

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Monday, January 20, 2014

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: None

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 2:59 p.m. welcoming all in attendance and introduced some of the agenda for the meeting which included continuing rule review.

PASSED THE GAVEL: Chairman Heider passed the gavel to Vice Chairman Nuxoll.

Docket No. 27-0101-1207 **Rules of the Board of Pharmacy (Pending): Mark Johnston**, Executive Director, Idaho Board of Pharmacy, noted that he is an adjunct professor at Idaho State University teaching pharmacy law and is giving extra credit to any of the students in attendance at the Committee meeting today. There are several changes made to this docket that were made to be in harmony with Idaho Code and/or federal law. Since the changes are already mandated in statute, the changes are considered non-substantive or merely housekeeping. The changes can be broken down to two topics which are Continuing Pharmacy Education (CPE) and pharmacy security.

As far as CPE, **Mr. Johnston** noted that there is a movement to require that all CPE courses be nationally certified through the Accreditation Council for Pharmacy Education, which is recognized by the federal Department of Education as the sole entity in this category. There are also pending rules addressing the ability for a pharmacy to designate a secured delivery area, where filled prescriptions may be left for pick up after the pharmacy is closed (closed door) for subsequent delivery by a third party to a place like a nursing home or assisted living facility. Also there are changes to clarify the structural security requirements that must apply to all pharmacies and not just those held within larger retail stores.

Supporting documents related to this testimony have been archived and can be accessed in the office of the Committee Secretary (see attachment 1).

Senator Schmidt inquired how many closed-door pharmacies there were in the State. **Mr. Johnston** answered that there were approximately 60 in the State and not all would choose to participate in this program.

Senator Lakey asked as far as the CPE program changes were concerned, if those changes cover both the program provider who wants to put on a CPE class as well as an individual who has attended the class. **Mr. Johnston** responded that the requirement is that the speaker, who is sometimes hired by a group such as a hospital or association, or the entity hiring the speaker can apply to be accredited. What they've been accepting in the past are after-the-fact attendees who have submitted to have credit for a class, yet have no paperwork to prove attendance,

and the board has no presentation or credentials of the speaker. When compared to the national standards this scenario is way out of bounds, so the idea is to create more structure. **Senator Lakey** wanted to confirm that the board is in fact ruling out or against after-the-fact applicants even if they have all of the necessary paperwork for class credit. **Mr. Johnston** confirmed that is correct, especially in comparison to the national standard where it takes about six months to get a CPE class approved at the federal level, (so not fly by night speeches) and have a lot of prior organization involved with plenty of notice given. The State is much more liberal only requiring twenty-one days notice, but still would not allow an after-the-fact application for credit.

Senator Hagedorn had a question on the structural security requirements since there's confusion over the paragraph that notes "all pharmacies must meet the following security requirements...". He was wondering why we did not line out the first part of the paragraph that states, "pharmacies that are located within an establishment." **Mr. Johnston** stated that it is a requirement for pharmacies that are in stores that are not open at differential hours; the pharmacy can be open as long as when the store itself closes the pharmacy will also be closed. These specific structural requirements would apply to the larger store if the pharmacy is still open when the larger store is closed. **Senator Hagedorn** commented that what has been added, "all pharmacies must meet the following security requirements" seems to confuse the matter. Do we have one set of rules for all pharmacies and then an additional set for pharmacies within a larger establishment? **Mr. Johnston** noted that he can understand the confusion, but the problem can be addressed by saying that there are pharmacies that are chiefly independent where the pharmacy box is within another establishment that is not huge like a Wal-Mart. Those are the stores that are the main concern since they seem to have had a history of the most breaches and break-ins. Pharmacies that are located in larger stores with differential hours already seem to have these security parameters in place.

Senator Martin referred to the same section regarding structural security requirements noting the need for solid core or metal doors for new or remodeled pharmacies after the effective date of this rule. If there's an existing pharmacy that is neither new or remodeled what exactly is the requirement for the doors or is there one. **Mr. Johnston** responded that the door requirement was added after the original rule a couple of years ago due to several robberies. So they put the new door parameter in, but the intent is not to require a remodel, but to grandfather existing sites in until they are remodeled and then the door requirement would be in effect. The door requirement should not be an issue with the language change since it has been a part of the rule for some time.

Senator Guthrie asked if a change in CPE hours was mandated and not an option. If it is an option, why are we taking more discretion away from the state level and ceding it to the federal? **Mr. Johnston** replied that there is a movement by the federal Department of Education to try to eliminate boards of pharmacy from approving their own CPE courses. There is concern on the federal level that the board is circumventing a national standard by approving CPEs in the manner that they have been doing it to this point. There's so much CPE available now, especially with the internet, that one could easily complete all of their 15 CPE hours with the internet, including the live requirement, in a day. There's no reason for the board to approve half the CPE that a person might take.

Vice Chairman Nuxoll wanted to know the difference between the pharmacy and the other similar groups, where you cannot make the rules as restrictive as the federal law. **Mr. Johnston** answered that this is not a law. He then noted that the Accreditation Council for Pharmacy Education (ACPE) sets the standard for the

federal CPE requirements and is recognized as the sole entity to do that by the federal Department of Education, so it is not a law, but a practice standard. **Vice Chairman Nuxoll** confirmed that is just a recommendation and **Mr. Johnston** stated that was correct.

MOTION: **Senator Hagedorn** moved to adopt **Docket No. 27-0101-1207**. **Senator Lodge** seconded the motion. **Senator Hagedorn** made the recommendation, with the agreement from the Committee, that Mr. Johnston and the board would take a look at the confusion he had addressed earlier and **Mr. Johnston** agreed they would. The motion carried by **voice vote**.

Docket No. 27-0101-1301 **Rules of the Board of Pharmacy (Pending):** **Chairman Heider** stated Mr. Johnston has been made aware that this rule should've been handled by a Senate Concurrent Resolution. Therefore he requests the Committee to reject this rule so Mr. Johnston can draft a Senate Concurrent Resolution with the help of the Legislative Services Office (LSO).

Senator Bock requested information to explain Chairman Heider's request and the reason behind it for clarification.

Chairman Heider responded that Mr. Johnston had brought the information before the Committee that was incorrectly presented and it should be in the form of a Concurrent Resolution, and the LSO has agreed to change this from a docket number to a Concurrent Resolution. So the Committee will ultimately hear it again but it will be in the form of a Concurrent Resolution.

MOTION: **Chairman Heider** moved that the Committee reject **Docket No. 27-0101-1301** and have it drafted as a Concurrent Resolution. **Senator Schmidt** seconded the motion. The motion carried by **voice vote**.

Docket No. 27-0101-1302 **Rules of the Board of Pharmacy (Pending):** **Mr. Johnston** stated that this rule change has been requested by the public. Passports are not necessarily required anymore between Canada and the United States. Many of the Canadian provinces belong to the Western Hemisphere Travel Initiative (WHTI) along with the United States. What is needed to go either from the US to Canada or vice versa is an enhanced driver's license or a Nexus Air Card, depending on their mode of travel as issued by the WHTI. In order to obtain a controlled substance from a pharmacy in Idaho, the pharmacy needs to obtain positive identification from the person picking up the prescription. Many of the travelers coming to Idaho who happen to be injured and need to pick up a prescription while they are here do not have a passport or other recognized form of identification as the rule currently stands. This would update the rule to allow the pharmacies to accept these enhanced driver's licenses or Nexus Air Cards as approved forms of identification.

Supporting documents related to this testimony have been archived and can be accessed in the office of the Committee Secretary (see attachment 2).

Senator Hagedorn asked a clarifying question regarding the rule where it states "a valid passport" and then it also states "and a US passport card or pass card." There is a concern the "and" should be perhaps an "or" with the changes just addressed. **Mr. Johnston** reviewed the acceptable forms of ID listed in the rule and also questioned the "and" versus "or". **Senator Hagedorn** continued with examples earlier in the rule and called on the lawyers on the Committee to address the concern. **Senator Lakey** declared that the use of the word "and" in this case is appropriate since it lists all acceptable forms of identification included and then lists them out. This issue came up in another Committee and the LSO has confirmed that the use of the word "and" with a semicolon, going from one to another, is

approved, since it incorporates all the others above it. So it's the semicolon that solves the issue.

MOTION: **Senator Schmidt** moved to approve **Docket No. 27-0101-1302**. **Senator Martin** seconded the motion. The motion carried by **voice vote**.

Docket No. 16-0730-1301 **Behavioral Health Community Crisis Centers (New Chapter - pending): Casey Moyer**, Program Manager with the Division of Behavioral Health, Department of Health and Welfare, began his presentation by stating that an individual in Idaho who experiences a crisis as a result of a mental illness or substance use disorder is often first in contact with law enforcement. There are essentially two options currently available to law enforcement - jail or the local emergency room – both of which can take a significant amount of the officer's time and bear a heavy financial cost to our counties. With the creation and availability of behavioral health crisis centers it is the goal to add a third option – a voluntary facility available to all citizens. An officer would have the ability to use his or her judgment to determine if giving that individual in crisis an option is appropriate.

Mr. Moyer defined the role and purpose of the crisis centers that would be set up in Idaho by saying they will be 100 percent voluntary, meaning no individual can be forced to enter or remain at the center. This choice and preference is a key component of successful engagement. They are open 24 hours a day, 7 days a week, 365 out of the year, and staffed with nurses, clinicians and certified peers, composing a fully licensed or certified service staff. A single episode of care at the center can last up to 23 hours and 59 minutes then the client must be discharged. There is no limit on the number of consecutive admissions into the center, however each time an individual enters the center there is an individual treatment plan they participate in preparing and executing. If the individual is making progress and accessing the resources in the treatment plan, the center remains eligible to help. While crisis centers will serve as an alternative resource for law enforcement, citizens may also access the centers on their own volition. Adoption of this docket will serve to set the stage for an improved behavioral health system and will not cost anything; a separate funding request is being made through the Joint Finance-Appropriations Committee (JFAC).

Supporting documents related to this testimony have been archived and can be accessed in the office of the Committee Secretary (see attachment 3).

The Committee members exchanged comments with **Mr. Moyer** as well as **Ross Edmunds**, Administrator for the Division of Behavioral Health, Department of Health and Welfare. The ultimate concern voiced by the Committee - although they are in favor of the program, see its value to communities and appreciated the work done with this rule thus far, is that the funding has not been approved through JFAC at this point. Both **Mr. Moyer** and **Mr. Edmunds** confirmed that the program could go forward without funding approval through private donations and grants. The Committee thanked the presenters, noted that they needed to do things in the correct order, and asked them if they could visit this rule again once they know the direction of the JFAC as far as funding approval.

MOTION **Senator Bock** moved for the Committee to defer consideration of **Docket No. 16-0730-1301** to a date certain after JFAC approval. **Senator Martin** seconded the motion. The motion carried by **voice vote**.

**PASSED THE
GAVEL:**

Vice Chairman Nuxoll passed the gavel to Chairman Heider. **Chairman Heider** stated to the Committee that he will coordinate with the Co-Chairs of JFAC to see where they are at as far as the previous docket is concerned and also bring it before leadership to get their suggestions on what to do and where to go with it. The Committee will take another look at the rules if JFAC is ready to move forward with it at that time.

RS 22485

Child Protective Act: Senator Guthrie, stated that the intent of this RS is to amend Idaho Code §§ 16-1602, 16-1617, and 16-1618. He went through some of the proposed changes outlining the definition and purpose of Child Advocacy Centers (CAC). Funding is always a concern when it appears we are adding something new to code. **Senator Guthrie** noted that the funding for this will not be through the State. He then proceeded to define what a CAC actually is, giving the alarming statistic that 1 in 4 girls and 1 in 6 boys are sexually abused before the age of 18. The CACs will provide a setting more friendly and home-like for the abused children. Within the CAC will be rooms set up with a one-way mirror where an official can watch while an interviewer conducts the exchange with the child in a child-friendly environment. This way the required interviews, necessary examinations, and post-interview counseling can be done at these friendly places instead of a more official and somewhat sterile setting such as a police station or hospital in an effort to help the child feel more at ease. It helps to get credible testimony from the child for when the case goes to court to provide the best legal outcome for the child. More importantly, it helps children deal with very traumatic experiences since they will do follow-up counseling to help the children through the ordeal.

Supporting documents related to this testimony have been archived and can be accessed in the office of the Committee Secretary (see attachment 4).

Senator Bock voiced support for the RS but was curious about where it was coming from and the involvement of the Department of Health and Welfare and other authorities across the State. **Senator Guthrie** responded by saying he was confident that when the time came for the hearing, if the Committee voted to print the RS, the interested parties, including Health and Welfare, would be represented.

Vice Chairman Nuxoll asked if these are certain places and where are these CACs being done. **Senator Guthrie** answered that they are not everywhere in the State at this time, they're in areas where the local community has gotten the idea to get them going. In Pocatello, for example, it is an actual house that was built for the specific purpose of a CAC, with office space for staff, and also rooms dedicated and decorated for the different age groups of children (up to teenagers) coming through to help them feel more relaxed and comfortable in the interview process. The actual CAC can be anything or any design, but the idea is to make it be simple and non-threatening to the child. **Vice Chairman Nuxoll** wanted to confirm that the CAC has to be separate from hospital or law enforcement facilities, as a stand-alone facility. **Senator Guthrie** stated that it depends on the area and what they decide to do since there are a variety of options available. **Chairman Heider** added that in Twin Falls there is a CAC that has a separate entrance but is also connected to the hospital so that when an examinations required, the doctors can access the CAC through an adjoining entrance. These centers can be set up any way the community wishes or decides.

Senator Martin commented that he had the opportunity to go to the St. Luke's facility here in Boise, and it's very well staffed and it is doing very well. He wanted to clarify, he is getting the impression that this is not mandatory but a recommended ideal situation. **Senator Guthrie** responded that there is no obligation anywhere in the State to create a CAC for their community, they can choose to have it or not, it's

not mandatory. It's simply to recognize by Code and in definition that the CACs are an integral component, play an important role and have been operating within the State for some time.

Senator Hagedorn wanted to stress that there is no question as to the importance of these centers, but wanted to understand the compelling need to recognize these particular non-profit centers when we don't recognize other such functions or organizations in statute. **Senator Guthrie** answered that the compelling need to recognize it in statute comes from the fact these people within the CAC have the training and expertise to perform the needed interviews and functions necessary for the best results, whereas law enforcement does not always have the required and effective training for such situations. The CACs just want to be recognized for their efforts and for the specialized work they do, and feel like they are part of the "team" for the role they play with the other members (law enforcement, legal, etc...).

MOTION:

Senator Bock moved that the Committee send **RS 22485** to print. **Senator Hagedorn** seconded the motion. The motion carried by **voice vote**.

RS 22405

Emergency Medical Services (EMS): Wayne Denny, Chief of the Bureau of Emergency Medical Services and Preparedness of the Division of Public Health in the Department of Health and Welfare. The RS before the Committee seeks to amend Idaho Code Title 56, Chapter 10. Title 56 charges the EMS Bureau with providing reasonable regulation of the delivery of emergency medical care in Idaho. EMS is one of several health care professions that are regulated in a similar manner. The Bureau's work is unique in that they have to maintain a balance between supporting and regulating the EMS system. This entails licensing EMS personnel and the organizations in which they work, so that they can meet the regulatory mandate before them. Title 56, Chapter 10 provides that practicing EMS or operating an EMS agency without an appropriate license is a misdemeanor.

The RS before the Committee, **Mr. Denny** stated, is the Bureau's attempt to remove the current system definition within the Code, and replace it with the definitions encompassing the "practice of EMS" (what a person does) as well as the "provision of EMS" (what an organization does). He wanted also to call attention to the ski patrollers specifically who, in cooperation with the National Ski Patrol (NSP), are one of a list of persons who are allowed to practice medicine and EMS in Idaho without a license.

Supporting documents related to this testimony have been archived and can be accessed in the office of the Committee Secretary (see attachment 5).

Vice Chairman Nuxoll asked with the change to the definition of EMS, will that preclude a private individual helping at the scene of an accident if they are not EMS. **Mr. Denny** responded that the change to the definition of EMS would not prevent a non-EMS person from stopping to give assistance to another, the definition makes it specific for someone on a scene giving "advanced first aid", as well as defining that a person equipped to be EMS are those on an alerting or call-out type of system, similar to an ambulance or fire service. He also noted that the Bureau is well aware of the Idaho Good Samaritan Act and they made it a point to allude to that in the current language of the definition.

Senator Lakey wanted to confirm that the Bureau is removing the current definition of EMS to replace it with the "practice of" and "provision of." **Mr. Denny** said that was correct. **Senator Lakey** then advised that they might want to be careful since there are other places in the statute that use the definition of EMS that they are trying to change, so they might want to look at those areas as well. **Mr. Denny** commented that was a great point. This is all a process of evolution as they work

on this, and they are certainly looking at the future work that needs to be addressed with this issue.

MOTION:

Vice Chairman Nuxoll moved that the Committee send **RS 22405** to print. **Senator Martin** seconded the motion. The motion carried by **voice vote**.

RS 22423

Personnel System: Ross Edmunds, Administrator for the Division of Behavioral Health, Department of Health and Welfare, began by saying that the state of Idaho has a very difficult time recruiting psychiatrists, or even mid-level practitioners, to work in the state psychiatric hospitals. Since he has been in his current position and even several years prior to that, they have never been fully staffed at the state hospitals. One of the challenges is that there is nothing to offer the psychiatrists, other than the salary, which is unlike other states who provide other benefits upon job acceptance including student loan repayment. Other states have found that this benefit has enhanced their opportunities to recruit psychiatrists to their institutions. He stated that they have exhausted all of their efforts nationally to find a way to institute the student loan repayment benefit for the psychiatrists. There are organizations that do student loan repayment for other types of categories, such as rural health providers, but they have found none that do it for state psychiatric hospitals.

Mr. Edmunds stated that with this RS, there is a pending budget request in this current session to establish a student loan repayment program. While getting the budget information together, they recognized there was no process in place. This RS establishes the needed process and is not contingent on the funding, but the funding would be contingent on this piece of statute. There are more details that he will get into once the Committee chooses to send it to print and there is a full hearing on the matter.

Vice Chairman Nuxoll stated that she is aware of the problem, and asked if the salaries for these individuals is not very good. **Mr. Edmunds** replied that their salaries really aren't that bad, the challenge is in looking at the competition the State has with other states who are providing perks and benefits above and beyond just a salary to recruit individuals to their state psychiatric hospitals. The hope is to offer student loan repayment, recruitment bonuses upon applicant acceptance, as well as increased budgeting to improve salaries. **Vice Chairman Nuxoll** asked if the state hospitals are focusing more on recruiting young doctors. **Mr. Edmunds** responded that due to their sometimes desperate need they would love young or old, and no matter the age, all are needing help in student loan repayment since it is such a heavy burden.

Senator Martin wanted to know if this type of thing (student loan repayment) is being done for other areas or agencies within the state government, or other vocations where it may be hard for the State to recruit for, such as teachers. **Mr. Edmunds** replied that he can't speak for other professions such as teachers, but he knows that it is a common practice within the healthcare fields using the national programs, but is not available for physicians at State hospitals.

Senator Lodge noted that she understands this is a problem, especially in the rural areas. **Senator Schmidt** commented that he will certainly have questions on this as it moves through the system. **Senator Guthrie** also noted that when Mr. Edmunds comes back before the Committee he would like clarification on the number of hours required in order to qualify for the student loan repayment after the first year of their employment. **Mr. Edmunds** confirmed that he will address this when he returns, but it is after a full year of service and then again with any subsequent years of employed service to qualify for the loan repayment program.

MOTION: **Senator Lodge** moved that the Committee send **RS 22423** to print. **Senator Schmidt** seconded the motion. The motion carried by **voice vote**.

RS 22558 **Behavioral Health Services: Mr. Edmunds** directed the Committee members to the handout he gave them which gives a brief synopsis of the RS, which will look familiar since the Committee had passed a version of it last session. The RS aims to establish in Idaho Code Title 39, Chapter 31, some modifications to increase local participation and decision making in the behavioral health system, and to take a step toward integration of the various elements within the system. The House Health and Welfare Committee ran out of time last session before it was able to be passed. Since last session he has been able to meet with those who had voiced concern over the legislation, gotten their input and has brought the revised version before the Committee today.

Supporting documents related to this testimony have been archived and can be accessed in the office of the Committee Secretary (see attachment 6).

Senator Bock asked to be reminded of the history of the RS from last session and also what modifications, if any, have been made. **Mr. Edmunds** remarked that the legislation last session passed the Senate but was stopped when it was sent to the House where it not only encountered opposition but delay in getting on the calendar for approval. The decision in the House was to delay it for a year to work on any opposition and iron out any other details. He also noted that there have not been a lot of changes, but those made have been important, namely several rounds of edits, as well as the development of a new Committee recommended by the supreme court that would have a collaborative approach providing input to the system.

Senator Lakey stated that he appreciated the local approach, but wanted to confirm that the amendments that were made on the floor to the legislation had been incorporated into what is before the Committee now. **Mr. Edmunds** confirmed that the version they started with this session was the one that was approved of on the Senate floor last year.

MOTION: **Senator Lakey** moved that the Committee send **RS 22558** to print. **Senator Lodge** seconded the motion. The motion carried by **voice vote**.

RS 22373 **Dental Practice: Susan Miller**, Executive Director, Idaho State Board of Dentistry (Board) stated that the purpose of the RS is to add a requirement that a licensee must notify the Board of any felony or misdemeanor conviction within 30 days of the conviction. Currently, there is no requirement for a licensee to report such information other than on an initial application, or a biennial renewal application.

Supporting documents related to this testimony have been archived and can be accessed in the office of the Committee Secretary (see attachment 7).

Senator Martin wanted to know what falls under a "misdemeanor". **Ms. Miller** responded that the Board has the authority to potentially take disciplinary action for misdemeanor crimes involving "moral turpitude."

Senator Bock voiced a concern with the RS, since the existing language references "moral turpitude" as being a factor in determining whether or not there will be some kind of disciplinary proceedings or action taken, yet further down that term is left out. There are so many things that can be listed or considered a misdemeanor that seem too insignificant to be reported to the Board of Dentistry. He wanted to know if the Board has considered the inconsistent language. He would not favor the printing as it stands now. **Ms. Miller** stated that the inconsistent language was a concern and had been discussed, but the change would allow the Board, not the

licensee, to make the determination as to whether or not the reported misdemeanor falls under "moral turpitude" definition.

Senator Lodge voiced a similar concern as Senator Bock and requested a definition of "moral turpitude" since this issue has come up in another Committee and she wanted to be more certain about it and know who would determine it. **Ms. Miller** requested to be allowed to defer to counsel that was present and it was granted. **Michael Kane**, Attorney, representing the Idaho State Board of Dentistry answered that the term, "misdemeanors of moral turpitude" were included by the Legislature about 30 years ago, so it's not being added to the Code, but already exists. The definition they are going by, has been defined by the supreme court which states that it is an intentional misconduct and crime of specific intent. The problem the Board is having is that they are not informed at all when an individual has been convicted of a crime whether it's a felony or misdemeanor. If they do find out, it has been by accident. The decision is at the discretion of the Board, depending on what the facts are, to take action against an individual or not. The Board is merely seeking for practitioners to tell them up front, so they do not find out after the fact or by accident

Senator Hagedorn wanted to know what ramifications, if any, there might be if the licensee does not follow the mandated changes. **Mr. Kane** answered that there already exists language in the Code stating that if someone willfully and deliberately violates the rules, it can be grounds for discipline. He can see no reason why it would be any different with the new changes, again, depending on the circumstances, perhaps some minor discipline could be in order..

Senator Schmidt wanted to clarify that, in his understanding, every time a practitioner renews their license, they would be asked the question regarding a crime or misdemeanor. An incident could happen shortly after renewal and then they wouldn't have a chance to disclose it for another two years and so much time would have elapsed in between, and he just wanted to confirm that this is the problem they are trying to address. **Mr. Kane** stated that was correct, and gave examples of some of the cases where they did not find out about the incidents for a period as long as 18 months.

Senator Lakey mentioned that though he is in support of the RS, he does ultimately want to hear what the practitioners have to say about this. **Senator Bock** also confirmed that after hearing more information he is more in line to support the RS.

MOTION:

Senator Lakey moved that the Committee send **RS 22373** to print. **Senator Bock** seconded the motion. The motion carried by **voice vote**.

RS 22430

Housekeeping: **Ms. Miller** stated that with this RS, the Board proposes to amend several sections of Idaho Code. The Board undertook the task of reviewing the entire dental practice act to assure the statutes reflect current licensing and practice standards for dental professionals, and to address other areas in the Code that needed clarification. Amendments to §§ 54-912, 54-915, 54-916A, 54-916B, 54-920 and 54-924 are housekeeping in nature. There are three other sections that have more substantive changes to them, §§ 54-902, 54-911 and 54-918. Within § 54-902, regarding dental hygienists, the change does not alter their scope of practice, but merely updates the definition of what they do. For § 54-911 she explained that currently the Board allows for one non-member (dentist) to assist in forming a quorum of the Board, if needed, but the change is to now allow for two to provide more balance. Within § 54-918 which addresses examinations and certificates of qualifications, provides that an examination can be administered by a member of the Board or agent of the Board. This is currently in rule, but not in statute.

Supporting documents related to this testimony have been archived and can be accessed in the office of the Committee Secretary (see attachment 8).

Senator Hagedorn asked if there was a methodology for say a hygienist who is coming home from the military and had been working overseas. Where do they get their licensing from. **Ms. Miller** responded that if a licensee has been practicing while in the military, they have a license in a state. So, with that, they would qualify for licensure under that section of the Code. **Senator Hagedorn** requested that Ms. Miller look into this further, since he feels that if they have been practicing overseas, they may not have a license within a given state here. His concern is that once they get home, we can be able to help them get to work with little problems.

MOTION: **Senator Martin** moved that the Committee send **RS 22430** to print. **Vice Chairman Nuxoll** seconded the motion. The motion carried by **voice vote**.

PASSED THE GAVEL: Chairman Heider passed the gavel to Vice Chairman Nuxoll

S 1201 **Chairman Heider** reminded the Committee of the one change that was made to this piece of legislation in removing the option of the \$2 donation at the time of motor vehicle registration to go toward the organ donation fund since the Department is unable to do that at this time. That information has been struck and he is ready to present **S 1201** before the Committee and on the floor of the Senate.

MOTION: **Senator Bock** motioned to send **S 1201** to the floor of the Senate with a do-pass recommendation. **Senator Martin** seconded the motion. The motion carried by **voice vote**. **Chairman Heider** will carry it to the floor.

PASSED THE GAVEL: Vice Chairman Nuxoll passed the gavel back to Chairman Heider.

ADJOURNED: **Chairman Heider** thanked the Committee and presenters for their time, attendance and efforts. There being no further business to come before the Committee, **Chairman Heider** adjourned the meeting at 4:57 p.m.

Senator Heider
Chair

Linda Hamlet
Secretary

Linda Harrison
Assistant Secretary