

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Wednesday, February 27, 2013

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood(27), Vice Chairman Perry (Smith), Representatives Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew

**ABSENT/  
EXCUSED:** Representative Henderson

**GUESTS:** Sharon Kiefer, Idaho Fish & Game; Bill Morgan, St. Alphonsus Trauma; Steve Millard, Idaho Hospital Assoc.; Genie Sue Weppner, Wayne Denny, Dick Armstrong, Russ Barron, Sara Herring, Elke Shaw-Tulloch, Department of Health & Welfare; Kurt Stenbridge, GlaxoSmithKline Pharmaceuticals; Mark Johnston, Idaho Board of Pharmacy; Joe Cusick and Joe Leckie, Idaho Public Utilities Commission; Toni Lawson, Idaho Hospital Assoc.

**Chairman Wood(27)** called the meeting to order at 9:00 a.m.

**MOTION:** **Rep. Rusche** made a motion to approve the minutes of the February 18, 2013, meeting. **Motion carried by voice vote.**

**MOTION:** **Rep. Hixon** made a motion to approve the minutes of the February 21, 2013, meeting. **Motion carried by voice vote.**

**HCR 10:** **Rep. Rusche** presented **HCR 10**, a concurrent resolution for a trauma system of care as instructed by the Health Quality Planning Commission (HQPC). The HQPC was charged with a review of Idaho's high number of strokes and discovered that the time-sensitive emergency systems had no organized trauma system. Three types of injury, trauma, stroke, and heart attack, have a higher fatality and disability rate than predicted for our population. A defined trauma system is the backbone for care for these time-sensitive emergency systems. A comprehensive system from community awareness to training Emergency Medical Technicians to industry appropriate transport service would improve outcomes and lower the cost of care. This resolution calls for the Department of Health & Welfare (DHW) to develop a trauma plan to organize this emergency care. Responding to questions, Rep. Rusche said the DHW anticipates no additional costs to develop the plan and any costs to run the program would be budget items brought to the Legislature.

**Dr. Bill Morgan**, Director, Trauma Service, St. Alphonsus Hospital, President, American College of Surgeons, Idaho Chapter, testified **in favor of HCR 10**. He said St. Alphonsus Hospital has worked with the HQPC for a way to provide statewide trauma services. Every state with a trauma system shows a 15% mortality reduction. Given the 2009 Idaho statistics of 699 traumatic injury deaths, a 15% reduction would mean 99 people would be saved and returned to the community. **HCR 10** has the approval of the Idaho Physicians Association and the American College of Surgeons. Answering questions, Dr. Morgan said the previous trauma system designated large hospitals as trauma centers, which was of major concern to smaller hospitals whose patients would go elsewhere. The new program designates any hospital as a trauma center, if they desire. He explained the various trauma center levels, stating that there are currently two levels of trauma centers in Boise, as well as hospitals in Pocatello and Kootenai that are in the process of attaining Level-II trauma center status. In spite of the level differences, training and education can provide the trauma care necessary. Dr. Morgan said that the continuum of care starts with the first responders. Battlefield experience revealed that a patient transported, perhaps by helicopter, within thirty minutes from the injury site to a definitive care location lowers the mortality rate.

This can include initial transport to an emergency room for stabilization or straight to a definitive care site.

**Steve Millard**, President, CEO, Idaho Hospital Association (IHA), testified **in favor of HCR 10**. He explained that technological improvements allow small hospitals to do more than when the hospital trauma level designation system was originally discussed. The IHA Board is in favor of **HCR 10** because it is the right and necessary thing to do for patients.

**Wayne Denny**, decided not to testify. For the record, no one else indicated their desire to testify.

**Dick Armstrong**, Director, DHW, was called upon to answer a question. He stated that the 2006 legislature established the HQPC base committee that has been discussing the trauma system. If approved, the DHW will work with the various volunteers who have participated in the process to put together the proposal to the HQPC that would lead to future legislation. The DHW has connections to the trauma system because they oversee the integral EMS operation. No appropriation is necessary since current efforts are through various organizations and volunteers. Since the HQPC membership goal is to be fully representative, any industry not included can be added at any time.

**MOTION:** **Rep. Hancey** made a motion to send **HCR 10** to the floor with a **DO PASS** recommendation.

**Rep. Rusche** stated that small and large hospital physicians are represented in the HQPC that would oversee the proposed work group. With declining volunteer numbers, a trauma system that has the responsibility to assure trained individuals exist, is of great value in improving the number and interest of volunteers.

**VOTE ON THE MOTION:** **Chairman Wood(27)** called for a vote on the motion to send **HCR 10** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Rusche** will sponsor the bill on the floor.

**S 1013:** **Genie Sue Weppner**, Program Manager, Department of Health & Welfare, presented **S 1013**, which aligns with federal regulation by removing the Link-up program from the Idaho Telecommunication Service Assistance Program (ITSAP). She gave a brief overview of the program that provides Lifeline, a reduction in low income household phone bills, and Link-up, which assists with residential phone service connection costs. Recent cell phone provider interest in households receiving food stamps or Medicaid has caused increased costs nationwide, along with difficulties monitoring, auditing, and enforcing regulation. This year the Federal Communications Commission made regulation changes to alleviate some of the waste, fraud, and abuse by eliminating the Link-up program. Ms. Weppner noted that some of the statute and rule language did not match and the committee may decide to amend **S 1013** to change the word "exchange" on lines 29 and 38 to "residential basic local exchange service."

Responding to questions, **Ms. Weppner** said a \$40,000 general funds allocation has been used to manage the ITSAP program, along with an approximate seven-cent monthly phone subscriber surcharge. The wording change aligns the rule with the statute, adding basic local exchange service. The definition of head of household attempts to make sure there is a single land or cell service for any household.

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

**MOTION:** **Rep. Rusche** made a motion to send **S 1013** to the floor with a **DO PASS** recommendation.

**SUBSTITUTE MOTION:** **Rep. Hixon** made a substitute motion to send **S 1013** to General Orders.

**Rep. Morse** commented on the substitute motion, stating that there is an issue of consistency between the statute and rule, with a minimum of the "exchange" terminology correction needed.

**Rep. Hixon** commented on the substitute motion that sending **S 1013** to General Orders is appropriate because it does need some clean up language.

**VOTE ON  
SUBSTITUTE  
MOTION:**

**Chairman Wood(27)** called for a vote on the substitute motion to send **S 1013** to General Orders. **Motion carried by voice vote.** **Rep. Morse** will sponsor the bill on the floor.

**RS 22103:**

**Mark Johnston**, Executive Director, Board of Pharmacy, presented **RS 22103**, proposed legislation covering regulatory facets not included in **H 17** and is in response to the New England Compounding Center tragedy caused by tainted injectable, compounded product. A Board review of Idaho Code disclosed that a pharmacist's compounded product is to be dispensed only with a valid practitioner prescription drug order. Compounded product distributed without a patient specific prescription drug order renders it a manufactured product and illegal. **RS 22103** grants the Board of Pharmacy statutory authority to promulgate rules that legalize limited exceptions to the definition of manufacturing. Existing limitations would remain untouched and limited distributions would be expanded to all pharmacies.

Answering questions, **Mr. Johnston** said there is no anticipated increase in drug costs. The legislation would legalize something that has occurred without incident and is good for public safety. The Board has authority to regulate the distribution of drugs. This RS returns a common practice in the U.S. that was legal in Idaho before 2007, when the Idaho Wholesale Drug Distribution Act eliminated a 5% allowance for pharmacies to incidentally distribute their products. The biggest example of such compounding is nuclear pharmacy, which is diagnostic in nature and delivered every morning to hospitals. If they had to wait for a prescription to be written, patients could bleed out before any product would be received.

**MOTION:**

**Rep. Chew** made a motion to introduce **RS 22103.** **Motion carried by voice vote.**

**RS 22084:**

**Rep. Gibbs** presented **RS 22084**, a concurrent resolution to reject **Docket No. 13-0104-1201**, which was reviewed by the Resources and Conservation Committee. This rule rejects all terrain vehicle use as a method of hunting.

**MOTION:**

**Rep. Hixon** made a motion to introduce **RS 22084.** **Motion carried by voice vote.**

**RS 22085:**

**Rep. Gibbs** presented **RS 22085** a concurrent resolution to reject **Docket No. 13-0108-1204**, pertaining to the Governor's auction tags, which contains an inconsistency in the lifetime exemption and it's relation to mountain goats and sheep. This rule was reviewed by the Resources and Conservation Committee.

**MOTION:**

**Rep. Hixon** made a motion to introduce **RS 22085.** **Motion carried by voice vote.**

**ADJOURN:**

There being no further business to come before the committee, the meeting was adjourned at 9:48 a.m.

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Representative Wood(27)  
Chair

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Irene Moore  
Secretary