

MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Monday, February 12, 2018

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

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Heider, Vice Chairman Souza, Senators Lee, Harris, Agenbroad, Foreman, Potts, and Jordan

**ABSENT/ EXCUSED:** Senator Martin

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

**RS 26109** **Emergency Medical Services (EMS) Standards.** **Senator Brackett** explained that the purpose of this legislation is to allow a licensed emergency medical responder (EMR) to serve as an ambulance attendant. Currently, an individual must be a licensed emergency medical technician (EMT) in order to serve as an ambulance attendant.

**MOTION:** There being no questions, **Senator Lee** moved to send **RS 26109** to print. **Vice Chairman Souza** seconded the motion. The motion carried by **voice vote**.

**RS 26110** **Emergency Medical Services Volunteers.** **Senator Brackett** stated that this legislation is meant to follow up on a series of town hall meetings held in 2012. This legislation would evaluate the outcomes of recommendations made during those meetings and consider the challenges currently facing rural EMS divisions.

**MOTION:** There being no questions, **Vice Chairman Souza** moved to send **RS 26110** to print. **Senator Lee** seconded the motion. The motion carried by **voice vote**.

**RS 26143** **Direct Primary Care Pilot Program.** **Senator Thayn** explained that this legislation would establish a pilot program which would combine financial literacy courses or health coaching with primary care. Establishing the program as a pilot program will allow for the collection of data regarding the program's effectiveness.

**MOTION:** There being no questions, **Vice Chairman Souza** moved to send **RS 26143** to print. **Senator Foreman** seconded the motion.

**DISCUSSION:** **Senator Jordan** asked if public health districts and clinic providers were informed of this legislation. She noted that a similar program had been discussed during the 2017 Legislative Session, but public health districts and clinics did not feel that they had the capacity to support the program. **Senator Thayn** explained that the bill from the 2017 Legislative Session dealt with counties, not public health districts. He stated that he discussed **RS 26143** with the public health districts and several of them indicated interest in the program. He also noted that this RS would not have any impact on other health care legislation.

**VOICE VOTE:** The motion carried by **voice vote**, with **Senator Jordan** voting **nay**.

**RS 26076** **Individuals with Disabilities.** **Cheryl Bloom** explained that the purpose of this RS is to amend current Idaho Code regarding service animals. She commented that not all disabilities are covered in the portion of Idaho Code addressing service animals. **Ms. Bloom** also noted that Idaho Code does not include a distinct exclusion of comfort animals or personal protection trained dogs as service dogs. This RS would amend these issues. **Ms. Bloom** emphasized the importance of clear language regarding public access denial by business owners. This RS would clarify information regarding trainers and dogs in training.

**MOTION:** There being no questions, **Senator Lee** moved to send **RS 26076** to print. **Senator Jordan** seconded the motion.

**DISCUSSION:** **Senator Lee** noted that this RS involves a significant rewrite of Idaho Code and deserves a hearing.

**Senator Foreman** expressed concern that the RS proposes penalties which are overly harsh.

**VOICE VOTE:** The motion carried by **voice vote**.

**H 0393** **Insurance, Immunization Board.** **Representative Blanksma** explained that this legislation would make the following changes: 1.) add a self-insured individual from the business community to the Immunization Board; 2.) extend the sunset date to 2024; and 3.) remove the interest requirement for nonpayment of assessments. **Representative Blanksma** noted that the interest requirement was removed because it is too difficult to implement. However, the Director of the Idaho Department of Insurance will retain the ability to administer fines for nonpayment of assessments. **Representative Blanksma** stated this bill would have no fiscal impact and clarified that all money collected by the Immunization Board is spent on vaccinations.

**DISCUSSION:** **Senator Jordan** sought more information regarding the fines and penalties that the Director of Insurance can impose. **Representative Blanksma** explained that it is difficult to calculate interest for nonpayment. She noted that the Director of Insurance has the ability to penalize those who do not pay, but stated that this has never been done.

**Dean Cameron** introduced himself as the Director of the Idaho Department of Insurance. He stated that it is difficult to determine when to begin calculating interest for non-payments. **Director Cameron** noted that some carriers challenged the requirement to pay for assessments and the authority of the Immunization Board. He explained that he has the authority to impose fines, but it is rarely used.

**Senator Jordan** asked what criteria are used to determine whether a penalty should be imposed. **Director Cameron** acknowledged that the language allowing for the imposition of penalties is permissive. Penalties depend upon the discretion of the Department of Insurance.

**TESTIMONY:** **Sharon Hawkins** introduced herself as a representative of the Idaho Association of Commerce and Industry (IACI). She stated that IACI supports **H 0393**.

**MOTION:** There being no more testimony or questions, **Senator Agenbroad** moved to send **H 0393** to the floor with a **do pass** recommendation. **Senator Harris** seconded the motion. The motion carried by **voice vote**, with **Senator Foreman** voting **nay**. **Senator Agenbroad** will carry the bill on the floor of the Senate.

**S 1235**

**Board of Nursing, Education. Sandra Evans** introduced herself as the Executive Director of the Idaho Board of Nursing (BON). Idaho Code § 54-1403 created the BON and defines the required qualifications for the BON's members. Five members of the BON must be registered nurses (RNs). They must be actively engaged in a field of nursing in Idaho at the time of their appointment. RNs must meet certain academic requirements in order to serve on the BON. **S 1235** would eliminate these education requirements for RN members.

**Ms. Evans** noted that there are many educational pathways leading to nursing licensure, ranging from technical programs to master's degree programs. Regardless of which educational program a nursing student completes, all graduates take the same licensing examination to obtain an RN license. The BON requires all RNs to demonstrate continuous professional development in order to renew their license. **Ms. Evans** stated that the BON's education requirements for RN board members are limiting and inconsistent with the BON's commitment to lifelong education. **S 1235** seeks to remove educational limitations on BON membership.

**DISCUSSION:**

**Senator Potts** expressed concern that removing educational requirements could cause the BON to fill all five RN positions with master's and doctoral graduates; therefore, individuals with lower levels of education would not be represented on the BON. He noted that the educational requirements ensure educational diversity on the BON. He asked how the BON would maintain this diversity without educational requirements. **Ms. Evans** asserted that the BON is seeking individuals to represent RN nurses in general, regardless of their educational background. She stated that the BON has historically remained sufficiently educationally diverse. **Ms. Evans** also noted that it can be difficult to find BON appointees who meet required educational criteria. In the past, Idaho governors have been interested in appointing geographically diverse nurses to the BON, as opposed to educationally diverse nurses.

**Senator Harris** asked if the BON has struggled to fill positions due to educational restrictions. **Ms. Evans** responded in the affirmative.

**Vice Chairman Souza** noted that active diploma nurses are currently very rare. She asked if a nurse's personality, motivation, and willingness to serve on the BON is more important than educational background when considering the nurse for BON membership. **Ms. Evans** responded in the affirmative. She emphasized the importance of maintaining demographic and geographic diversity on the BON.

**TESTIMONY:**

**Dr. Randall Hudspeth** introduced himself as the Executive Director of the Idaho Alliance of Leaders in Nursing and the Nurse Leaders of Idaho, as well as a former chairman of the BON. **Dr. Hudspeth** noted that 67.25 percent of Idaho's nurses hold a baccalaureate degree. The number of associate degree nurses in Idaho is decreasing.

**DISCUSSION:**

**Senator Potts** asked if there should be geographical requirements for BON members. **Ms. Evans** stated that the BON has discussed a variety of potential membership requirements. She expressed uncertainty regarding whether a more prescriptive set of requirements will lead to increased diversity on the BON.

**MOTION:** There being no more testimony or questions, **Vice Chairman Souza** moved to send **S 1235** to the floor with a **do pass** recommendation. **Senator Potts** seconded the motion.

**Vice Chairman Souza** expressed confidence in the BON's ability to maintain its diverse membership.

The motion carried by **voice vote**. Vice Chairman Souza will carry the bill on the floor of the Senate.

**PRESENTATION: Epidiolex.** **Dr. Robert Wechsler** stated that Epidiolex is a pharmaceutical-grade cannabidiol (CBD) oil in development by Greenwich Pharmaceuticals. **Dr. Wechsler** explained that he is the sponsor of the Epidiolex study. Forty children initially entered the study, but one chose not to continue due to an aversion to blood draws, one dropped out due to relocation, and four dropped out after receiving no perceived benefit from Epidiolex. Of the 34 children remaining in the program, 14 have experienced a moderate to high benefit from Epidiolex, meaning a reduced number of seizures. Another 14 children have not experienced a reduction in the number of seizures, but have experienced a decrease in seizure intensity.

**Dr. Wechsler** explained that Greenwich Pharmaceuticals has completed all four of its initial clinical trials. All studies showed encouraging results. Greenwich Pharmaceuticals submitted a New Drug Application (NDA) to the Food and Drug Administration (FDA) in October 2017. **Dr. Wechsler** expected the NDA to be approved by the FDA in June 2018. The Drug Enforcement Administration (DEA) will then need to schedule Epidiolex. Barring any unexpected events, **Dr. Wechsler** anticipated that Epidiolex will be available by prescription by the end of 2018.

**Dr. Wechsler** expressed concern about false claims regarding the medical benefits of marijuana. He also voiced concern that artisanal CBD products are not regulated and often have very low levels of CBD. **Dr. Wechsler** noted dosing problems related to artisanal CBD products. Epidiolex is 95 percent CBD; a typical dose for an adult is two teaspoons. Artisanal products are sometimes only two percent CBD; an effective dose for an adult would be roughly one liter per day. Artisanal products may contain higher levels of tetrahydrocannabinol (THC) than advertised. These products can be dangerous for patients.

**DISCUSSION:** **Chairman Heider** asked if Dr. Wechsler's findings have been published. **Dr. Wechsler** stated that he presented his findings in a poster at an American Epilepsy Society meeting. He offered to distribute the poster to the Committee. **Dr. Wechsler** expects to publish his findings once all 39 study participants have been in the study for one year.

**Senator Jordan** asked Dr. Wechsler to define "moderate benefits." **Dr. Wechsler** stated that a moderate benefit refers to a 30 to 50 percent reduction in the number of seizures.

**Senator Potts** asked how much THC is in Epidiolex. **Dr. Wechsler** explained that the two most prevalent cannabinoids in marijuana are THC and CBD; the two compounds have completely different effects. CBD has no psychoactive properties. Epidiolex is a highly purified CBD oil that contains 95 percent CBD and only trace amounts of THC, if any. There is not enough THC in Epidiolex to be biologically significant. However, artisanal CBD products often contain THC. Products with high levels of THC can worsen seizures.

**Chairman Heider** asked if Epidiolex will be available by prescription in the future. **Dr. Wechsler** expected Epidiolex will be available by prescription by the end of

2018. It will be impossible for the DEA to schedule Epidiolex as a Schedule I Drug because Schedule I Drugs have no medical value. Drug scheduling is often based on abuse liability studies; Epidiolex has very low abuse liability. **Chairman Heider** asked if Greenwich Pharmaceuticals can produce a sufficient supply of Epidiolex to meet demand. **Dr. Wechsler** stated that Greenwich Pharmaceuticals is confident in its ability to produce a sufficient amount of Epidiolex. **Chairman Heider** commended Dr. Wechsler for his work.

**ADJOURNED:** There being no further business, **Chairman Heider** adjourned the meeting at 4:14 p.m.

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Senator Heider  
Chair

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Rachel Goodman  
Secretary