

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, January 30, 2020

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Lickley, Remington, Chew, Rubel, Davis

**ABSENT/
EXCUSED:** None

GUESTS: The sign-in sheet will be retained with the minutes in the committee secretary's office until the end of the session. Following the end of the session, the sign-in sheet will be filed with the minutes in the Legislative Services Library.

Chairman Wood called the meeting to order at 9:01 a.m.

MOTION: **Rep. Lickley** made a motion to approve the minutes of the January 14 and 16, 2020, meetings. **Motion carried by voice vote.**

RS 27526: **Rep. Megan Blanksma**, District 23, presented **RS 27526**, which makes one negotiated change to The No Surprises Act previously introduced as **H 341** by allowing patients going to the hospital to contract directly with an "ologist" and not be subject to the No Surprises Act.

MOTION: **Rep. Gibbs** made a motion to introduce **RS 27526**. **Motion carried by voice vote.**

RS 27483: **Kris Ellis**, Idaho Health Care Association, presented **RS 27483**, a rewrite of existing statute to simplify the process for the Board of Nursing and licensing applicants.

MOTION: **Rep. Lickley** made a motion to introduce **RS 27483**. **Motion carried by voice vote.**

RS 27524: **Pam Eaton**, President, CEO, Idaho State Pharmacy Association, Idaho Retailers Association, presented **RS 27524**, which replaces **H 363**. A new Pharmacy Benefit Manager (PBM) definition is added to specify insurance companies are not PBMs.

MOTION: **Rep. Chew** made a motion to introduce **RS 27524**. **Motion carried by voice vote.**

H 317: **Chairman Wood** returned **H 317** to the committee for consideration, which was held for time certain from the meeting of Thursday, January 23, 2020.

MOTION: **Rep. Blanksma** made a motion to send **H 317** to the floor with a **DO PASS** recommendation.

SUBSTITUTE MOTION: **Rep. Lickely** made a substitute motion to **HOLD H 317** in committee.

During discussion of the motions, committee members commented on the importance of patient safety. They appreciated the extra time to review data and studies. Concern was expressed regarding the exclusions and inclusions.

VOTE ON SUBSTITUTE MOTION: **Chairman Wood** called for a vote on the substitute motion to **HOLD H 317** in committee. **Motion failed by voice vote.**

VOTE ON ORIGINAL MOTION: **Chairman Wood** called for a vote on the original motion to send **H 317** to the floor with a **DO PASS** recommendation. Motion carried by voice vote. **Rep. Lickely** requested she be recorded as voting **NAY**. **Rep. Blanksma** will sponsor the bill on the floor.

H 342:

Rep. Blanksma, District 23, presented **H 342**, which removes the audio and visual telehealth first contact requirement. Rural areas with limited broadband and telecommunication resources are positively impacted by this change.

Dr. Donna Campbell, Physician, Board Certified Emergency Room Physician, Emergency Room Department Medical Director, Previously Board Certified Ophthalmologist, Physician and Company Expert for Teledoc, Texas State Senator, testified **in support** of **H 342**. Citizens and providers have found telemedicine to be a good experience. Physician shortages and large areas of broadband deficits exist. Removal of the video mandates will increase patient access and improve outcomes. Phones have been used for years for treating patients. Cell phones can provide a high definition picture which can be used to treat or refer the patient. There is no data showing audio video to be a superior modality in all instances.

Claudia Tucker, Vice President, Government Affairs, Teledoc, testified **in support** of **H 342**. This legislation removes the video first encounter requirement. The use of interactive audio allows the physician's discretion.

Josh Archambault, Senior Fellow, Opportunity Solutions Project (OSP), testified **in support** of **H 342**. Patients access more providers through telehealth in rural areas. OSP also suggests adding language and guardrails for cross-state care for providers. The provider definition could be broadened to allow clinical lab personnel or paramedics to provide telehealth services, without mandating insurer coverage. This inclusion will help patients with disabilities, including the elderly, and ease the burden on caregivers.

Ken McClure, Idaho Medical Association (IMA), testified **in opposition** to **H 342**. Having worked with the legislation's sponsors, the IMA had hoped to negotiate one change to assure the quality of care. This legislation will allow the use of emails, which could harm the quality of care by eliminating the physician talking directly to and getting to know the patient. The IMA would like the stipulation of two-way audio or audio and visual contact.

Answering committee questions, **Mr. McClure** said the task force for the health care transformation is examining the entire statute and interested in a more robust telehealth program. The IMA would like the committee to either change this legislation or wait to see what the task force brings forth.

MOTION:

Rep. Christensen made a motion to send **H 342** to the floor with a **DO PASS** recommendation.

Elizabeth Criner, Idaho State Dental Association (ISDA), testified **in opposition** to **H 342**. The ISDA is comfortable with an audio conversation and addressing the video concern; however, they are not comfortable with the use of email. Dentistry is a hands-on activity and is using telehealth successfully to help patients who have limited access, chronic conditions, or special needs. Many oral health diagnoses cannot be done using high definition pictures or cameras.

In response to committee questions, **Ms. Criner** stated the ISDA concerns could be addressed if two-way audio or two-way audio video were required when establishing the provider-patient relationship. This legislation is not just for physicians. Telehealth is used between dentists and dental hygienists in extended access settings.

Francoise Cleveland, Director of Advocacy, AARP Idaho, testified **in support** of **H 342**. This legislation provides new ways to access care and reduce transportation issues. Mobile devices are gaining popularity for tracking and providing health information. This legislation continues to allow more innovations, fewer barriers, increased patient choice, and the ability for providers to help patients.

For the record no one indicated their desire to testify.

Rep. Blanksma, in closing, said rather than wait for the task force, we can correct one issue with this legislation. Providers are trained in how to establish patient relationships. The telecommunication methods need to be left open in order to adapt to quickly changing technology and provide options for rural areas.

SUBSTITUTE MOTION:

Rep. Rubel made a substitute motion to send **H 342** to General Orders. **Motion failed by voice vote.**

VOTE ON MOTION:

Chairman Wood called for a vote on the original motion to send **H 342** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Blanksma** will sponsor on the floor.

ADJOURN:

There being no further business to come before the committee, the meeting adjourned at 9:58 a.m.

Representative Wood
Chair

Irene Moore
Secretary