

MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Thursday, February 25, 2016

**TIME:** 3:00 P.M.

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Heider, Vice Chairman Nuxoll, Senators Lodge, Martin, Lee, Harris, Schmidt and Jordan

**ABSENT/ EXCUSED:** Senator Hagedorn

**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 meeting of the Senate Health and Welfare Committee (Committee) to order at 3:02 p.m.

**S 1322** **Relating to Epinephrine Auto-Injectors.** **Chairman Heider** and **Starla Higdon**, pharmacist and Founder/Volunteer Director, Treasure Valley Food Allergy Network, presented this bill.

**Chairman Heider** noted that the Legislature had previously passed a bill that allows schools to provide epinephrine auto-injectors. He mentioned that distribution of epinephrine auto-injectors in schools has been a success in Idaho. He indicated that this bill will allow pharmacists to dispense epinephrine auto-injectors. **Ms. Higdon** stated that this bill increases access to epinephrine auto-injectors. **Ms. Higdon** discussed her experience of managing severe food allergies. She indicated she carries an epinephrine auto-injector with her at all times. Anaphylaxis, the medical term for severe allergic reactions, can be unpredictable. She noted that only epinephrine can treat the life threatening symptoms of anaphylaxis, not antihistamines. A delay of 20 minutes or more in the administration of epinephrine results in increased mortality risks. The earlier the administration of epinephrine in anaphylaxis, the better the outcome; this is why immediate access to epinephrine is crucial. **Ms. Higdon** indicated that various Idaho entities such as day cares, summer camps and restaurants have indicated their desire to stock epinephrine to protect their allergic patrons in case of emergency.

The purpose of this law (and others like it) is to reduce the time it takes to get epinephrine to a person in anaphylaxis. **Ms. Higdon** reported that 19 other states have passed laws similar to this bill. Thirteen additional states have similar bills being considered in their current legislative sessions. **Ms. Higdon** explained that this bill has been reviewed by (i) the Idaho State Board of Pharmacy, (ii) the Department of Health and Welfare, (iii) the Idaho Medical Association and (iv) the Trial Lawyers Association. In conclusion, **Ms. Higdon** commented that the bill will help protect the health of Idahoans with severe allergies.

**Chairman Heider** asked the Committee members if they had any questions.

**Senator Schmidt** asked if she is aware of any states that have allowed epinephrine auto-injectors to be sold over-the-counter. **Ms. Higdon** responded that she believes epinephrine auto-injectors are available only by prescription. **Senator Schmidt** asked why epinephrine auto-injectors are not being sold over-the-counter. **Ms. Higdon** answered that there still needs to be some oversight and proper training for the use of epinephrine auto-injectors. **Senator Schmidt** asked how this bill will effect the price of epinephrine auto-injectors. **Ms. Higdon** replied that this will probably not change the price. She noted that most of those who will be purchasing an epinephrine auto-injector from the pharmacist would be paying cash for this product. She acknowledged that epinephrine auto-injectors are expensive. **Senator Schmidt** commented that since the passage of legislation for epinephrine in schools, the price of epinephrine auto-injectors has increased approximately 400 percent. **Ms. Higdon** disagreed with Senator Schmidt's figure and stated that she was told the price of epinephrine auto-injectors has increased only 33 percent. **Senator Schmidt** clarified that the price of epinephrine auto-injectors has increased 400 percent since 2007 and between 2014 and 2015 the price increased 33 percent.

**Senator Martin** asked what adverse effects could occur if epinephrine is administered to someone who is not really in need of it. **Ms. Higdon** answered that the person would experience an increased heart rate, increased blood pressure, a feeling of anxiety and possible headaches. She noted that the half-life of epinephrine is approximately two minutes. It would take a total of approximately fifteen minutes for the body to completely eliminate a dose of epinephrine from an auto-injector.

**TESTIMONY:** **Chairman Heider** invited testimony.

**William Llamas**, pharmacist, spoke in support of this bill. He noted that he and two of his children have anaphylactic food allergies. He reiterated the need for epinephrine to treat anaphylaxis rather than regular antihistamines. He told the story about the surprise discovery of his son's anaphylactic reaction. He spoke about the life-saving capabilities of epinephrine. **Chairman Heider** asked Mr. Llamas how he initially recognized that his children suffered from anaphylactic reactions. **Mr. Llamas** replied that his daughter displayed allergy symptoms before the age of one. Once his daughter was a year old, allergy tests were performed and it was confirmed that she had specific allergies. He reiterated that he identified his son's allergies by accident. **Senator Schmidt** asked why epinephrine should not be an over-the-counter medication. **Mr. Llamas** answered that oversight is good. **Senator Schmidt** noted that the bill requires certain individuals to complete an anaphylaxis training program. He asked how this type of training will be accomplished and how completion of the required training will be documented. **Chairman Heider** suggested that Alex Adams, Executive Director, Idaho Board of Pharmacy, might be better equipped to answer this question.

Beginning with Senator Schmidt's question regarding the provision of epinephrine auto-injectors over-the-counter, **Alex Adams**, Executive Director of the Idaho Board of Pharmacy, stated that the Food and Drug Administration (FDA) is the only entity that can decide what products are available over-the-counter. He stated the State can broaden access to a prescription medicine by broadening providers' prescriptive authority, which is what this bill seeks to accomplish. Regarding the training requirement, **Mr. Adams** stated that training would be required for laypersons who would administer epinephrine, such as at a boy scout camp or restaurants. There is an exemption for health care professionals who receive this type of training during their usual course of study. He noted that the Board of Pharmacy has enforcement authority over licensees or registered members of the Board. Therefore, **Mr. Adams** commented that the bill encourages compliance by providing liability protections to laypersons who successfully complete the required training.

**MOTION:** There being no more questions, **Senator Martin** moved to send **S 1322** to the floor with a **do pass** recommendation. **Vice Chairman Nuxoll** seconded the motion. The motion carried by **voice vote**. Chairman Heider will carry the bill on the floor of the Senate.

**S 1326** **Relating to Suicide Prevention.** **Senator Martin** presented this bill.

**Senator Martin** informed the Committee that he sits on the Idaho Suicide Prevention Board. He indicated that Idaho ranks high among all the states for suicide. Suicide is the second leading cause of death for individuals between the ages of 15 and 34. Three hundred twenty Idahoans died by completing suicide in 2014. He reviewed other statistics relating to suicide in Idaho.

**Senator Martin** stated that this bill formally adds "services for the prevention of suicide" to the mission of the Department of Health and Welfare (Department). Discussing other actions for suicide prevention, he noted that the Millennium Board recommended a one-time transfer of \$120,000 from the Millennium Fund to the Suicide Prevention Hotline. **Senator Martin** also mentioned that another bill is forthcoming that will (i) set aside money for the Suicide Prevention Hotline on an ongoing basis, (ii) provide for suicide prevention education in schools and (iii) establish a suicide prevention coordination council within the Department.

**TESTIMONY:** **Chairman Heider** invited testimony.

**Kathy Garrett**, National Alliance on Mental Illness (NAMI)-Idaho, testified in support of this bill. She noted that suicide affects many members of Idaho families. She expressed NAMI-Idaho's appreciation for the Department's efforts regarding suicide awareness and prevention. **Vice Chairman Nuxoll** asked if suicide prevention was directly within the purview of NAMI. **Ms. Garrett** replied that national statistics have shown that 90 percent of those who commit suicide have mental health or substance use disorder issues. NAMI-Idaho has a policy position statement supporting suicide prevention. **Vice Chairman Nuxoll** asked if NAMI-Idaho had ever discussed coordinating all the efforts of suicide prevention. **Ms. Garrett** answered that NAMI-Idaho is composed of all volunteers. She noted that NAMI-Idaho members are trained to question, persuade and refer individuals with suicidal thoughts or expressions to the proper professionals. She indicated that NAMI-Idaho does not have the professional capabilities to manage a suicide prevention program.

**CLOSING REMARKS:** **Senator Martin** pointed out that the Committee members received a fact sheet regarding services for suicide prevention in Idaho (see attachment 1). He noted that this bill does not have a fiscal impact, but other related legislation may have a fiscal impact in the future.

**Chairman Heider** asked the Committee members if they had any questions.

Commenting that the Department is already providing suicide prevention services, **Vice Chairman Nuxoll** asked why this bill is necessary. **Senator Martin** acknowledged that the Department has a mission to provide for the health and welfare of the citizens of Idaho, but he felt that suicide prevention should be specifically enumerated in the Department's mission. **Vice Chairman Nuxoll** commented that she spoke with the Executive Director of Jannus, Inc. She asked Senator Martin if he had considered allowing Jannus, Inc., to administer a suicide prevention program, as a flow-through from the Department. **Senator Martin** replied that he was not sure how much money would be allocated to suicide prevention coordination in the other piece of pending legislation, but this bill simply adds language to the Department's mission statement. It is important for the Committee to note that other legislation regarding suicide prevention is on the way. Passage of this bill would reflect the Legislature's commitment to suicide prevention.

**MOTION:** There being no more questions, **Senator Harris** moved to send **S 1326** to the floor with a **do pass** recommendation. **Senator Lee** seconded the motion.

**Senator Martin** recognized that Senator Harris is a co-sponsor of this bill.

The motion carried by **voice vote**. Senator Martin will carry the bill on the floor of the Senate.

**S 1341** **Relating to Residential Care or Assisted Living Facilities.** **Senator Martin** presented this bill.

**Senator Martin** commented that after the discussion on the bill by Committee, that it consider sending this bill to the 14th Order of business for amendment. The Department of Health and Welfare has recently requested changes to the last sentence in the bill and language has been drafted that is acceptable to all concerned parties (see attachment 2).

**TESTIMONY:** **Chairman Heider** invited testimony.

**Eric Collett**, Assisted Living Representative on the Board of Directors of the Idaho Health Care Association, spoke in support of this bill. He reviewed the process for creation of this bill. In meeting with Alzheimer's groups, certain access to care problems have been identified. This bill relates to one of those problems: access for individuals who suffer from Alzheimer's (or related type of dementia) coupled with violent or difficult to manage behavioral expressions. **Mr. Collett** stated that the Treasure Valley does not have facilities that routinely admit people with dementia as a primary diagnosis. He also noted that resources throughout the rest of the State are very limited. This puts providers and families in the difficult position of not being able to help people with some of the most extreme needs. **Mr. Collett** discussed the various reasons why geriatric/psychiatric hospitals do not operate in Idaho: (i) issues related to involuntary commitment and (ii) limited options (or no options) for facilities to place discharged patients. And he noted that there is a lack of discharge facilities because some Department citations against existing discharge facilities do not always correspond to the rules. To encourage the establishment of discharge facilities, **Mr. Collett** indicated that it is important to have language in statute that limits the Department to issuing citations for things that are actually in the rules. **Mr. Collett** provided the Committee with examples of when a Department citation does not correspond to the rules. He stated that this bill encourages the Department and providers to work together to create rules to address a specific concern. **Senator Schmidt** asked whether the Idaho Health Care Association recommended that the bill be recommended as written or as amended by the sponsor. **Mr. Collett** replied that the Idaho Health Care Association recommended the bill, as amended by the sponsor, be recommended to the full Senate.

**Stacy Gunnerson**, Vice President of Operations of Ashley Manor, testified in support of the bill, as amended. **Ms. Gunnerson** acknowledged that Department inspectors are acting in the best interest of the patients with the tools the inspectors have available to them. However, she indicated that the murkiness of the rules wastes the time of providers. Clarification of the regulations is the desired outcome of this bill. She provided the Committee with a few examples of problematic citations from the Department. **Ms. Gunnerson** reiterated that the inconsistency in inspections due to vague rules results in inconsistency in care. **Chairman Heider** asked if the regulations state a specific requirement, then why does Ashley Manor feel that these are not important rules to follow. **Ms. Gunnerson** replied that she thinks the regulations are important, but she noted that often the citations do not match the language of the rule. **Senator Schmidt** asked if attempts to clarify rules with the Department have been unhelpful. **Ms. Gunnerson** responded the Department staffers have attempted to answer her questions as best they could given that there is no clear-cut rule. **Senator Schmidt** asked whether Ms. Gunnerson has requested that the Department rewrite their rules.

**Ms. Gunnerson** answered she had not submitted such a request. **Senator Lee** asked Ms. Gunnerson if she was asking the Legislature to take action to ensure that providers cannot be cited for a deficiency that does not match a rule. **Ms. Gunnerson** answered yes.

**Ryan Day**, representing the Idaho Alzheimer's Planning Group, testified in support of this bill, as amended. He commented that this bill will break down some of the barriers to lack of access for care of Alzheimer's patients.

**CLOSING  
REMARKS:**

**Senator Martin** thanked all the participants working with this bill. He reviewed the proposed changes and commented that the amendment to this bill provides that a citation must be in writing and refer to the corresponding rule.

**Chairman Heider** asked the Committee members if they had any questions.

**Senator Schmidt** commented that the proposed changes seem to simply say "follow the rules." He suggested that the issues presented in this hearing would best be resolved by the executive branch, and not the legislative branch. **Senator Martin** agreed with Senator Schmidt's statement. He commented that part of the responsibility of the Legislature is oversight. **Chairman Heider** echoed the sentiments of Senator Martin. He commented that the discussions between providers and the Department have shown that both parties desire the same thing: good rules that people can follow to provide good services.

**MOTION:**

There being no more questions, **Vice Chairman Nuxoll** moved to send **S 1341** to the 14th Order of Business with a recommendation to amend as suggested. **Senator Lodge** seconded the motion. The motion carried by **voice vote**. Senator Martin will carry the bill on the floor of the Senate.

**ADJOURNED:**

There being no further business, **Chairman Heider** adjourned the meeting at 4:10 p.m.

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Senator Heider  
Chair

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Karen R. Westbrook  
Secretary

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Michael Jeppson  
Assistant