MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, March 04, 2015

TIME: 3:00 P.M.

PLACE: Room WW54

MEMBERS PRESENT: Chairman Heider, Vice Chairman Martin, Senators Lodge, Nuxoll, Hagedorn, Tippets, Lee, Schmidt and Jordan

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** called the Senate Health and Welfare Committee (Committee) to order at 3:10 p.m.

S 1121 **Vice Chairman Fred Martin** presented **S 1121**, relating to the immunization registry. He said **S 1121** amends Idaho Code § 39-4803 to allow the Idaho Immunization Registry to share data with the Idaho Health Data Exchange (IHDE). The Idaho Immunization Registry was created by statute in 1999. It is a confidential computer system that provides health care providers access to immunization records. The IHDE was created in 2008 to compile data from various sources into a single electronic media medical record to give health care providers a more complete picture of the care their patients are receiving. The IHDE is completely unrelated to the Idaho Health Insurance Exchange or Your Health Idaho. In their 2014 annual report to the Committee, the Idaho Health Quality Planning Commission identified creating a gateway between the Immunization Registry and the IHDE as one of the most important requirements that they were working on. These changes are supported by the Idaho Department of Health and Welfare (DHW), the IHDE, the Idaho Medical Association, and the Idaho Association of Health Plans. **Vice Chairman Martin** stood for questions and said there were people in the audience ready to answer questions related to this proposal.

Senator Nuxoll asked Vice Chairman Martin if he had checked with any of the people from the previous hearing who were against the sharing of immunization information. **Vice Chairman Martin** said he had not. He had made sure there was an opt-out provision so those who might have concerns would have the opportunity not to participate. **Senator Nuxoll** asked how people were notified that they could opt-out. **Vice Chairman Martin** referred the question to Scott Carrell.

Scott Carrell, Executive Director, IHDE, responded that the opt-out process is voluntary. He said IHDE provides the forms to all of their data sources to make publicly available. Any Idaho resident who chooses to opt-out can submit the forms to IHDE. IHDE takes a second step to confirm with the resident that they know what they are opting out of and that they know the system will allow the resident to rescind that request later if they choose.

Senator Nuxoll asked Director Carrell if people can opt-in if they have not been to a doctor. **Director Carrell** said IHDE has notification processes with their participants who engage with the patients. IHDE has privacy and security regulations and policies that they monitor very carefully because of the sensitivity of the data. Participants are obligated to abide by the regulations and inform the patients of the information contained in the system and the use of it. **Director Carrell** said he can only speak to the provider population who have signed up with the IHDE.

Senator Tippets asked why the language on page 2, lines 23 and 24, is being stricken. **Director Carrell** deferred to Shad Priest, Director of Government Affairs, Regence Blue Shield of Idaho. **Mr. Priest** said that section, if applied literally, would have required the DHW to go out and erase data stored in third party databases and files. It wasn't practical. Instead, they struck the language and added language in line 30 that all information coming from the Immunization Registry has to be treated as protected health information (PHI). It applies to all health care providers and anyone who handles the PHI of others. The State and federal laws in place protect this information and impose strict requirements on its use. **Senator Tippets** asked if they notify the controllers of other databases that there is information to be removed from their database. **Mr. Priest** deferred to the DHW to answer the question.

Christine Hahn, M.D., Medical Director, Division of Public Health (Division), DHW, said currently they do not share data with other databases because they have long recognized it was an almost impossible provision. To avoid that, they do not currently share data other than one-on-one with a provider who goes into the registry and looks up a particular chart. **Senator Heider** asked if she would like to offer other testimony. **Dr. Hahn** said she came to testify in support of **S 1121**. The information that will go to health care providers is already available in their registry, but if it is in the IHDE, the providers who are getting x-rays or other medical information through that exchange will have the immunization data in the same place as they evaluate the patient. She said the Division is in support of **S 1121**.

Rebecca Coyle, American Immunization Registry Association, testified on behalf of herself in support of **S 1121**. She supports the bill primarily because of the clause that Senator Tippets just mentioned that is preventing the real-time exchange of information for parents and providers. This change would update the practice. The risk of not passing **S 1121** is that electronic health record systems will not be updated and people may receive unnecessary vaccinations. She encouraged the Committee to vote in favor of **S 1121**.

Vice Chairman Martin concluded by saying he would appreciate the Committee's support of **S 1121**.

MOTION: **Senator Hagedorn** moved to send **S 1121** to the floor with a **do pass** recommendation. **Senator Lodge** seconded the motion. The motion carried by **voice vote**. **Senator Nuxoll** asked to be recorded as voting nay.

H 108 **Representative Christy Perry**, District 11, Canyon County, presented **H 108**. She said the bill is the culmination of a year's worth of research, engagement of stakeholders, and work of the Prescription Drug Work Group and the Idaho Office of Drug Policy (IODP). She said the Prescription Drug Work Group is a consortium of volunteers from law enforcement, education, psychology, the medical and dental fields, and various members of the public who come together to work on drug issues within the community. Prescription drug use has escalated in Idaho to the extent that more people have died of prescription drug overdoses in the last several years than from car accidents. Many of those are accidental. The increase of usage is a national trend. The Idaho Legislature and the IODP have taken steps in the last several years to combat the issue. Action has been taken to educate the public, changes have been made to the prescription monitoring program, and the public has been informed that pharmacies keep track of their prescriptions. All of this has helped curb prescription drug use. However, it has been reported by law enforcement that these changes also seem to cause an uptick in non-prescription illegal drug use. Opioids are drugs that relieve pain and exist in both legal and illegal forms. Examples of legal prescription opioids are Vicodin, Percocet and morphine. Examples of illegal non-prescription opioids are heroine and methamphetamine (meth).

Representative Perry said the purpose of **H 108** is to allow people who are associated with someone who may be a prescription or non-prescription drug abuser access to an opioid antagonist drug called naloxone. An opioid antagonist is used exclusively in the reversal of opioid overdoses. It is temporary. When naloxone is administered to a person who has overdosed, it will immediately bring them out of that overdose until you can get medical attention to them. A 2014 report by the Network for Public Health Law states that fatal drug overdoses account for the loss of more than 36,000 American lives each year. The epidemic is mostly driven by prescription opioids such as OxyContin and hydrocodone, which now account for more overdose deaths than heroine and cocaine combined. The report goes on to state that opioid overdose is typically reversible through the timely administration of the medication naloxone with subsequent medical care. However, laws dealing with naloxone are antiquated and they predate this drug epidemic. In an attempt to reverse or arrest the uptick, many states are amending those laws and removing legal barriers to increase access to naloxone and medical care based on studies. Today 28 states have an active version of naloxone access laws since 2001, and that's what's being asked of the Committee.

Representative Perry said naloxone is not a controlled substance and it has no abuse potential. It is not harmful to any person who may be accidentally injected or have no use for the medication. According to the Network for Public Health Law report, naloxone can be administered by citizens with little or no formal training. Since overdoses occur primarily when the patient is with family or friends, those family members may be the best situated to act should an overdose occur. In 2012, the American Medical Association (AMA) adopted a new policy at their annual meeting in support of naloxone access laws. Many overdose deaths in Idaho, especially in rural areas, are caused by lack of access to medical services. Overdoses could be prevented through this relatively cheap, safe, and effective drug that has been used for over 40 years by medical personnel and is available by prescription in conjunction with medical care. She turned her time over to Director Elisha Figueroa.

Elisha Figueroa, Executive Director of IODP presented Idaho-specific data regarding naloxone. She said in 2012 Idaho ranked 4th in pain medication abuse (SAMHSA, 2012). Since 2000, Idaho treatment centers have seen a 7 times increase in percent of opiate primary substance abuse admissions (SAMSHA,TEDS 2000-2010). Since 2000, Idaho has experienced a 250 percent increase in drug induced deaths (Idaho Vital Statistics, 2000-2010).

Director Figueroa said that according to the World Health Organization (WHO), increasing the availability of naloxone could prevent more than 20,000 deaths in the United States each year. According to the Centers for Disease Control and Prevention (CDC), in a 2012 survey of 329 drug users, 64.5 percent had witnessed an overdose and 34.6 percent had unintentionally overdosed A 2008 study concluded that, after receiving basic training, lay people did just as well as medical professionals in recognizing the symptoms of an overdose and determining when to use the medication.

Director Figueroa said a concern has been when someone is suddenly brought out of an overdose state, it is uncomfortable or painful. Sometimes they don't react well and they can become aggressive. In research studies the IODP found that 1 in 453 people became aggressive 10 minutes after the administration of naloxone, after which no further complications existed. With those kinds of statistics, they feel the benefits outweigh the risks.

Director Figueroa reported that the Idaho Academy of Family Physicians, AMA, Office of National Drug Control Policy, National Association of State Alcohol/Drug Abuse Directors, and the WHO are all in favor of improved access to naloxone. She said 23 states and the District of Columbia have similar laws to increase access and defuse liability fears. The states are New York, Illinois, Washington, California, Rhode Island, Connecticut, Massachusetts, North Carolina, Oregon, Colorado, Virginia, Kentucky, Maryland, Vermont, New Jersey, Oklahoma, Utah, Tennessee, Maine, Georgia, Wisconsin, Ohio and New Mexico.

Director Figueroa closed with a quote from the Network for Public Health Law: "Since such state laws have few if any foreseeable negative effects, can be implemented at little to no cost, and will likely save both lives and resources, they may represent some of the lowest hanging fruit available to public health policy makers today." **Director Figueroa** stood for questions.

Senator Hagedorn asked if Director Figueroa was aware of any negative impacts in other states. **Director Figueroa** said she has not heard any negative feedback from the 23 states that have passed the laws. She had asked the participating states surrounding Idaho if they had seen a significant increase in their Medicaid costs. Washington was the only state responding so far, and they have not seen a significant increase.

Senator Nuxoll asked Director Figueroa how people get a prescription for naloxone, and how they would know when to administer it. **Director Figueroa** said if a person suspects one of their family members is abusing opioids, they can go to their physician and get a prescription for themselves to get naloxone to keep on hand in case of an emergency. Or a person can go to a pharmacy, talk with the pharmacist and have a prescription for naloxone given to them if they have a family member who is on opioids for chronic pain after a surgery. Learning how to recognize someone in an overdosed state would be incumbent on the consumer. Administering naloxone buys time to get folks to emergency services.

Senator Lee asked about the safety of the medication. She said other states have adopted policies that make naloxone not a prescription. She asked Director Figueroa's opinion on whether naloxone should be available over-the-counter. **Director Figueroa** clarified that the bill gives another option of going straight to the pharmacy instead of going to their physician. She said it needs to be a prescription to be covered by Medicaid and other insurance plans, so that could be a cost savings. She said more information about the scheduling can be provided by Mark Johnston of the Board of Pharmacy (BOP).

Melanie Curtis, Executive Director of Supportive Housing and Innovative Partnerships (Partnership), spoke in support of **H 108**. She said she has been doing safe and sober housing for 14 years. The Partnership has a contract and grant with the Veterans Administration (VA) to provide housing and wraparound services for veterans. Since it is not legal in Idaho for the Partnership to get it, she is in a quandary. The VA is going to require the Partnership to have it at their four VA-exclusive houses. **Ms. Curtis** is also the mother of a child who died of a prescription overdose. If she had known about naloxone, she feels she could have saved him. She said it would work well to make naloxone available through pharmacists, because the Federal Drug Administration (FDA) has determined it is a prescription drug and it can not be distributed over-the-counter until the FDA changes that.

Michele McTiernan-Gleason, Director for Recovery Wellness for Connect the Pieces, spoke in support of **H 108**. She said passing **H 108** in Idaho is a common sense intervention that could save lives and help to bring the drug epidemic under control.

Mark Johnston, Executive Director, BOP, spoke in favor of **H 108**. He said the Office of the Attorney General, with Health and Human Services and the Drug Enforcement Agency (DEA) have designated naloxone as a prescription item. When the BOP first looked at it they thought they would make naloxone an over-the-counter drug, but it quickly became apparent they could not be more lenient than the federal government.

Senator Lee said she saw that CVS has 63 pharmacies in Rhode Island that approved naloxone to be over-the-counter. **Director Johnston** said in Rhode Island they have a practice in pharmacy called a collaborative practice. It's a contract where a physician or a group of physicians give a pharmacist or a group of pharmacists some of the physicians' rights. That's what they did in Rhode Island. A physician granted all the CVS pharmacies the ability to dispense naloxone. **H 108** gives the pharmacist the authority to prescribe and dispense at the same time without having to bother with the contract to form a collaborative practice agreement. It gives Idaho a little more freedom than what happens in Rhode Island. He said Idaho pharmacists already have prescriptive authority for immunizations and dietary fluoride supplements in certain circumstances.

Senator Schmidt asked Director Johnston if there was consideration given to adding naloxone to the prescription monitoring program. **Director Johnston** said the BOP did not have that conversation because it would take a statutory change. The BOP only has statutory authority to collect data on dispensed controlled substances and naloxone is not a controlled substance.

Senator Lee asked if there are other similar practices or medications where a person can obtain a prescription for someone else's benefit. **Director Johnston** said as of a bill from last year, schools have the ability to obtain epinephrine (EpiPen), and someone who is trained within the school can use it on any child that has an allergic food reaction in the school. The precedent has been set where the prescription drug is labeled in one person's name but legally able to be administered to a separate person.

Senator Schmidt said the use of an Automatic Electrocardio Defibrillator (AED) is a specific treatment for a specific condition, and it is non-prescription.

Ryan Buzzini, Law Enforcement Officer, Boise Police Department, spoke on his own behalf in support of **H 108**. He said he has been investigating pharmaceutical fraud cases for 20 years. A vast majority of the cases involved narcotic analgesics (pain pills) as well as heroine. He said typically when people stop or cannot get pain pills from the doctor's office, they switch to heroine.

Officer Buzzini said in rural areas where emergency medical service (EMS) is not readily available, naloxone could save lives and also save health care costs down the road. He related that four to six minutes after respiratory depression, hypoxia sets in. When hypoxia sets in, a person goes into a persistent vegetative state where they may end up on a ventilator, perhaps in a hospital bed for many years, increasing health care costs for long-term care significantly.

Senator Hagedorn thanked Officer Buzzini for his service and asked him if naloxone is injectable or a pill. **Officer Buzzini** said it comes in an intra-nasal spray which is shot into the soft tissue of the nose where it gets absorbed. It also comes as an intramuscular injection. A medical professional may dispense it through an intravenous line (IV), however that is not a part of **H 108.**

Todd Palmer, M.D., said he teaches at Family Residency Medicine of Idaho, is in charge of the addiction medicine curriculum there and has been involved in addiction medicine for years. He said prescription drug addiction is truly a major epidemic. In the 1990s doctors were criticized for not treating pain adequately, and now the pendulum has swung too far the other direction. The U.S. has 5 percent of the world's population and consumes 80 percent of the world's opiates. He said people can overdose in different scenarios. Sometimes doctors miscalculate when switching a patient from an IV in the hospital to orals at home. One good example is methadone which takes about a week for the full pain-relieving effect to occur. Respiratory suppression side effects occur quicker. A physician who is not totally aware of this may over-prescribe methadone if a patient calls him in a lot of pain. If the doctor increases the dose too soon or too much, the patient may die in their sleep from respiratory arrest. That is one example where naloxone will be life-saving. The other is with addicts. He said many people whose lives were normal until they got into a pain syndrome are prescribed narcotics and sometimes get addicted. Along the way, it would be nice to have a drug their family or they themselves could use to save their life if they miscalculate. **Dr. Palmer** said he strongly supports **H 108**.

Representative Perry closed by saying **H 108** is supported by the IDOP, the Idaho BOP, the Idaho State Pharmacy Association, and the Idaho Retail Association as well as all the people who spent their time to come today. There has been no opposition to the bill. They had no trouble on the House side. She thinks it is a great way to access and leverage their resources. She said pharmacists are a great resource and this will be a way to help them save lives. She thanked the work group and everyone who put effort into the bill, and she asked the Committee to send **H 108** to the floor with a do pass recommendation.

MOTION: **Senator Nuxoll** moved to send **H 108** to the floor with a **do pass** recommendation. **Senator Lee** seconded the motion. The motion passed by **voice vote**. Senator Tippets will carry the bill on the floor.

ADJOURNED: There being no further business, **Chairman Heider** adjourned the meeting at 4:08 p.m.

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Senator Heider
Chair

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Erin Denker
Secretary

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Paula Tonkin
Assistant Secretary