

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Thursday, March 06, 2014

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

**PLACE:** Room EW20

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

**ABSENT/  
EXCUSED:** Representative Vander Woude

**GUESTS:** Elizabeth Criner, NWFFA/Winco; Brian O'Bryne, EIRMC; Juan R. Bonilla, DRFPD/IFCA/IUFESA; Elke Shaw-Tulloch, Wayne A. Denny, Russ Barron, DHW; Corey Surber, Saint Alphonsus; Linda Lowe, Qualis Health; Mark Dunham, Risch Pisca; Shad Priest, Regence Blue Shield; Bill Morgan, Bill R. Morgan MD; Adrean Cavener, American Heart Assoc.; Toni Lawson, Idaho Hospital Assoc.; Marnie Packard, Pacific Source/IVC

**Chairman Wood(27)** called the meeting to order at 9:02 a.m.

**MOTION:** **Rep. Rusche** made a motion to approve the minutes of the February 26, 2014, meeting. **Motion carried by voice vote.**

**S 1226aa,aa:** **Susan Miller**, Executive Director, Board of Dentistry, presented **S 1226aa,aa**, revision of the Board quorum requirements to balance the member types. Other changes remove unnecessary Executive Director appointment language, an equivalent degree provision, renewal application mailing, and disciplinary action related to advertising. Clarification is made to the conversion from inactive to active license status. Provision is made for an agent of the Board conducting an examination.

Responding to questions, **Ms. Miller** said postcards will be sent out initially to direct renewal applicants to the Board's website. The quorum currently requires five members, three of whom must be dentists and one who must be a non-dentist.

**MOTION:** **Rep. Romrell** made a motion to send **S 1226aa,aa** to the floor with a **DO PASS** recommendation.

**Ms. Miller** said the equivalent degree was eliminated because there appears to be none. The term "good standing" refers to a practitioner who has no criminal history, is licensed, and if licensed in another state, is in "good standing" with that state's board.

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

**VOTE ON  
MOTION:** **Chairman Wood(27)** called for a vote on the motion to send **S 1226aa,aa** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Romrell** will sponsor the bill on the floor.

**H 565:** **Vice Chairman Perry** presented **H 565**. This legislation was held at the Call of the Chair yesterday, March 5, 2014. After talks with the Governor's office, it is her understanding that the intent is to send **H 565** to the floor with a **DO PASS** recommendation.

Responding to a question, **Vice Chairman Perry** said the discussions about funding continue with no agreement at this time. By sending **H 565** to the floor, changes can be made in General Orders, which is the agreement they have right now.

For the record no one indicated their desire to testify.

**MOTION:** **Rep. Malek** made a motion to send **H 565** to the floor with a **DO PASS** recommendation.

**Rep. Hixon** said he will support the motion; however, since he was absent during the previous debate, he reserves the right to change his vote on the floor.

**VOTE ON MOTION:** **Chairman Wood(27)** called for a vote on the motion to send **H 565** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Vice Chairman Perry** will sponsor the bill on the floor.

**S 1329aa:** **Rep. John Rusche** presented **S 1329aa**, which concerns the time sensitive emergencies (TSE) of trauma, stroke, and heart attack, where any delay in appropriate treatment can make a serious impact on the survival and after effects of the event. He gave a brief history of the formation and goals of the Health Quality Planning Commission (HQPC). After studying stroke systems of care in 2011, the HQPC reported that Idaho's lack of an emergency care organized system has resulted in a higher than warranted death and disability rate from stroke, heart attack, and trauma.

This legislation calls for the creation of a coordinated system with a TSE Council and local committees. The Council determines the certification levels for facilities, the standards of system performance, and overall quality in comparison with national standards. This is a better organized system to provide training, improve quality, and move patients.

**Rep. Rusche** highlighted the sections pertaining to intent, definitions, and the structure and duties for both the Council and regional committees. He emphasized this is a collaborative voluntary system, with no required participation by any hospital facility. The remainder of the bill renames, in various parts of code, the existing Idaho Hospital Association (IHA) contracted trauma registry to the TSE registry and expands its scope to accommodate all TSEs.

The fiscal impact of \$225,750 covers the system set up, with participating facilities absorbing their internal cost. **Rep. Rusche** emphasized that \$225,000 is approximately the cost of one stroke rehabilitation, which decreases incident levels by having an organized system.

**Dr. Brian O'Bryne**, Trauma Director, Regional 10 Member, HQPC and the American College of Surgeons Committee on Trauma, testified **in support of S 1329aa**. Trauma systems reviewed by the College have found that states with a statewide system have a 15% mortality rate reduction. Idaho had 660 trauma deaths in 2009. One hundred lives (15%) would have been saved with a statewide system.

This is an oversight piece for state coordinated regional customization and supports a facility designation process. Fair designation would be based on a facility's ability to participate. Participating hospitals would view their own performance and educate their Emergency Medical Services (EMS) providers.

**Juan Bonilla**, Chief, Donnelly Rural Fire Protection District, EMS Division President, Volunteer EMS Section Director, testified **in support of S 1329aa**, stating the legislation addresses trauma, stroke, and heart attack with the sole purpose of identifying best practice and training. Advantageous open communication with acute care providers at hospitals would be established by the committees with an avenue of coordination among every level of care provider.

**Elke Shaw-Tulloch**, Administrator, Division of Public Health, testified **in support of S 1329aa**. The \$225,750 fiscal note would cover four main areas: operating costs, one time start up costs, existing trauma registry expansion, council development, council support, rule promulgation, and technical support or assistance to small critical access hospitals to assure they get up and running in this system.

No one else indicated their desire to testify.

**MOTION:** **Rep. Romrell** made a motion to send **S 1329aa** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Rusche** will sponsor the bill on the floor. **Chairman Wood(27)** will cosponsor the bill on the floor.

**ADJOURN:** There being no further business to come before the Committee, the meeting was adjourned at 9:35 a.m.

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Representative Wood(27)  
Chair

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Irene Moore  
Secretary