

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, February 28, 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:** Representative Henderson

GUESTS: Molly Steckel and Ken McClure, Idaho Medical Association; Barbara Jorden, Idaho Trail Lawyers Assoc.; Neil Colwell, Avista Corporation; Carrie Douglas, Idaho State University; Mike Gurr, Idaho Society of Radiologic Technologists; Toni Lawson, Idaho Hospital Association; Heidi Low, Idaho Psychological Association; Tyler Mallard, Risch Pisca; Vanessa Potoski, Idaho Public Health Association; Mark Johnston, Idaho Board of Pharmacy; Pam Eaton, Idaho State Pharmacy Association and Idaho Retailers Association; Jeremy Pisca, St. Alphonsus Hospital; Elizabeth Criner, Idaho State Dental Association; Kerry Ellen Elliott, Idaho Public Health Districts; Erik Makrush, Idaho Freedom Foundation; Ashleigh Conner and Leisi Hart, Idaho State University Nursing; Steve Millard, Idaho Hospital Association

Chairman Wood(27) called the meeting to order at 9:01 a.m.

MOTION: **Rep. Hixon** made a motion to approve the minutes of the February 22, 2013, committee meeting. **Motion carried by voice vote.**

Chairman Wood(27) made a unanimous consent request to move **RS 22135** to the end of the agenda. There being no objection, the request was granted.

RS 22141: **Rep. Malek** presented **RS 22141**, a proposed statute amendment regarding scrap dealers and utility or communication service providers. The nonferrous metal property definition is updated to exclude aluminum beverage containers. Required purchase records are expanded to include photographs for every transaction. Clarification is made to the felony penalty and civil liability of theft from metal property owners. Responding to questions, Rep. Malek said he was not familiar with other state regulations. Current transaction record requirements are not adequate and prosecution success increases with the additional time-of-sale evidence.

MOTION: **Rep. Hixon** made a motion to introduce **RS 22141**. **Motion carried by voice vote.**

H 211: **Susie Pouliot**, CEO, Idaho Medical Assoc. (IMA), presented **H 211**, which authorizes the Board of Medicine (BOM) to share information with the Idaho Department of Labor (DOL) to facilitate a statewide health care providers database. Cross information is necessary to identify the number and location physicians, practicing or not. Information confidentiality will be maintained. When determining funding of health programs, this database will provide valuable information.

Answering questions, **Ms. Pouliot** stated that physicians often maintain licenses when no longer practicing medicine in the state. BOM information will be cross referenced with the DOL to determine how many and which doctors are actually practicing. Both agencies follow the same regulatory guidelines and no new information will be exchanged.

Rep. Rusche responded to a committee question, stating that physicians file various tax forms and DOL employment forms, so the DOL would be well aware of employment status.

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

MOTION: **Rep. Romrell** made a motion to send **H 211** to the floor with a **DO PASS** recommendation.

Chairman Wood(27) commented on the motion that this legislation is important for work force development in rural areas and needs to be supported.

VOTE ON THE MOTION: **Chairman Wood(27)** called for a vote on the motion to send **H 211** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Romrell** will sponsor the bill on the floor.

H 188: **Toni Lawson**, Vice President, Government Regulations, Idaho Hospital Association (IHA), presented **H 188**, legislation that aligns Idaho Code with recent Centers for Medicare and Medicaid Services (CMS) streamlining changes. Currently, orders for patient care and treatment must be authenticated by the author of the order. This bill provides a second order authentication by another practitioner, who is responsible for the patient care and authorized by hospital policy to write orders.

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

MOTION: **Rep. Hancey** made a motion to send **H 188** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Chairman Wood(27)** will sponsor the bill on the floor.

H 189: **Ken McClure**, Attorney, Givens Pursley, Representing the Idaho Medical Association (IMA), presented **H 189**, pertaining to mentally ill juveniles under 18 years of age. Current code allows an adult, who is deemed mentally ill and in severe danger of causing harm to himself or others, to be detained, against his will, in a hospital. This is called putting the person "on hold." Most areas include juveniles in this practice, since Code uses the term "any person." This conflicts with juvenile code requiring a police officer and physician consult to decide if the juvenile is a clear and present danger to himself or others. These cases may involve behavior that is about to be a significant problem, not the commission of a crime. This legislation keeps law enforcement on the street and places the juvenile quickly in an appropriate and safe facility, while locating the parents as soon as possible. A call to law enforcement or child protective services occurs only after the parents cannot be located. If a hospital doesn't have an appropriate place, then it is authorized to put the juvenile in an ambulance for transport to an appropriate place. The first goal is to quickly get the juvenile someplace where they can't hurt themselves or anyone else. The second goal is to contact the parents or police or protective services. Some hospital emergency rooms (ER) may not have an available physician or may be staffed with nurse practitioners with specialized mental health training. This legislation allows a trained professional to place an adult or a child on hold. The changes do not apply to doctors or nurse practitioners in a clinic. Answering questions, **Mr. McClure** said these individuals get to an ER sometimes on their own, or with the help of friends, teachers, and strangers. The term "asap" indicates that locating parents must begin immediately, instead of the within 24-hour time frame.

Chairman Wood(27) shared his experience that these patients are not in control of their faculties, obstruct critical emergencies because personnel are dealing with them, and put ER personnel also at risk. Contacting the parents begins within five minutes and the juvenile becomes the number one emergency in the department.

Mr. McClure stressed that this action applies only in emergency situations where a child's condition, as evidenced by recent behavior, poses a significant threat to the safety of himself or others. Gravely ill people in this situation have to be in a safe place quickly, even when the juvenile's identity or the parents' identities are unknown or they are unlocatable. He agreed that transport could be to another city with a higher hospitalization fee. The costs seem reasonable when compared to a successful suicide or harm to someone else. A doctor or hospital does not become the child's custodian and cannot treat against a parent's direction without a court order. Current law maintains that if the parents are located and do not consent to further treatment, nothing else is done.

This legislation deals with the immediate need to get the child to a safe place, while the rest is being worked out by the parents and professionals. The detainment referenced in this legislation is a temporary status, while protective custody is a longer term court ordered process. Current law maintains the police officer, who is probably not a mental health professional, determines the situation and detains the child. The ultimate diagnosis of the child's condition is by experts. This legislation streamlines the process by eliminating the initial need for the police officer. Allowances for an advocate or representative for any child would cause additional delay attending to the safety of the child and others.

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

Rep. Rusche commented on situations when parents were unavailable. It is still important to keep the patient and those around him safe until the appropriate treatment can occur. Typically a teacher or friend brings the child in for help. This legislation allows medical personnel to act while trying to contact the parent.

MOTION: **Rep. Rusche** made a motion to send **H 189** to the floor with a **DO PASS** recommendation.

Chairman Wood(27) commented on the motion, stating that this bill eliminates an unnecessary step and the stigma associated with law enforcement being a part of the process. This pertains only to the first five to thirty minutes of an episode that could last a lot longer. If the child is truly ill, parents typically want help from every individual and entity possible.

Rep. Hixon commenting on the motion, said he would like to see a better definition of the parental contact language and the decision hierarchy.

VOTE ON THE MOTION: **Chairman Wood(27)** called for a vote on the motion to send **H 189** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Representatives Morse, Perry, and Hixon** requested that they be recorded as voting **NAY**. **Chairman Wood(27)** will sponsor the bill on the floor.

H 190: **Molly Steckel**, Policy Director, IMA, presented **H 190**, which is the Health Care Profession Transparency Act (HCPT) to provide the public better health care provider information. This act requires that health care professionals clearly identify providers and credentials in advertisements, with disciplinary action handled by licensure boards. Name badges, unless not required by the business, must display common professional titles. The various licenses held must be displayed, unless they have no patient contact. This legislation is a minimum standard, with a common provider frame work for all the licensing boards.

In response to questions, **Ms. Steckel** explained the governing license board determines a scope of practice and would review any complaint. She agreed that licensing boards need to be held accountable. Public awareness materials are being designed for member website use.

Mike Gurr, Registered X-Ray Technologist, testified **in support** of the idea of **H 190** to assure consumers are aware of who is providing their care. Proper titles are good, but patients may be seeing people who are performing hands on care, such as x-ray technicians, who are not certified.

Mark Johnston, Executive Director, Idaho Board of Pharmacy (BOP), testified **in opposition** to **H 190**, stating that their board is statutorily required to regulate wholesale distributors. Newly approved BOP rules removed licensure and registration signs, contrary to this legislation. They believe pharmacists were inadvertently included in the bill and would like to see it amended to exclude health care practitioners in pharmacies.

Pam Eaton, President, Idaho Retailers Association, and Idaho State Pharmacy Association, testified **in opposition to H 190** because the issues it covers have never been a problem in the pharmacy community. They would like to be exempted from this legislation, since it would add burdens to the way normal pharmacies work.

Elizabeth Criner, The Idaho State Dental Association, testified **in support of H 190**, stating the increase in providers, with a variety of training and education, creates public confusion. This bill provides transparency parameters and better information for the patients. The current operating boards are the oversight entity responsible for patient safety. Responding to a question, Ms. Criner stated she could not respond to a first amendment and advertising connection.

Mr. Erick Makresh, The Idaho Freedom Foundation, testified **in opposition to H 190**, stating that it overreaches existing board regulation and interferes with a practitioner's operation.

MOTION: **Vice Chairman Perry** made a motion to **HOLD H 190** in committee.

Vice Chairman Perry commented to the motion that the intention to help the public understand titles is not being accomplished. If the boards need assistance, they can come to the Legislature.

Dr. Randy Andregg, Executive Director, Idaho Optometric Physicians, testified **in opposition to H 190** because it is a redundant, unnecessary, and unbalanced bill with no public demand. Responding to questions, Dr. Andregg said a public information campaign might be a better way to address the issue.

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

Rep. Morse commented that addressing ineffective licensing boards is a more appropriate approach than adopting a general law for all boards.

Rep. Hixon commented in support of the motion, stating that he would like to see more boards handle the issue, along with public awareness information.

VOTE ON THE MOTION: **Chairman Wood(27)** called for a vote on the motion to hold **H 190** in committee. **Motion carried by voice vote. Representatives Rusche and Romrell** requested they be recorded as voting **NAY**.

Chairman Wood(27) turned the gavel over to **Vice Chairman Perry**.

RS 22135: **Chairman Wood(27)**, presented **RS 22135**, a House Concurrent Resolution to reject **Docket No. 16-0720-1201, Section 009, Subsection 01**, as agreed by the committee during a review of the rule.

MOTION: **Rep. Hixon** made a motion to introduce **RS 22135. Motion carried by voice vote.**

Vice Chairman Perry turned the gavel over to **Chairman Wood (27)**.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:49 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary