

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

- DATE:** Tuesday, February 05, 2013
- TIME:** 9:00 A.M.
- PLACE:** Room EW20
- MEMBERS:** Chairman Wood(27), Vice Chairman Perry, Representatives Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew
- ABSENT/
EXCUSED:** None.
- GUESTS:** Holly Koole, Idaho Prosecuting Attorneys Association; Mark Johnston, Board of Pharmacy; Jen Visser, Gallatin PA; Reiley O'Brien, American Cancer Society Cancer Network; Elizabeth Criner, Idaho State Dental Association; Steve Millard, Idaho Hospital Association; Kate Haas, Idaho Council of Health-System Pharmacists; Julie Taylor, Blue Cross; Marnie Packard, Pacific Source.
- Chairman Wood(27)** called the meeting to order at 9:01 a.m.
- MOTION:** **Rep. Rusche** made a motion to approve the minutes of the January 30, 2013, meeting. **Motion carried by voice vote.**
- RS 21808C1:** **Roger Christensen**, Chairman, Catastrophic Health Care Board, Bonneville County Commission, presented **RS 21808C1**, which changes the existing indigent health care laws to clarify and further define a completed application, the six month new application requirement, medically indigent terminology, who qualifies as a dependent, and the reimbursement rate. The individual claiming a dependent for income tax purposes would be responsible for any care provided. The current reduced Medicaid reimbursement rate would be extended for one additional year, until June 30, 2014. The determination of indigency calculation would be from the time services are provided, with findings based from the time necessary medical services were first provided. Providers, who are unable to submit medical records and claims within ten days of the county request, could request a thirty-day extension, suspending the application process.
- Responding to questions, **Mr. Christensen** explained that legal interpretation disclosed language inconsistencies. Medical, financial and tax records verify income and show dependency claims. He stated that once the Medicaid application process begins, a medical assistance application is temporarily suspended until Medicaid eligibility is determined. A dependant would be anyone living in the household who is 18 years of age or older and claimed as a dependent. He said that the sunset date extension of one year addresses the possible Medicaid expansion, which would question the need for any indigent program continuation. If there is no Medicaid expansion, they are considering a program redesign. They currently have contracts with experts who review the validity of medical records and billings. The five percent adjustment to an unadjusted Medicaid rate continues the sunset discount and will save the state \$1.8M.
- MOTION:** **Rep. Rusche** made a motion to introduce **RS 21808C1**. **Motion carried by voice vote.**

RS 21820: **Mark Johnston**, Executive Director, Board of Pharmacy, presented **RS 21820**, legislation that replaces **H 18**, which places Rohypnol in schedule IV, as incorporated by reference to federal schedules of controlled substances. Due to possible misuse and the higher maximum conviction penalties, there has been agreement to list Rohypnol as a schedule I substance. There are no other changes in **RS 21820** than those previously approved in **H 18**.

MOTION: **Rep. Chew** made a motion to introduce **RS 21820**. **Motion carried by voice vote.**

H 17: **Mark Johnston** presented **H 17**, legislation to expand the previous statute, that addressed telepharmacy across state lines, to include the practice of pharmacy across state lines and increase the Board's ability to inspect, discipline, and address public safety situations.

In answer to committee questions, **Mr. Johnston** explained that the increased fees align with the Out-of-State Mail Service Pharmacy Act, pharmacies are willing to pay the fee to expand into Idaho, and there is no fee increase for the two pharmacies already providing services across state lines. The pharmacist in charge requirement for nonresident drug outlets requires no fee, if that individual is an Idaho licensed pharmacist. He explained that out-of-state inspection charges are passed onto the facilities and there have been three such investigations in the past five years. Mr. Johnston described the Board's fund balance, which varies from \$1.2M to \$1.8M between two renewal periods. The fiscal impact estimate of \$150,000 is a maximum amount based on the assumption that every out-of-state facility has a registered pharmacist in charge, requiring the additional licensing fees.

Steve Mallard, President, Idaho Hospital Association (IHA), testified that the IHA is comfortable that this legislation maintains the envisioned tele-pharmacy with expansion that is important for forward progress. The IHA has no official position yet, but he anticipates a position of support at their upcoming meeting.

For the record, no one else indicated their desire to testify.

MOTION: **Rep. Chew** made a motion to send **H 17** to the floor with a **DO PASS** recommendation.

In response to further questions, **Mr. Johnston** stated that the ability to re-coop fees is leveraged by the possibility of registration suspension and subsequent ability to operate in Idaho. Although other pharmacy boards usually operate well together and generally accept each other's investigation reports, some boards do not have the appropriations to conduct inspections or investigations. The goal is to rely on the out-of-state boards as much as possible.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to send **H 17** to the floor with a **DO PASS** recommendation. **Motion passed by voice vote.** **Rep. Chew** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:47 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary