MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Monday, March 09, 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** welcomed everyone. He introduced Senator Maryanne Jordan who was attending for the first time. He welcomed her to the Health and Welfare Committee (Committee).
MINUTES APPROVAL:	**Vice Chairman Martin** moved to approve the Minutes of January 15, 2015. **Senator Nuxoll** seconded the motion. The motion carried by **voice vote**.
MINUTES APPROVAL:	**Senator Schmidt** moved to approve the Minutes of February 16, 2015. **Senator Hagedorn** seconded the motion. The motion carried by **voice vote**.
UC REQUEST:	**Chairman Heider** asked for unanimous consent to send **RS 23792** to a privileged committee for a print hearing. **RS 23792** had previously been sent to print, but Senate Leadership asked for a change in the fiscal note. It will state "that any advisors to the task force who are not legislative members shall not be reimbursed from legislative funds for per diem, mileage or other expenses and shall not have voting privileges." This is the standard for an interim committee. There were no objections.
H 150	**Representative Rusche** began his presentation by stating the purpose of **H 150** is to provide an expedited medical licensing process that preserves the State Board of Medicine's function in controlling medical licenses. This legislation is for a component agreement between states and was developed by the Federation of State Medical Boards and the Council of State Governments. The home state examines the background information, curriculum vita and the diplomas, but each state issues its own license. The legislation provides definitions and procedures for licenses and renewals, provides for a coordinated physician information system, and allows joint investigations. While each individual board disciplines the licensees in their state. Rules regarding how member states exist with each other and how to withdraw from the compact are proposed. The compact is currently being formed, and people who are early in the process get to help define what the rules are going to be. **Chairman Heider** asked Nancy Kerr to give her presentation.

Nancy M. Kerr, Executive Director of the Idaho Board of Medicine, began her presentation by stating that a compact is basically a contract between compact states. They are constitutionally authorized and retain state sovereignty on issues traditionally reserved for state jurisdictions. Idaho is currently a part of 26 interstate compacts. The need for license portability facilitates multi-state practice without compromising patient safety or quality. Less than half of Idaho's physicians are currently licensed in more than one state. There is a federal push going on right now to nationalize all forms of health care licensure. One of the ways Idaho can ensure that it retains its authority to regulate its own physicians is through the use of a compact versus a federal law. Participation in a compact is voluntary. This legislation would affirm that the practice of medicine occurs where the patient is located not where the physician might be calling in from. Others allow improved sharing of complaints and investigative and licensure information between medical boards. It sets a high bar for physicians applying for a license under the compact. The compact becomes a coordinated information system establishing a database of all physicians who apply or are licensed through compact. Under the compact, Idaho would have subpoena authority to investigate physicians in other member states. State boards retain licensing authority and participate as commission members. It is not expected that the budget to operate this program would be substantial. Each member board retains its own licensing fees.

Some of the misconceptions are that the compact overrides the State's authority to license and regulate physicians; it does not. It is not difficult to get out of a compact. It will not increase the cost to the State and licensee because it will reduce paperwork, administrative processing time and related issues. The definition of a physician does not change in a compact. The benefits would include telemedicine expedited processes, locum tenens with coverage for hospitals, specialty consultations, physicians who are able to practice and apply for privileges in shorter time, and creates a potential for attracting new physicians. By joining the compact, the initial states involved will be the states that establish the rules and fees for the compact, and all states will have two votes. Compact programs have endorsements from national and regional organizations including the American Medical Association and the Mayo Clinic (see attachment 1).

Chairman Heider asked for questions.

Vice Chairman Martin asked whether there was a difference in an Idaho license and a compact license as far as the information required to apply for such licenses. **Ms. Kerr** stated that the physician would apply in their principle state, and if compact states had additional requirements, then they would be required to complete those. **Vice Chairman Martin** asked if Idaho went into the compact, would Idaho's licensing process change. **Ms. Kerr** stated that it would not unless the compact added another requirement at a later time.

Senator Nuxoll asked if there was a goal beyond the compact. **Ms. Kerr** stated that federal law requires seven states to sign on to have legislation and then it has to go to Congress. There are currently 27 states. **Senator Schmidt** asked if this process was similar to other states that have already passed the process or would Idaho have to write its own process. **Ms. Kerr** responded that this compact is the same legislation used in other states. She indicated that this compact content is most closely tied to the Nursing License compact.

Susie Pouliot, Idaho Medical Association, testified in support of this Legislation for all of the reasons that had previously been stated. She was also very supportive of Idaho joining in the compact at this time because it will enable Idaho to be a very influential member.

Chairman Heider referenced telemedicine and asked if this would allow Idaho to communicate directly with the Utah Burn Center via telemedicine. **Ms. Pouliot** indicated that physicians who reside in a state that is a member of the compact would be able to use telemedicine to treat Idaho residents. This would expedite that process.

Senator Hagedorn asked how and what process would allow the out of state physicians who are licensed through the compact to have access to the health medical record exchange. **Ms. Pouliot** suggested that someone more knowledgeable in that area answer that question. **Representative Rusche** indicated that these aren't differently licensed physicians. They have the same medical license as physicians in Idaho. The mechanism for practicing in multiple states is expedited in a more efficient manner. He went on to state that physicians have practices that cross state borders, and they want to have a mechanism for quickly becoming licensed in the neighboring states. Telemedicine is going to play a role in future services, and centers are going to make specialty services available.

Senator Hagedorn questioned what would happen if a doctor was indicted for an infraction and asked how the that Board would be notified. **Representative Rusche** stated that much of that procedure would be covered in the rules of the compact. The one exception was that if the license in the home state was revoked, then that revocation would spread throughout the system. The Board of Medicine action is what flows through the compact states, not any type of criminal action.

Chairman Heider thanked Representative Rusche for his presentation.

MOTION: **Vice Chairman Martin** moved to send **H 150** to the floor with a **do pass** recommendation. **Senator Nuxoll** seconded the motion. The motion passed by **voice vote**.

H 189 **Representative Rusche** presented **H 189** relating to telehealth services. Telehealth will improve access in Idaho and especially in rural Idaho. Telemedicine and telehealth services have grown over the last few years. An industry work group was started two years ago with about eight people. At a meeting held last summer, there were over 80 people and organizations who were signed up. They found incredible interest in telehealth and telemedicine. Some barriers included regulation, what is telehealth (how do we know it when we see it), what constitutes the right kind of care, training, payment and whether there are available technologies in rural areas to use these tools. One of the themes of the legislation is to separate the health care practice from the technology and establish some commonalities between provider licensing boards. This bill is trying to provide a framework that all health care licensing boards could use. A few important points in the bill include the definition of what a provider/patient relationship is, prescribing drugs through telecommunication within the license that someone holds, and addresses for maintaining records. The individual licensing boards would enforce this law. It establishes a uniform framework in which any healthcare licensing board in Title 54 can define and use telehealth for their profession.

TESTIMONY: **Stacey Carson**, Vice President of Operations at the Idaho Hospital Association, testifed on behalf of the Idaho Telehealth Council (Council), in support of **H 189**. **Ms. Carson** began by describing the membership of the Council. The Council has been meeting regularly since July and has spent many hours putting together **H 189** as it currently stands. Telehealth plays a vital role as Idaho strives to achieve the triple aim to improve: 1) quality of care; 2) population health; and 3) affordability of health care. Health care providers need clear guidance for delivering care using telehealth in Idaho, and patients need to know they can trust the care they receive via telehealth. She went on to describe the highlights of the bill (see attachment 2).

Chairman Heider thanked Ms. Carson for her testimony and asked for questions. There were no questions. **Chairman Heider** indicated Nancy Kerr would testify and asked her to introduce herself.

Nancy Kerr, Idaho Board of Medicine (Board), said that the Board participated on the Council and supports **H 189** for all the reasons previously mentioned. **Senator Schmidt** asked what the definition of "appropriate" meant in relation to the provider/patient relationship. **Ms. Kerr** stated that appropriate care is defined as the Idaho standard of care. Regardless of the method of delivery, care must be the same as that for an in-person visit.

Chairman Heider thanked Ms. Kerr for her comments.

TESTIMONY:

Adam Husney, board certified family physician and Director of Urgent Care, St. Alphonsus Medical Group, indicated he had been actively involved in electronic visits at St. Alphonsus. He stated that he believes telehealth would help accomplish the triple aim of improving outcomes, lowering health care costs and improving patient satisfaction. Telehealth allows remote access to improve acute care. In situations where seconds matter, decisions about how to treat patients can be very difficult and risky. Having immediate access to health care gives the patient real time access to the highest level of care. In outpatient care, evidence shows that mental illness is a big player in chronic disease, and access to the right care can ease the burden of that disease by improving the quality, lowering costs and decreasing morbidity. Telepsychiatrity can provide access where it is not traditionally available. There are many outpatient conditions that can be successfully treated using the best medical evidence through telehealth. This can be done with greater standardization, significantly lower costs, and equivalent or better outcomes than come with a traditional office visit. The goal is for providers to use the best technology available to improve the care of patients. To ease the transition to telemedicine, clarity on the State's policy related to telehealth through this bill is needed to ensure providers understand rules related to practicing medicine, using telehealth, and to ensure that patients have the confidence that care delivered by telehealth is safe and secure. The tools are changing and this legislation would provide guidance on how to use them.

Senator Hagedorn asked if Dr. Husney handled hospital privileges for those that provide telehealth services differently than hospital privileges for a doctor who wants to work in a hospital. **Dr. Husney** responded that there would be no difference in the way they are setting up the program now. The requirements to become a St. Alphonsus doctor are the same ones that allow them to participate in their telehealth program. **Senator Hagedorn** asked if hospital privileges are defined by each individual hospital. **Dr. Husney** stated that they were.

Chairman Heider thanked Dr. Husney for his testimony and asked Paul McPhearson to introduce himself.

Dr. Paul McPhearson, board certified pediatrician, St. Lukes Children's Hospital, indicated that he was a member of the Telehealth Council who drafted this proposal and a representative of the Idaho Academy of Pediatrics. He spoke about the telehealth bill relating to pediatrics. Passage of this bill would allow a more robust telehealth program in the State of Idaho and allow the pediatricians with subspeciality training to access children in rural Idaho. He had done research over a 10 year period of 46 articles, and the majority demonstrated an important benefit and outcome in the health and care of the patients. In December 2014 at a National Endocrinology Conference, data was presented from a children's hospital in Colorado. Their study covered teenagers from the Cheyenne and Casper region who were receiving care for Type I diabetes in the center at the University of Colorado. For about a 15 month period they were evaluated by telemedicine. They discovered that 97 percent of the families that participated were either

satisfied or highly satisfied with their experience. Regional data that represented positive outcomes for telemedicine both in terms of patient care, patient and family satisfaction, and decreased work and school absences were documented. The opportunity to codify telehealth in Idaho laws is an important next step to developing sustainable models to improve the health of the people of Idaho.

Chairman Heider asked for questions and thanked Dr. McPhearson for his testimony. He asked Molly Steckle for her comments.

TESTIMONY: **Molly Steckle** indicated she was in complete support of all that had been said in prior testimonies.

Representative Rusche concluded by saying that telehealth is going to happen. Idaho has an opportunity to organize and facilitate that transition. This is a platform and framework in which the various boards can assist the development of their practitioners with safe and reasonable precautions and allow them to grow the practice in the State of Idaho. **Representative Rusche** asked for questions.

MOTION: **Senator Lodge** moved to send **H 189** to the floor with a **do pass** recommendation. **Senator Nuxoll** seconded the motion.

Vice Chairman Martin referred to page 3, lines 30 and 31, and asked to have those lines added to the bill. **Senator Jordan** stated that she feels the technology is a good thing for rural Idaho. She was concerned about lines 20 and 21. She felt they placed undo burden on women in rural areas. Her concern was that those women may be denied an opportunity to have access to their doctors.

The motion passed by **voice vote**. **Senator Jordan** requested that she be recorded as voting nay.

ADJOURNED: There being no further business, **Chairman Heider** adjourned the meeting at 4:30 p.m.

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Senator Heider
Chair

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Erin Denker
Secretary

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Sharon Pennington
Assistant Secretary