

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, March 06, 2013

TIME: 3:00 P.M.

PLACE: Room WW54

MEMBERS PRESENT: Chairman Heider, Vice Chairman Nuxoll, Senators Lodge, Hagedorn, Guthrie, Martin, Lakey, Bock and Schmidt

**ABSENT/
EXCUSED:**

NOTE: The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

CONVENED: **Chairman Heider** convened the meeting at 3:02 p.m.

MINUTES: **Senator Bock** moved to approve the January 28, 2013 minutes as written. The motion was seconded by **Senator Martin**. The motion carried by **voice vote**.
Senator Lakey moved to approve the February 8, 2013 minutes as written. The motion was seconded by **Senator Bock**. The motion carried by **voice vote**.
Senator Guthrie moved to approve the February 13, 2013 minutes as written. The motion was seconded by **Senator Schmidt**. The motion carried by **voice vote**.
Senator Schmidt moved to approve the February 26, 2013 minutes as written. The motion was seconded by **Senator Lakey**. The motion carried by **voice vote**.

HCR 6 **Chairman Heider** welcomed Representative John Rusche to present **HCR 6**, which relates to the Prescription Monitoring Program (PMP).

Representative Rusche said **HCR 6** recognizes the problem of prescription drug abuse and encourages an Idaho response. Prescription drug abuse has become an epidemic in the U.S. and Idaho; it is the leading cause of Emergency Room (ER) visits for drug overdoses; and it has climbed only behind alcohol in lethality of drugs for Idahoans. **Representative Rusche** said there are many facets to the issue: patients with chronic pain or addiction; prescribers hurried in their practices or maybe unfamiliar with the patients in an ER or Urgent Care setting; dispensing pharmacies not being selective in their filling habits; families that have narcotic medications at home; and adolescents who believe that prescriptions are safe. Add to the fact that there is a large market on the street and in the schools for the drugs and a marketing promotion for the use of pain medicine, there is little surprise that the problem has grown. A year ago, in response to several people overdosing on prescription narcotics, a workgroup was started. That workgroup involved the boards of medicine, nursing and pharmacy, the Medical Association, the Hospital Association, law enforcement, prosecutors, community drug prevention advocates and others. It allowed for the discussion of the issue and the development of recommendations. **Representative Rusche** said the Office of Drug Policy (ODP) took over leading the effort and the workgroup has made some improvements in the way Idaho handles drugs. First, the PMP database is modernized, staffed better and has become easier to use. In addition, it is proactive in informing practitioners and prescribers of patients' prescription use patterns. The ODP also led the development of a media effort of locking away or destroying medications, and that

effort has been endorsed by the Millennium Fund – which has been backed by the Joint Finance-Appropriations Committee for funding this year. Also, licensing boards are more aware of the harm and are approaching the professions with more scrutiny. **Representative Rusche** said there is still a lot of work to do and **HCR 6** recognizes the critical role of the licensing boards and law enforcement and instructs the ODP to continue working in their lead role.

DISCUSSION: **Vice Chairman Nuxoll** asked Representative Rusche to explain the idea behind the statement: "further resolve that the ODP shall coordinate the development of a state response to the problem of prescription drug abuse." **Representative Rusche** said it refers to the recognition of the role that ODP has in facilitating the workgroup. It does not call for the establishment of another body or entity.

MOTION: **Senator Lodge** moved that **HCR 6** be sent to the floor with a **do pass** recommendation. **Senator Schmidt** seconded the motion. The motion carried by **voice vote**.

HCR 10 **Representative Rusche** said **HCR 10** concerns time-sensitive emergency conditions. Two years ago, legislature instructed the Health Quality Planning Commission (HQPC) to examine systems of care and make recommendations due to evidence showing that Idaho had a greater number of stroke casualties – deaths and disabilities – than the United States as a whole. Within a year and a half investigation, it was discovered that Idaho has problems dealing with time-sensitive emergency conditions and does not have an organized manner for dealing with these emergencies. **Representative Rusche** said the three conditions he was referring to are trauma, stroke and heart attack. Those are three of the top five causes of death in Idaho and have higher fatality and disability rates than would be predicted, given Idaho's population. The HQPC also discovered that a defined trauma system was the backbone for time-sensitive emergency care and Idaho does not have a well-organized trauma system. Attempts in the past to develop a system were met with concerns about local hospitals being left out and bypassed for larger facilities. **Representative Rusche** said the commission also heard evidence that a comprehensive system – from community awareness, having trained and qualified Emergency Medical Technicians (EMT) to coordinating and transporting to facilities with clinical services appropriate for the injury – lessens the chance for disability and actually lowers costs. Based on research and review, the HQPC suggested that Idaho develop a system of care for these time urgent conditions. **HCR 10** calls on the Department of Health of Welfare and the Emergency Medical Services (EMS) Bureau to develop a trauma plan that can be used to organize time-sensitive emergency services throughout Idaho. **Representative Rusche** said **HCR 10** was developed with the assistance of the Department of Health and Welfare and it does not assign a task to them that they were not seeking.

DISCUSSION: **Chairman Heider** asked what an organized system for care for trauma, stroke and heart attack looks like - is it part of a hospital organization, a separate state organization, etc.? **Representative Rusche** said he believes one of the recommendations will be to plan out the system. Some states do their systems through their hospital associations, some through their Health and Welfare type of departments and some via their public safety. **Chairman Heider** asked if the system of care dealt with the education of the public, the training of EMT and EMS personnel and the coordination of communications with hospitals. **Representative Rusche** said yes, and also making sure that the hospitals take as much as they feel that they can handle without having them feel like they are getting patients dumped on them or stolen from them. It is a coordinated process that really needs a system of ongoing interactions and one of the other components is data acquisition.

Vice Chairman Nuxoll asked how the working group is set up and what the cost of that is to the state. **Representative Rusche** said, based on what was done with other projects in the past, the group will be comprised of some of the Department of Health and Welfare's employees – their existing employees, not new employees. Existing grant monies will be used for such things as telephonic conferences or travel expenses. And volunteers will also donate their time – such as surgeons, EMS, hospital, nursing staff, administrators, etc.

TESTIMONY:

Toni Lawson, Vice President for Governmental Relations for the Idaho Hospital Association (IHA), said, in the past, IHA members have not always been excited about moving forward with a state trauma system because of concerns of how it would be organized and what the impact would be on rural providers. There were small rural hospitals that had concerns that a statewide trauma system – if not organized appropriately – would simply mean bypassing all rural providers to go to large tertiary centers because they were thought to have the better type of care or be the only entities able to handle these emergent situations. With technological improvements and improved coordination of care, IHA members really think that now is the time to move forward on something like this. **Ms. Lawson** said IHA's board members have taken a position in favor of **HCR 10** because they think it is the right thing to do and is necessary to improve care for patients of Idaho.

Chairman Heider asked if there is anything specifically expected of the Department of Health and Welfare to do – such as provide money, set up the organization or arrange for meetings, etc. – that is relative to **HCR 10**. **Ms. Lawson** said she believes the department would convene the group, provide the logistical support, provide the organizational support and make sure that appropriate input is collected from all stakeholders in order to develop a plan.

Chairman Heider asked if Representative Rusche had any closing comments.

Representative Rusche said he has worked with the Department of Health and Welfare and its director, Richard Armstrong – who is supportive of **HCR 10**. **Representative Rusche** said Mr. Armstrong's belief is that there will be a little cost in getting people to come together – such as telephone costs for teleconferences – but it is well within what he has in his budget for similar type of activities.

Senator Schmidt said he was in favor of **HCR 10** and that it relates to what he does for a living. **Senator Schmidt** said he works most often in Grangeville, which is a long way from places where people need to get to go if they are in serious danger. **Senator Schmidt** said it takes him minutes to about an hour to stabilize and treat the patient. But, oftentimes, the arranging and coordinating the transfer of the patient and finding a facility to receive the patient can take hours. **Senator Schmidt** said that is a symptom of a system problem that needs to be addressed and he believed **HCR 10** to be a first step for Idaho to begin to address the system.

MOTION:

Senator Schmidt moved that **HCR 10** be sent to the floor with a **do pass** recommendation. **Senator Bock** seconded the motion. The motion carried by **voice vote**.

Senator Schmidt volunteered to carry both **HCR 6** and **HCR 10** on the Senate floor.

ADJOURNED:

There being no further business before the committee, **Chairman Heider** adjourned the meeting at 3:24 p.m.

Senator Heider
Chairman

Linda Hamlet
Secretary