

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, February 18, 2015

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

**ABSENT/
EXCUSED:** None

GUESTS: The sign-in sheet will be retained in the committee secretary's office until the end of the session. Following the end of the session, the sign-in sheet will be filed with the minutes in the Legislative Services Library.

Chairman Wood called the meeting to order at 9:02 a.m.

HCR 5: **Rep. Janet Trujillo**, District 33, presented **HCR 5**, legislation that recognizes the American Diabetes Awareness Month of November. A distinct condition for 3,500 years, the causal relationship to the pancreatic gland was discovered in the early 1900's. Through **HCR 5** Idaho supports the goals and ideals of American Diabetes Month, including encouraging public awareness of the prevention, treatment options, and enhancing diabetes education. This is in alignment with the Department of Health & Welfare (DHW) efforts to strengthen statewide diabetes awareness.

Elke Shaw-Tulloch, Administrator, DHW, testified in support of **HCR 5**. The DHW maintains a diabetes prevention and control program for statewide self-management education programs. This legislation is in line with the DHW activities, and participation will be encouraged through the Department's marketing efforts.

MOTION: **Rep. Redman** made a motion to send **HCR 5** to the floor with a **DO PASS** recommendation.

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

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **HCR 5** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Trujillo** will sponsor the bill on the floor.

H 72: **Jodie Ellis**, Executive Director, Idaho Board of Veterinary Medicine, presented **H 72**, which gives certified veterinary technicians (CVTs) the ability to have their certification placed on inactive status, preventing lapse and reapplication. Reactivation requires a written application to the Board, payment of the appropriate fees, and proof of continuing education credits. The CVT fee schedule reflects the lower inactive fees.

Responding to questions, **Ms. Ellis** said all licenses and certifications lapse on August 1, with a technical end on June 30. The Board meets in January and June to review applications. Between the Board meeting dates, the office staff can issue temporary certifications for reinstatements that meet requirements. The inactive status can be indefinite. When reapplying for an active status, the twelve CVT continuing education credits during the year prior to reactivation must be proven.

MOTION: **Rep. Beyeler** made a motion to send **H 72** to the floor with a **DO PASS** recommendation

Answering an additional question, **Ms. Ellis** stated all CVTs are required to attend American Veterinary Medical Association (AMVA) certified educational programs.

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

VOTE ON MOTION:

Chairman Wood called for a vote on the motion to send **H 72** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Beyeler** will sponsor the bill on the floor.

H 98:

Rep. John Rusche, District 6, presented **H 98**, the Idaho Telehealth Access Act, which separates the practice from the technology use. The telehealth services must be within the scope of licensure, with reliance on the standards defined by the state licensing boards. This unified approach provides the boards regulation ability and authority to define the telehealth use within their profession. Other components clarify basal standards such as the provider-patient relationship, prescriptions, consent, follow up care, referrals, and record keeping.

There are some concerns that this bill is too restrictive when pertaining to peer counselors using teleconferencing. The Council asks for a small amendment to add "by a provider" to the definition of telehealth services in order to clarify the bill only refers to those licensed under Title 54.

Stacey Carson, Idaho Hospital Association, Department of Operations, Chairman, Telehealth Council, testified **in support of H 98**. The use of technology offers ways to improve healthcare access into clinical and nonclinical settings, keeping care closer to home, and removing access barriers.

Answering questions, **Rep. Rusche** said the physician-patient relationship has historically been face-to-face. This allows consideration of another manner of relationship, telecommunication.

Ken McClure, Idaho Medical Association, testified **in support of H 98**. They participated in the Telehealth Council and have two additional amendments to clear up a loop hole. He will speak with the legislation's sponsor regarding other changes.

Tim Olson, Pinnacle Business Group, Teladoc, testified **in support of H 98**. Teladoc is the first and largest U.S. telemedicine service. Their physicians are subject to recertification every three years. Mr. Olsen agreed with the previous supporting testimony and has no objections to the Council's suggested amendment.

Dr. Po Huang, Emergency Physician, St. Alphonsus, testified **in support of H 98**. Telemedicine involvement is an important tool for rural health care access and education. Through telecommunication, prominent physicians in other parts of the country can consult directly with families, help in prognosis, and assist with next step determinations. This communication is also valuable for mock disaster training and other service lines, such as child psychiatry, in rural areas. Answering a question, Dr. Huang said outreach to rural practitioners will provide in-office training.

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

In closing, **Rep. Rusche** asked the committee to follow the Council suggestion to approve **H 98** and make the three word amendment to allow those not licensed to continue their telephonic work.

MOTION:

Rep. Redman made a motion to send **H 98** to the floor with a **DO PASS** recommendation.

SUBSTITUTE MOTION:

Rep. Perry made a substitute motion to send **H 98** to General Orders. **Motion carried by voice vote. Rep. Rusche** will sponsor the bill on the floor.

H 107:

Rep. Rusche, District 6, presented **H 107**, a request to extend the 2015 sunset date of the Idaho Immunization Act oversight Assessment Board and enabling legislation two years to 2017.

The federal vaccine purchase program pays for childhood vaccines, assessing insurers and third party providers for their share of vaccine costs. Over the next two years the impact and viability of the Affordable Care Act impact and the single vaccine purchasing program are expected to become clear.

MOTION: **Rep. Romrell** made a motion to send **H 107** to the floor with a **DO PASS** recommendation.

Dr. Christine Hahn, Medical Director, DHW, testified **in support** of **H 107**, stating this program increases state immunizations.

Tom Patterson, General Pediatrician, Nampa, testified **in support** of **H 107**. Having seen the devastation caused by the lack of vaccines, he appreciates the state's continued support and the great headway as a result of the Board's efforts.

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

Answering questions, **Rep. Rusche** explained the original sunset date was added because the Board was unsure about assessment division and if the federal government mandatory vaccine program would continue.

VOTE ON MOTION:

Chairman Wood called for a vote on the motion to send **H 107** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Rusche** will sponsor the bill on the floor.

H 108:

Rep. Christy Perry, District 11, presented **H 108**. Pharmaceutical drug abuse has escalated the number of overdose deaths to epidemic proportions. Opioid antagonists are used as a temporary overdose reversal that can allow time for other lifesaving procedures. This legislation, similar to that enacted in twenty-eight other states, removes legal barriers and increases opioid access by family members.

This legislation gives opioid antagonist prescribing authority to pharmacists and allows the individual's possession of a prescription in someone else's name. A new section outlines receipt, use, and good samaritan law parameters. The Department of Health and Welfare (DHW) will create and maintain an online education program for laypersons and the general public.

The product directions stipulate a required call to 911. This product would be kept by families of drug addicted persons for use during an episode. This legislation does not mandate that anyone have this product on hand.

Opioid antagonists are not controlled substances and there is no abuse potential. They are not harmful if used accidentally or in a misdiagnosed situation. Naloxone is the common brand and can be given as an injection, inhalant, or EpiPen. The opioid provides thirty minutes of coverage, when administered, allowing time for emergency services to arrive and take over the patient's care. Overdose deaths, especially in rural areas without easy access to services, can be prevented through this method. Answering a question, **Rep. Perry** said a second dose can be administered, if necessary.

Elisha Figueroa, Administrator, Office of Drug Policy, Chairman, Prescription Drug Workgroup, testified **in support** of **H 108**. She said the increase in pain medication abuse has ranked Idaho fourth in the nation in 2012. The only function of Naloxone is to reverse the effects of opioids on the brain and physical functions. One in 453 persons brought out of an overdose state could show aggressive or violent behavior which lasts for only ten minutes after the Naloxone administration.

Answering questions, **Ms. Figueroa** explained Naloxone is mostly administered through a needle, which is the cheapest way. It can also be administered as a nasal atomizer, which is a bit more expensive, and an auto injector like an EpiPen, which is very expensive and most often used by law enforcement agencies who have special grants to cover the cost. The product shelf life is two years.

Dr. Todd Palmer, Family Medicine Residency, St. Alphonsus Admissions, testified **in support of H 108**. Naloxone can be given repeatedly, not just twice, and can also be given as a continuous drip. Five percent of the population uses 80% of the world's opiates. Drug overdose is more common than car accident deaths. The administration of life saving drugs by family members is not a new concept. This gives families and first responders a life saving tool in a dire situation.

Responding to questions, **Dr. Palmer** said not all patients are addicts. Some, being treated for pain syndromes, have accidental overdoses. Methadone takes a week for the patient to feel the full pain relieving benefit, although side effects occur quickly. This could lead to a methadone patient increasing their dose and dying from respiratory arrest.

MOTION:

Rep. Hixon made a motion to send **H 108** to the floor with a **DO PASS** recommendation.

In answer to questions, **Ms. Figueroa** said, after reviewing other state legislation, the work group saw the need to assure a call is made to involve emergency services to secure the necessary long term care and really save the person's life. The Naloxone is a bridge to keep the individual alive until more care is delivered. The actual package does not have instructions to call 911. Pharmacists give the delivery and further instructions when filling the prescription. If the prescription is in the recipient's name, it would have Medicaid or insurance coverage. If it is in the name of the administrator's name, it would not have any coverage.

Teri Oltens, Idaho Social Worker, Health Systems Pharmacists, testified **in support of H 108**. This legislation provides frontline care and access to the medications patients need. Training, as with EpiPens, educates patients on the correct use of the kit.

Mark Johnston, Executive Director, Board of Pharmacy, testified **in support of H 108**. He said the nasal spray works on someone who is unconscious. The cheaper injectable syringe delivery method comes with a screw-on atomizer. In the case of an inter-muscular injectable, nasal atomizer, or auto injector medication, pharmacists counsel on the medication use. This act covers only additional online training, since the other types of training are already covered in law.

Answering questions, **Dr. Johnston** said the Board of Pharmacy recommendation to include calling 911 during pharmacist counseling can be communicated through their newsletter and inspectors. The decision to obtain the product and the type of delivery system lies with the public members, not the pharmacist.

Charlotte Mixon Lanier, Licensed Clinical Social Worker, testified **in support of H 108**. She shared her son's overdose story, adding he could have been saved if this had been available. At the time of his overdose, the people in the house were afraid to call 911 for fear of arrest. This helps individuals struggling to get sober and shows society is supporting them as people with serious medical conditions.

Julie Taylor, Director, Government Affairs, Blue Cross of Idaho, testified **in opposition to H 108**. Payers, not part of the workgroup, are concerned with this opening of the pharmacist prescribing scope. Any member could give their card to someone else to get the medication, pay in cash, and the insurance company would have to cover the cost.

There is also concern with administration of the medication during a highly charged situation. There could be additional damage if the person is not well trained to give the injection. The least expensive injection method costs \$23, and the EpiPen injectable is hundreds of dollars.

Melanie Curtis, Executive Director, Supportive Housing and Innovative Partnerships, testified **in support of H 108**. She told the story of her son's death from an overdose prescription of hydrocodone. With this medication and training, he could have been saved. Every life matters.

Norm Varin, Manager, Government Affairs, Pacific Source Health Plans, testified **in opposition to H 108**, presenting concerns that without a training requirement, there could be a delay in activation of emergency medical services due to a false sense of security.

Ryan Buzzini, Idaho Citizen, Pharmaceutical Fraud Police Investigator, testified **in support of H 108**. It is a very short jump from a narcotic analgesic addiction to heroine addiction. There are many people who may become addicted after medical procedures or other use of pain medications. Narcan (Naloxone) can be given for an overdose of heroine and pain pills.

Michele McTiernan-Gleason, Director, Connect the Pieces, Fed Up Coalition to End the Drug Epidemic, testified **in support of H 108**. Abuse of prescriptions is not safer than taking street drugs. If given as an injection or nasal spray to someone who is unconscious, that person will be sitting up and talking in one to three minutes. It is not addictive and has no black market value.

Vice Chairman Packer and **Rep. Beyeler** shared their concerns regarding the lack of required training to insure users know what they are doing.

SUBSTITUTE MOTION:

Rep. Beyeler made a substitute motion to **HOLD H 108** for time certain, February 25, 2015.

In closing comments, **Rep. Perry** said calling 911 is voluntary, as is the prescription. Training is necessary and has been included to the extent the DHW was comfortable. This method assures the information and training are available, without placing an undue burden on the pharmacists. Insurance fraud happens already in the form of prescription drug abuse. This method, even if considered fraud, can save a life.

Rep. Rusche, **Rep. Vander Woude**, and **Rep. Redman** commented **in support of** the original motion. The legislation improves the overall health of Idaho citizens. The drug has no value beyond saving a life. A 3x5 card given at dispensing can instruct on usage and calling 911. An insurance card is not a purchase requirement.

SUBSTITUTE MOTION WITHDRAWN:

Rep. Beyeler withdrew his substitute motion to **HOLD H 108** until time certain, February 25, 2015.

VOTE ON ORIGINAL MOTION:

Chairman Wood called for a vote on the original motion to send **H 108** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Perry** will sponsor the bill on the floor.

ADJOURN:

There being no further business to come before the committee, the meeting was adjourned at 11:44 a.m.

Representative Wood
Chair

Irene Moore
Secretary