

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Wednesday, March 14, 2012  
**TIME:** 1:30 PM or Upon Adjournment  
**PLACE:** Room EW42  
**MEMBERS:** Chairman McGeachin, Vice Chairman Bilbao (Reynoldson), Representative(s) Loertscher, Shepherd, Thayn, Wood(27), Guthrie, Roberts, Rusche, Chew  
**ABSENT/  
EXCUSED:** None  
**GUESTS:** The sign-in sheet will be retained with the minutes in the committee secretary's office until the end of the session. Following the end of the session, the sign-in sheet will be filed with the minutes in the Legislative Services Library.

**Chairman McGeachin** called the meeting to order at 1:35 p.m.

**S 1309:** **Sen. Broadsword** presented **S 1309**, legislation making pseudoephedrine (PSE) purchasing consistent with federal law and establishing electronic tracking to stop illegal sales. She explained that there is no system choice requirement; however, the National Precursor Log Exchange (NPLEx) tracking system is available at no cost to the state, law enforcement, or retailer. She said that the real time information would be the same and the system would decrease both the after-purchase time delay and man hours. Since the system would stop purchases, additional savings would be seen in the costs for methamphetamine (meth) lab cleanup, including costs to homeowners and communities.

**Jim Acquisto**, Appriss, Inc., briefly detailed meth production and it's use of PSE medications. He described how the NPLEx system maintains all data in one secure database with interstate and inter-retailer communication. Only law enforcement has comprehensive access beyond Appriss' operational requirements. The customer will not know the information has been gathered into the system, and anyone who is denied is given an online access code for the denial reason.

**Mr. Acquisto** indicated that in 2011 there were 215,824 blocked sales in non-NPLEx states and 642,848 in NPLEx states, resulting in 2,073,690 grams of meth that was never made. Responding to questions, he stated that pharmacy tracking programs indicate a health condition and have different regulations to follow than is necessary with over-the-counter medications.

**Dan Quinonez**, Consumer Health Care Products Association, testified in **support** of **S 1309**, stating that this is a common-sense approach to protecting all consumers. NPLEx is free of charge because groups like his have agreed to absorb the costs as an effective, private and public partnership to enforce the point of law while maintaining over-the-counter product access by law abiding citizens.

**Jason Kreizenbeck**, Merck Pharmaceutical, appeared in **support** of **S 1309**. His written testimony is attached per the request of **Chairman McGeachin**.

**Jim Tibbs**, Idaho Resident, testified in **support** of **S 1309**, describing his law enforcement background and the state work plan to devise a system to change Idaho Code to comply with federal law. He stated that electronic tracking is efficient, effective, and uses the same information already being collected.

**Mike Kane**, Idaho Sheriffs Association, testified in **support** of **S 1309**, explaining the bill's conception, with an example of electronic tracking. He said that most of the meth is from out of the state, but small labs still exist, turning locations into HazMat sites with potential financial and health costs.

**Mark Johnston**, Executive Director, Board of Pharmacy, testified in **support** of **S 1309**, stating that they were active participants in drafting this legislation and fully accept the responsibilities to implement the system and consider applications for exemption.

**Pam Eaton**, President, Idaho Retailers Association, and Member, Idaho Retail Pharmacy Council, testified in **support** of **S 1309**, stating that she has worked with **Sen. Broadsword** during the process of drafting this legislation.

**Elizabeth Criner**, Pfizer Pharmaceutical, testified in **support** of **S 1309**, stating that they are a part of the NPLEX Program and participate proportionately based on the product units tracked in each state.

In closing comments, **Sen. Broadsword** said that this bill will make it easier for law enforcement to get a handle on those who are cooking meth in bottles on their barbecues or in small labs, and assure Idaho citizens stay safe.

**MOTION:** **Rep. Chew** made a motion to send **S 1309** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Chew** will sponsor the bill on the floor.

**S 1326:** **Sen. Broadsword** presented **S 1326**, legislation that eliminates the End Stage Renal Disease Program, which was instituted before Medicare and Medicaid funding. **Sen. Broadsword** stated that a November 2011 Office of Performance Evaluations (OPE) report indicated that the one hundred and forty program participants were either receiving or qualified for Medicaid or Medicare benefits. She explained that Medicaid and Medicare altered the original program's intent so it now covers the costs of transportation and pharmacy co-pays not covered by the other two programs. This occurred in part because the Division of Vocational Rehabilitation, where the program was placed, was a mistake and they didn't know how to deal with the health issues. Since the original need no longer exists, eliminating the program shows fiscal awareness and treats all single diseases the same.

Responding to questions, **Sen. Broadsword** said the services, as they now exist, are being used, and the termination date of June 30, 2013, gives the participants an entire year to secure other funding.

**Don Alvashere**, Administrator, Idaho Division of Vocational Rehabilitation, testified that they have a transition plan from either the current program or a waiting list, and the audit issues have been resolved. In response to a question, he stated that although the bulk of the medical costs would be covered, some participants may not qualify for full Medicaid due to asset tests, and will require other ways to cover transportation and medication co-pay costs.

**Amy Freeman**, Licensed Masters in Social Work, Dialysis Specialist, testified in **opposition** to **S 1326**, stating that this program is a good referral tool for her patients, who otherwise might delay treatment and end up in emergency rooms, costing more tax dollars. She doubted that anyone in OPE contacted the American Kidney Fund at the time of the study. She stated that vocational rehabilitation patients are usually not wealthy and suggested that qualification or administration changes be made instead of eliminating the program.

In answer to questions, **Ms. Freeman** expressed concern for clients, who live beyond Ada County and are not eligible for full Medicaid because of social security disability funds, which may not be enough to afford the transportation to Boise three times a week for treatment. Case management qualification would also be unavailable without mental illness and a need for home assistance.

**Hannah Crumrine**, Office of Performance Evaluations, was invited to speak to the allegations raised by **Ms. Freeman**. Ms. Criminne stated that the OPE report's Appendix B, Additional Assistant Programs, lists the National and American Kidney Foundations, and representatives of both were contacted.

**Sen. Broadsword** in closing comments, stated that fiscal assurance for taxpayer dollar spending is fair and best; and, this program does not make sense anymore.

**MOTION:**

**Rep. Guthrie** made a motion to send **S 1326** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Reps. Rusche** and **Chew** requested they be recorded as voting **NAY**. **Rep. Guthrie** will sponsor the bill on the floor.

**S 1294:**

**Bob Aldridge**, End of Life Coalition, presented **S 1294**, stating that this legislation updates definitions, deletes obsolete language, clarifies terminology and standards, makes conformity changes, and corrects cross-reference issues.

Changes include the standards of the decision maker's comprehension. Clarification includes "comprehension", "guardian", durable power of attorney suspension and revival, wearing Physician Orders for Scope of Treatment (POST) jewelry, the relationship between POST and DNR, EMS provider honoring a DNR form, and medical personnel reliance immunity. Additional changes include document conditions satisfaction, and updating the MIB Group, Inc. reference. Terminology changes "patient" to "person," "physician" and/or "dentist" to "health care provider", with additions of "adult child of such person," "a parental delegation," and "intentionally" (as a method of document destruction).

Responding to committee questions, Mr. Aldridge said that the Senate amendment changes the effective date so any prior documents are honored and provides for other state documents.

**Julie Lynde**, Executive Director, Cornerstone Family Counsel, testified in **support** of **S 1264**, stating that it is a great step in promoting family and patients first.

**Jason Herring**, Right to Life of Idaho, testified in **support** of **S 1294**, stated that an additional senate bill is a trailer bill to this one, and none of these changes affect it. The one section of code crossover that weakens the other legislation was handled by an exception placed in the other bill.

**Rick Bassett**, St. Luke's Hospital Health System, testified in **support** of **S 1294**, stating that this bill closes the gap experienced in seventeen Idaho counties with a predominance of non-physician primary care providers.

**Margaret Henbest**, Executive Director, Nurse Leaders of Idaho, testified in **support** of **S 1294**, commenting that this legislation is important to extend access and authorization to seventeen rural counties, since urban centers are giving care with a collaborative team of health care providers, offering rich end of life discussion opportunities by the entire team. Responding to a committee question, Ms. Henbest stated that it is within the scope of practice for nurse practitioners.

**Stanley Hall**, Nurse Practitioner (NP), St. Luke's Health Care Systems, testified in **support** of **S 1294**, because the NP counsels patients regarding end of life decisions and are filling out forms, so they are involved closely with the patient.

**MOTION:**

**Rep. Rusche** made a motion to send **S 1294** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Rusche** will sponsor the bill on the floor.

**Chairman McGeachin** welcomed Rep. Reynoldson, who is filling in for Rep. Bilbao, to the committee.

- S 1280:** **Nancy Kerr**, Executive Director, Idaho Board of Medicine, presented **S 1280**, legislation that allows board members to opt out of the Public Retirement System of Idaho (PERSI) by changing it to an honorarium.
- MOTION:** **Rep. Chew** made a motion to send **S 1280** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Chew** will sponsor the bill on the floor.
- S 1293:** **Steve Bellomy**, Bureau Chief, Audits and Investigations, Department of Health & Welfare, presented **S 1293**, which revises the food stamp program to reduce the felony threshold from \$150 to \$100 for food stamp trafficking and remove confusing language. Food stamp trafficking for less than \$100 will be a misdemeanor and a felony if \$100 or more. This change was at the suggestion of the U.S. Department of Agriculture (USDA) Inspector General to be in line with the federal trafficking threshold, assuring inspectors are better able to select either the federal or state method of prosecution. Mr. Bellomy stated that conviction requires proof of at least one witnessed and recorded transaction, which takes many hours. Additional changes amend the title and delete language to clarify application to Supplemental Nutrition Assistance Program (SNAP) benefits, mirrored in new federal regulations.
- MOTION:** **Rep. Thayn** made a motion to send **H 1293** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Thayn** will sponsor the bill on the floor.
- S 1255:** **Robert Luce**, Administrator, Division of Family and Community Services, Department of Health and Welfare (DHW), presented **S 1255**, legislation that involves public record information not shared with foster parents. The statute change stipulates when information can be released by the DHW, with an amendment that such information release does not apply to adoption records.
- MOTION:** **Rep. Rusche** made a motion to send **S 1255 as amended in the Senate** to the floor with a **DO PASS** recommendation. **Motion carried with a voice vote.** **Rep. Rusche** will sponsor the bill on the floor.
- ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 3:21 p.m.

---

Representative McGeachin  
Chair

---

Irene Moore  
Secretary