controversy might be resolved in a more orderly fashion. The goal would be for this committee to then make recommendations to leadership, being a two-edged sword, giving legislators time to examine proposed legislation before sessions in a more leisurely timeframe, and it may lead to the passage or adoption of new legislation or refinement which otherwise might not otherwise pass. He pointed out this would not be done to thwart the consideration or adoption of legislation; last minute legislation brought forth during session can be confused easily and a new process could actually enhance passage of more and better refined legislation. **Mr. McClure** did say that this legislation would apply to him and all lobbyists, the Constitution giving the right to introduce legislation as they wish, and he was not proposing to tell anyone how or when or with what process to do so, but he believes it is appropriate to tell everyone in the private sector that if they want something like this, then there is a process to go through in order to do that. He said this, by no means, is the last and best word on this legislation, but rather an Idaho version recently adopted in Arizona which has now been considered in a number of other states. He believes this draft legislation might bring forth more order in an area, from his vantage point, being somewhat lacking.

Senator McGee commented that there have been several high profile examples of groups asking legislators to pass substantial legislation enacting and making determinations on scope of practice for various medical professions. He said that, as a legislator, this is incredibly difficult in a short presentation to try to determine scope of practice; he said he didn't know if **Mr. McClure's** draft legislation was the "silver bullet" to solving that, but said he was glad this issue was at least being discussed. **Mr. McClure** responded that it was not a "silver bullet" and that there would remain ample opportunity to create mischief, even with this draft legislation, but hopefully it would give legislators a basis to come to people like him to ask questions. Has a draft been fully vetted, through a process has it been examined, is there consensus on the fact that these people want to do something, and are they adequately trained and supervised to do what they are requesting.

Senator Goedde said it appeared to him to be a "pass the buck bill" between Health & Welfare to the Health Care Task Force to make some determination; he said they would be subject to the same pressures and testimony that **Senator McGee** referred to in his tenure on that committee. **Mr. McClure** responded that this is not a "pass the buck bill or an early warning system" so that the legislators can wrap their minds around an issue; he said it was a means so that legislators can tell the people who come to them with a proposal that they need to bring evidence to substantiate their proposal, a basis for what they are doing, and it also gives the opportunity to have a longer period of time to think about it. He said the goal of this draft legislation is for legislators to tell lobbyists how best to present complex legislation, especially when controversial.

Senator Lodge said that her concern is the educational component, asking about the wording “state approved” and what that practice would be to get approval. **Mr. McClure** answered that he almost removed the words “state approved” but due to a particular board, whose membership has attempted to create their own educational structure without state approval, caused him to ensure that was not allowed. **Mr. McClure** said that the U.S. Department of Education, the Idaho Department of Education and/or Board of Education respect the accreditation of a number of educational facilities and he said this is meant to do that, the language precisely taken from Arizona. **Senator Lodge** asked that the standards of the U.S. Department of Education and state standards be very clear due to what they have been going through in the Health & Welfare Committee.

Representative Rusche expressed his appreciation for possible time to acquire additional information, admitting there have been times he was relied upon for questions about scope of practice, but totally unrelated to his field of training, asking if this process would allow for legislators to consult with neutral third parties to solicit informed information on “scope of practice.” He said that sometimes they hear only from parties firmly entrenched in their opinion or stance, not having consulted the entire related fields. **Mr. McClure** said he was walking a very fine line, never telling legislators how to do their business; he said this draft legislation does not allow or require legislators to obtain the expertise of anyone other than that person coming to testify. Legislators or leadership have the authority, he said, to obtain experts as they collectively decide how that is done, and frankly was not up to him to say how that might be done. He reiterated that it does alert the public and other interested parties, and if there are concerns with regard to scope of practice or whatever, that these issues will be revealed during due course. He said the draft was not designed to create a review body that a person must come to in order to convince with facts on the record, so to speak.

Representative Fred Wood said he thought he understood that **Mr. McClure** was trying to “regulate the vagaries of human nature.” **Representative Wood** said that he had given this a lot of thought, stating that he understood the warning system, believing this to be a very valid hope. Everyone would be put on notice that there is a three-month battle coming, and they have four months to prepare. He wondered if it would really solve any of the other issues, adding that he would truly like to have an answer to that; if this draft won’t solve the issues, he asked if there was anything that would. **Mr. McClure** said this draft will not solve issues and that he knew of nothing that would, but that this is a step or two better than the current system, as he views the current system. He has seen people testify that something is one way, and it is not that way at all, and he sympathizes with legislators for the resulting confusion; he believes this would hopefully be a way to solicit information from a neutral source to allow legislators to evaluate information more carefully, which is not feasible during session with time restraints.

Senator Cameron wondered if this committee was the right body for this process or not, there being initial discussions about whether there should be another body created, perhaps with people outside the Legislature. He said the Legislature had much experience and expertise and he said the body that considers these issues would want doctors and other esteemed legislators who might otherwise not be included in another body. He thought there to be several advantages

to this approach, one being that the information would be presented up front, but then they would almost take the place of an interim committee, having the opportunity to study a particular issue. If a group were wise, it would bring forth legislation early, rather than later, having the summer to report, giving the body time to challenge those possibly opposing groups to work together to resolve definitions or how a scope of practice were to operate, allowing time, focus, and clarity. He said anyone can bring legislation forth during session, but if this fair process were in place, it seemed to him that informed, fair judgments could be better made. **Senator Cameron** emphasized that these issues required very important decisions to decide about licensure or changes in scope of practice and, when the health of Idaho's citizens is at stake, legislators need to be very careful making such decisions. **Senator Cameron** believed it appropriate to have this discussion and encouraged the committee to introduce this draft legislation, even though not in its final form, but he believes it is time for the Legislature to have a discussion about this process, moving it forward so as to create a fair, equitable, intelligent process instead of one made in a vacuum, in some cases.

Mr. McClure said that he has told his client, the Medical Association, to be prepared for this draft to cut for them and against them, and if a decision is made on the merits after common thought to do something that is objected to, then that party needs to be very careful before they say it's not good enough. He believes this draft does have potential to bring some order and peace to the current process.

Representative Fred Wood asked if, for the sake of argument, this draft legislation passed, if the Governor's office and state agencies would be subject to this process. **Mr. McClure** said that anyone who wants to bring a bill to the Legislature would be subject to this **except** legislators; a legislator has a Constitutional right to introduce legislation. **Representative Fred Wood** reiterated that he believed **Senator Cameron** to be correct in that this concept should be brought forward and it should be introduced to the Legislature as legislation; he believes the real value is to put everyone on notice about what many consider to be "the vagaries of human nature" when they are involved in such important and controversial issues such as scope of practice regarding licensure. He pointed out that even the physicians in the Legislature, if the issue is outside their area of expertise, do not feel comfortable making decisions about scope of practice, and neither do legislators. He believes the people tending to cause the mischief would understand why it is important not to spring or surprise the Legislature with such issues at the last moment. He thinks there is value to be introduced well in advance of session so there is a forum for legislators to get expert help. He believed it a good idea to introduce this legislation, or one similar, and allow the Legislature to decide.

Senator Stegner said that when he first about this draft, it was structured somewhat differently as he recalled, asking for correction if wrong. He thought the body would be one with a little more expertise in things such as scope of practice rather than the run-of-the-mill legislator. He was more excited about that concept than the draft being discussed in this committee. He believes there is potential for some legislators to consider something like this and that it perhaps should be their own rules rather than statute, and believed that deserved to be aired also.

Senator Stegner thinks they are at a point where the legislative process would benefit from the

discussion about this draft, but he was not prepared to endorse the draft entirely.

Senator Stegner moved that the committee allow this draft legislation be sent forward to the germane committees, subject to provisions by the sponsor, with no recommendation, seconded by Senator McGee. He said that would allow the sponsor to modify it or do whatever he wants to, having gone through that process that is always asked of the germane committee on these types of issues. If asked what this committee thought, if this motion were to be approved, he said the response would be that the Health Care Task Force had looked at this draft, discussed it, believing it to have some value for consideration, but at this time takes no position on the draft legislation, not killing it or endorsing it. **Senator Goedde** commented there he had no problem creating a deadline by which legislation involving scope of practice should be submitted, but he believed the joint committees have just as much expertise as this committee to address such issues. He said he would rather see legislation drafted that the joint Health and Welfare committees be provided any scope of practice legislation prior to September 1st.

A voice vote was called for on Senator Stegner's motion and it passed by voice vote with Senator Goedde and Representative Marriott being recorded as having voted "no."

The meeting was adjourned at 5:33 p.m.