

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Monday, January 16, 2012

**TIME:** 1:30 P.M.

**PLACE:** Room EW42

**MEMBERS:** Chairman McGeachin, Vice Chairman Bilbao, Representative(s) Loertscher, Shepherd, Thayn, Wood(27), Guthrie, Roberts, Rusche, Chew

**ABSENT/  
EXCUSED:** Representative Shepherd

**GUESTS:** Nancy Kerr, Board of Medicine; Glen Luke, Board of Pharmacy; Michael Groessinger, Rolando Rodriguez, Sean Weber, Yishane Memerran, Jessie Vitke, Cristi Dambitis, Elizabeth Thompson, Yanjie Zou, Idaho State University Pharmacy; Susan Miller, Board of Dentistry; Benjamin Davenport, and Max Greenlee, Risch Pisca; Molly Prongaman, Idaho Resident; Tony Smith, and Larry Benton, Benton Ellis; Jeremy Pisca, PhRMA; Dennis Stevenson, Department of Administration; Joie McGarvin, Americas Health Insurance Plans; Kerry Ellen Elliott, Idaho Public Health Districts; Kathy Garrett, Partners in Crises; Corey Surber, St. Alphonsus; Lyn Darrington, Regence Blue Shield of Idaho.

**Chairman McGeachin** called the meeting to order at 1:33 p.m.

**DOCKET NO. 27-0101-1101** **Mark Johnston**, Executive Director, Board of Pharmacy, presented **Docket No. 27-0101-1101**, a repeal of existing rule.

**Chairman McGeachin** instructed **Mr. Johnston** that the committee would hear **Docket No. 27-0101-1102** first and then vote on both dockets.

**DOCKET NO. 27-0101-1102** **Mark Johnston**, Executive Director, Board of Pharmacy, presented **Docket No. 27-0101-1102**, which is a rewrite that updates, aligns, streamlines, and better defines current practices. It also adds new fees and makes more efficient use of staff.

**Mr. Johnston** stated that overlaps of federal law and Idaho Code were eliminated. Additionally, this rewrite consolidated information repeated in multiple areas, including updated definitions. Poison control instructions and archaic information were deleted or updated.

Several areas were standardized, including record retention, applications, discipline, and reinstatement. Sections were created to cover specific topics in a sequence that separates licensing and registration from practice standards.

The electronic record keeping system was improved to detail requirements, audit trails, security, back up, downtime and grandfathering. Other electronic updates include specifying parameters of patient counseling documentation, drug order validity, and dispensing total prescription quantity. The pharmacist independent practice was expanded to include and detail crossing state lines.

Labeling is now defined in four sections: standard, institutional facility, parenteral admixture, and prepackaged product. Automatic dispensing and storage (ADS) was modified to address institutions, retail, filled prescriptions, access, stocking, security, reports, pharmacist reviews, and returned or wasted drugs.

The student pharmacist section was expanded to include discipline, eliminate direct supervision, include the use of phones and name badges, and remove the annual renewal.

Changes to the Technician section eliminated the verification program, increased the in-training annual renewal, and revamped prohibited tasks.

Unprofessional conduct was updated to allow the board to take action without having to prove addiction.

Pharmacy rules were changed to include Lexicomp, locations of bathrooms, alarm requirements, breaks by Pharmacists within a drug outlet, security of the pharmacy, and better defined closing parameters. A Pharmacist's absence in a hospital was also addressed to cover Registered Nurse access requirements and log, E-kits, crash carts, floor stock, and emergency room dispensing.

Retail Telepharmacy was expanded from the pilot program and now includes regulations for constant audio/visual use, technician capabilities, and maintenance of records at a remote site.

The Institutional Rules Review Committee section includes responsibilities by the hospital, the director, and parameters for both administration and destruction of prescriptions.

Drug outlet changes included a revamp of veterinary drug outlet order processing and provides for inspection of in-state-manufacturers. Rules covering positive identification, ADS, counseling documentation, sterile product preparation, and drug packaging and storage.

**Mr. Johnston** remarked that the Board of Medicine was concerned with the definition of pharmaceutical care services and the use of the word "complete". Additional concern was voiced by the Veterinarians regarding the requirement of new Drug Enforcement Administration (DEA) weekly reports for controlled substances. Their concern hinged on the small quantities of controlled substances that are dispensed and the additional time and/or cost of weekly reporting. Mr. Johnston stated that this regulation has been in effect for ten months and is working smoothly. Focus is on education of the new reporting requirements, not on disciplinary action. Reports can be e-mailed or faxed and his office will enter the information into the system.

In response to committee questions, **Mr. Johnston** stated that the drug disposal rule was designed to be in keeping with federal guidelines. The goal for professional conduct is covered in other agency rules, so they focused on protection of the consumer. Drug disposal is handled through a reverse distributor.

**Nancy Kerr**, Executive Director, Idaho Board of Medicine, spoke **in favor** of **Docket No. 27-0101-1102**, stating that they had no interest in striking **Section 11.09** because of one word. Instead they will work with Mr. Johnston to address the issue.

**MOTION:** **Rep. Wood** made a motion to accept **Docket No. 27-0101-1102**. **Motion carried by voice vote.**

**MOTION:** **Rep. Wood** made a motion to accept **Docket No. 27-0101-1101**. **Motion carried by voice vote.**

**RS 20811** **Mark Johnston**, Executive Director, Board of Pharmacy, presented **RS 20811**, legislation to allow release of Prescription Monitoring Program (PMP) data to practitioners licensed outside of Idaho. It also covers when the access may be blocked for cause, misdemeanor charges for not safeguarding the information, and a proposal that other misdemeanor charges become felonies.

An amendment to **RS 20811** was presented to the committee to be included as **Section 2**. It stipulates that the Board of Pharmacy maintains the prescription tracking program, under what conditions information from the tracking program can be released, and to whom.

- MOTION:** **Rep. Rusche** made a motion to introduce **RS 20811** with the additional amendments as defined in the distributed copies. **Motion carried by voice vote.**
- DOCKET NO. 19-0101-1101:** **Susan Miller**, Executive Director, Idaho State Board of Dentistry, presented **Docket No. 19-0101-1101**, which is legislation that clarifies professional standards, non compliance of those standards, the restorative function, and updates terminology, advertising standards, and continuing education.
- MOTION:** **Rep. Wood** made a motion to approve **Docket No. 19-0101-1101**. **Motion carried by voice vote.**
- DOCKET NO. 19-0101-1102** **Susan Miller**, Executive Director, Idaho State Board of Dentistry, presented **Docket No. 19-0101-1102**, a rule change that authorizes a dentist with a moderate enteral sedation permit to administer enteral sedation to patients who are sixteen years of age and one hundred or more pounds. This is a decrease from the current minimum of 18 years of age.
- Responding to questions from the committee, **Ms. Miller** stated that the American Dental Association (ADA) standard is a minimum of 12 years of age. Oregon and Washington follow the ADA suggested age.
- MOTION:** **Rep. Wood** made a motion to accept **Docket No. 19-0101-1102**. **Motion carried by voice vote.**
- PRESENTATION:** **Rep. Thayne**, Idaho House of Representatives, spoke on "Reduce Medical Costs - Focal Point of Entitlement Reform".
- In his presentation, **Rep. Thayne** listed the reasons the Department of Health and Welfare (DHW) budget is unsustainable due to the increasing percentage of the general fund, growth of the population served, rising medical costs, economic uncertainty, and federal budget deficits.
- The biggest driver of the increase is medical costs, which includes medicaid, state employee health insurance, county and city insurance, public education insurance and the Catastrophic fund (CAT). He then discussed the historical and projected medical costs, and the percent of Gross Domestic Product (GDP). **Rep. Thayne** compared a variety of categories between Singapore and the United States (USA), with a total expenditure on health as a percentage of GDP to be 3.4 (Singapore) to 15.3 (USA).
- Medical costs are increasing due to a variety of reasons. Among those are over usage, which includes extra tests and emergency room visits for non-emergency procedures. Other factors include third party payers paying from first dollar cost, abuse, fraud, paperwork costs, lawsuits, and a departure from free market principles. He stated that few patients know what a procedure actually costs. The Patient Protection Affordable Care Act (PPACA) moves us into a third party payer environment.
- Rep. Thayne** stated that health insurance used to be for unexpected costs and has developed into a prepaid medical care system. The proposed PPACA and Health Exchanges are expensive, grow government, harm the economy, and weaken the people. These systems will lead to increased government involvement, which pays the first dollar and provides no connection between use and payment. This transfers power to make choices and control costs from the person to the insurance or government agents.
- He then suggested a better way would be to empower people to make those choices and control the money. This could be through a high-deductible policy, a health savings account (HSA) they control, and transparency of cost. A high-deductible policy could save over \$9,000 per state employee and offer several insurance options. Savings could be as much as \$35,000,000 in the second year.

In his vision, **Rep. Thayn** would have legislators lead the way to the new options, then the plan would be open to all state workers, followed by city and county workers after some history and success. Next, the public school employees could be included and then everyone in the private sector. This alternate plan could replace federal Medicaid with a state-run system not dependent upon federal funding.

He cautioned that once the bureaucracy is in place there will be no turning back and the only way out would be for the economy to collapse and the government to back out of its promises.

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Representative McGeachin  
Chair

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Irene Moore  
Secretary