

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, January 30, 2019

TIME: 3:00 P.M.

PLACE: Room WW54

MEMBERS PRESENT: Chairman Martin, Vice Chairman Souza, Senators Heider, Lee, Harris, Burtenshaw, Bayer, Jordan, and Nelson

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 Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:00 p.m.

PRESENTATION: **Dr. Bill Morgan**, Trauma Medical Director, Chief of Staff, St. Alphonsus Regional Medical Center, provided an update on the Time Sensitive Emergency System (TSES). One goal is to address Idaho's ability to effectively manage STEMI heart attack (ST-segment elevation myocardial infarction); a serious form of heart attack widely known as "the Widowmaker". Discussion began in 2012, with legislation introduced in 2014, rules promulgated in 2015, and the first facility employing TSES practices in 2016. 2018 brought development of several designations—including a Time Sensitive Emergency (TSE) designation for Emergency Medical Technicians (EMTs)—and a standard practice manual. There are currently 43 eligible facilities in Idaho with 41 that have TSES in place. There are no Level I trauma centers in Idaho (there are Level I stroke and cardiac centers.) There are about a dozen TSES applications pending in 2019, with 15 more in progress. Currently, 61 percent of Idahoans are within 30 miles of a trauma center. In cardiac intervention, the "door to balloon time" (cardiac catheterization) equates response and transport time to lost cardiac muscle. TSE management has brought that time down by 27 minutes. Reimbursement for trauma activations is largely a cost to hospitals, which can bill to insurance, but not directly to the patient. Hospitals seek higher trauma treatment designations because it is the right thing to do for improved patient outcomes. TSES is currently 65 percent fiscally self-sustainable, up from 29 percent. **Dr. Morgan** went on to introduce the Stop the Bleed campaign as part of the TSES. The program is designed to train bystanders to help control a bleeding emergency before professional help arrives. At this time, 6,000 Idahoans are trained to use the bleed control kits. The goal is to get a kit into every Idaho school; currently, 280 kits have been distributed to schools. Each kit costs \$49 and the shelf life is five years for the clotting agent. The kit includes the "Israeli Bandage", used for decades by the Israeli military and later adopted by the United States Armed Forces.

DISCUSSION: **Senator Heider** wondered why they do not train all bystanders to utilize a belt for a tourniquet, referencing training by the Boy Scouts of America. **Dr. Morgan** explained that a belt cannot stop arterial bleeding and went on to explain that in the kits, the gauze itself is treated with a clotting agent. **Senator Heider**, in follow up, asked if there were student training programs. **Dr. Morgan** described two training tracks. His own daughter, a high school junior, completed a 40 minute course for students and is now certified to use the kit. The second track is a comprehensive full-day course for rural trauma team development. Greater than 60 percent of trauma deaths in the United States occur in rural areas. In closing, **Dr. Morgan** listed 2019 TSE goals to include further TSE designations for emergency medical services, and ongoing data collection through the TSE registry and program awareness.

PASSED THE GAVEL: Chairman Martin turned the meeting over to Vice Chairman Souza.

DOCKET NO. 16-0201-1801 **Dr. Morgan** presented **Docket No. 16-0201-1801**, Rules of the Time Sensitive Emergency System Council. The rule updates the TSE fee structure, adds a trauma continuing medical education (CME) requirement for management of massive transfusion, reduces hospitalist CME requirements already covered by board certification, clarifies stroke Level I and II qualifications for medical directors, and adds performance measurements and quality improvements. Negotiated rulemaking was not conducted, there were no public meetings, but there were open meetings with stakeholders. There is no fiscal impact to the General Fund.

MOTION: **Senator Jordan** moved to approve **Docket No. 16-0201-1801**. **Chairman Martin** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 23-0101-1801 **Susan Odom**, Doctor of Philosophy, Registered Nurse (PhD, RN), Interim Executive Director for the Board of Nursing, presented **Docket No. 23-0101-1801**, Rules of the Idaho Board of Nursing. Changes include deleted language regarding the nurse compact, an expanded definition of apprenticeship, and the creation of uniformity for advanced practice nurses to align with other medical providers. Negotiated rulemaking was not conducted. Nursing stakeholders and the public were engaged and provided only positive feedback. There is no fiscal impact to the General Fund.

DISCUSSION: **Chairman Martin** asked if three months was adequate time to gain certification. **Dr. Odom** responded that it is enough time to schedule the exam and pass it while still under supervision. In a follow-up question, **Chairman Martin** inquired about a student's status if they do not pass the exam. **Dr. Odom** replied that if a student does not pass the exam, their temporary license is voided.

MOTION: **Senator Nelson** moved to approve **Docket No. 23-0101-1801**. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 19-0101-1801 **Susan Miller**, Executive Director, Board of Dentistry, presented **Docket No. 19-0101-1801**, Rules of the Idaho State Board of Dentistry. This rule change deletes and streamlines language regarding sedation practice. Negotiated rulemaking was conducted and public hearings were held with no negative comments.

DISCUSSION: **Senator Jordan** expressed concern regarding the potential for patient abuse while under sedation. **Ms. Miller** reviewed the safety standards for sedation and referenced ethics rules, explaining that the protocol requires additional personnel to be present for sedation cases. **Vice Chairman Souza** inquired whether staff are certified in Advanced Cardiac Life Support (ACLS) and have access to resuscitation supplies and medications. **Ms. Miller** replied in the affirmative.

MOTION: **Senator Heider** moved to approve **Docket No. 19-0101-1801**. **Senator Jordan** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 19-0101-1803 **Ms. Miller** presented **Docket No. 19-0101-1803**, Rules of the Idaho State Board of Dentistry, which removes supplemental dosing for patients under sedation. Negotiated rulemaking was conducted and public hearings were held with no negative comments.

MOTION: **Chairman Martin** moved to approve **Docket No. 19-0101-1803**. **Senator Bayer** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 19-0101-1804 **Ms. Miller** presented **Docket No. 19-0101-1804**, Rules of the Idaho State Board of Dentistry. This rule change is to conform with H 343 (2018), which defines a dental specialist. Negotiated rulemaking was conducted and public meetings were held with supportive comments from dental professionals.

MOTION: **Senator Burtenshaw** moved to approve **Docket No. 19-0101-1804**. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 16-0309-1802 **Sara Stith**, Grants and Contract Management Supervisor, DHW, presented **Docket No. 16-0309-1802**, Medicaid Basic Plan, Adult Dental Benefits. This brings rules into compliance with H 465 (2018), reinstating dental benefits to the basic Medicaid plan.

DISCUSSION: **Senator Jordan** queried what services are covered as preventive care, with concern expressed that root canal and crown services are not covered. **Matt Wimmer**, Division of Medicaid Administrator, DHW, responded, explaining that H 465 reinstated the original language prior to the recession. **Mr. Wimmer** stated that certain restoration procedures have never been covered in Idaho, but acknowledged that the benefit package has not been looked at for several years and it might be time to reevaluate services covered. The Social Security Act gives states very broad authority. **Chairman Martin** inquired, if this Committee were to concur with the House and strike this rule, and a medical doctor deemed a procedure necessary, if that patient would be able to receive that care. **Mr. Wimmer** replied that DHW would continue to have discretion, but without spending authority. DHW can look at this going forward if there are changes to dental benefits under Medicaid expansion, and revisit it next legislative session. **Mr. Wimmer** added that the statute remains the same, but this rule is different.

MOTION: **Senator Jordan** moved to approve **Docket No. 16-0309-1802** with the exception of section 8-03-04. **Senator Nelson** seconded the motion.

SUBSTITUTE MOTION: **Chairman Martin** moved to approve **Docket No. 16-0309-1802** in its entirety. **Senator Burtenshaw** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 16-0310-1805 **Ms. Stith** presented **Docket No. 16-0310-1805**, Medicaid Basic Plan, Adult Dental Benefits. This restores rules to comply with H 465 (2018), moving benefits from the enhanced plan to the basic plan and removing language found in other sections.

MOTION: **Senator Heider** moved to approve **Docket No. 16-0310-1805**. **Senator Burtenshaw** seconded the motion. The motion carried by **voice vote**.

PASSED THE GAVEL: Vice Chairman Souza turned the meeting over to Chairman Martin.

ADJOURNED: There being no further business at this time, **Chairman Martin** adjourned the meeting at 4:10 p.m.

Senator Martin
Chair

Margaret Major
Secretary