

**AGENDA**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Tuesday, January 07, 2020**

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
	Organizational Meeting	

COMMITTEE MEMBERS

Chairman Wood                                  Rep Christensen  
Vice Chairman Wagoner                        Rep Green(2)(Kastning)  
Rep Vander Woude                              Rep Lickley  
Rep Gibbs                                        Rep Chew  
Rep Blanksma                                    Rep Rubel  
Rep Kingsley                                    Rep Davis  
Rep Zollinger

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
Email: [hhel@house.idaho.gov](mailto:hhel@house.idaho.gov)

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Tuesday, January 07, 2020  
**TIME:** 9:00 A.M.  
**PLACE:** Room EW20  
**MEMBERS:** Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green (Kastning)(2), Lickley, Chew, Rubel, Davis  
**ABSENT/  
EXCUSED:** Vice Chairman Wagoner, None  
**GUESTS:** None

**Chairman Wood** called the meeting to order at 9:00 a.m. An attendance roll call was taken by the committee secretary.

**Chairman Wood** welcomed **Rep. Kastning**, who is substituting for **Rep. Green(2)**, to the committee and **Jaycee Dixon**, the committee page for the first half of the session.

**Chairman Wood** reviewed committee decorum, committee requirements, target dates, deadlines, the upcoming week's schedule, audio streaming for all committee meetings, and the Department of Health and Welfare's budget presentation. **Vice Chairman Wagoner**, **Rep. Lickley**, and **Rep. Davis** were assigned as proofreaders for the committee minutes.

Answering a question, **Chairman Wood** explained the Omnibus Rules, although containing many chapters, will be addressed as a single rule, with one motion. There is no change in the committee's ability to approve or reject any rule in whole or in part. The Omnibus Rules with no substantiative changes speed up the review process.

**ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 9:23 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

**AMENDED AGENDA #2**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Wednesday, January 08, 2020**

<b>DOCKET</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<u>27-0000-1900F</u>	Board of Pharmacy	Nicki Chopski, Exec.
<u>22-0000-1900</u>	Board of Medicine	Director Anne Lawler, Exec.
<u>22-0000-1900F</u>	General Provisions of the Board of Medicine	Director Anne Lawler
<u>22-0107-1901</u>	Licensure of Naturopathic Medical Doctors	Anne Lawler
<u>23-0101-1900F</u>	Board of Nursing	Russell Barron
<u>23-0101-1901</u>	Board of Nursing <u>Bureau of Occupational Licenses</u>	Russell Barron, Exec. Director
<u>24-0601-1900F</u>	Occupational Therapists & Assistants	Kelley Packer, Bureau
<u>24-0901-1900F</u>	Examiners of Nursing Home Administrators	Chief Kelley Packer
<u>24-0101-1900F</u>	Board of Optometry	Kelley Packer
<u>24-1101-1900F</u>	Board of Podiatry	Kelley Packer
<u>24-1201-1900F</u>	Psychologist Examiners	Kelley Packer
<u>24-1301-1900F</u>	Physical Therapy Licensure	Kelley Packer
<u>24-1401-1900F</u>	Social Work Examiners	Kelley Packer
<u>24-1601-1900F</u>	Board of Dentury	Kelley Packer
<u>24-1701-1900F</u>	Board of Acupuncture	Kelley Packer
<u>24-1901-1900F</u>	Examiners - Res. Care Facility Administrators	Kelley Packer
<u>24-2301-1900F</u>	Speech, Hearing, & Communication Services	Kelley Packer
<u>24-2401-1900F</u>	Genetic Counselors	Kelley Packer
<u>24-2601-1900F</u>	Board of Midwifery	Kelley Packer
<u>24-2701-1900F</u>	Massage Therapy	Kelley Packer
<u>24-0301-1900F</u>	Chiropractic Physicians	Rob McQuade
<u>24-1501-1900F</u>	Counselors & Marriage/Family Therapists	Rob McQuade

COMMITTEE MEMBERS

Chairman Wood	Rep Christensen
Vice Chairman Wagoner	Rep Green(2)(Kastning)
Rep Vander Woude	Rep Lickley
Rep Gibbs	Rep Chew
Rep Blanksma	Rep Rubel
Rep Kingsley	Rep Davis
Rep Zollinger	

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Wednesday, January 08, 2020  
**TIME:** 9:00 A.M.  
**PLACE:** Room EW20  
**MEMBERS:** Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green (Kastning)(2), Lickley, Chew, Rubel, Davis  
**ABSENT/  
EXCUSED:** Representative(s) Rubel  
**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 9:00 a.m.  
**DOCKET NO.  
27-0000-1900F:** **Nicki Chopski**, Executive Director, Idaho Board of Pharmacy, presented **Docket No. 27-0000-1900F**, the omnibus reauthorization of existing agency rules. Changes have streamlined and improved rule navigation. The four separate pharmacy technician categories were collapsed into regular pharmacy technician and certified pharmacy technician, with registration at the existing fee levels. This change removes duplication, increases efficiency, and simplifies licensing. An alternative to the continuing education requirement is provided.  
For the record, no one indicated their desire to testify.  
**MOTION:** **Rep. Gibbs** made a motion to approve **Docket No. 27-0000-1900F. Motion carried by voice vote.**  
**DOCKETS NO.  
22-0000-1900 &  
22-0000-1900F:** **Anne Lawler**, Executive Director, Idaho State Board of Medicine, presented **Dockets No. 22-0000-1900 and 22-0000-1900F**, the agency omnibus rule reauthorization. As part of the streamlining process, all licensure, renewal, discipline, and telehealth provisions were moved to the General Provisions chapter. Licensure requirements were relocated to the Board-approved forms. Duplicate provisions were also removed and fees were placed in easy-to-read tables.  
For the record, no one indicated their desire to testify.  
**MOTION:** **Rep. Lickley** made motion to approve **Dockets No. 22-0000-1900 and 22-0000-1900F. Motion carried by voice vote.**  
**DOCKET NO.  
22-0107-1901:** **Anne Lawler**, Executive Director, Idaho State Board of Medicine, presented **Docket No. 22-0107-0901**, for the licensure of Naturopathic Medical Doctors, following the statute which became effective July 2019. Relevant accreditation organizations, national qualifying examination, and "primary care" are defined. Licensure requirements are stipulated along with the authority to prescribe, dispense, administer, and order medications, lab tests, and diagnostic procedures. A fee table is provided. Also defined are the naturopathic formulary, exceptions, and continuing medical education requirements. The grounds for discipline or denial of a license are outlined, consistent with other Board of Medicine rules chapters.  
**Kris Ellis**, testified the Idaho Chapter of the Naturopathic Physicians is **in support of Docket No. 22-0107-0901**.  
For the record, no one else indicated their desire to testify.

<b>MOTION:</b>	Rep. Chew made a motion to approve Docket No. 22-0107-1901. Motion carried by voice vote.
<b>DOCKET NO. 23-0101-1900F:</b>	Russ Barron, Executive Director, Idaho Board of Nursing, presented Docket No. 23-0101-1900F, an Omnibus reauthorization of existing agency rules updated in accordance with the Red Tape Reduction Act. Changes eliminated unused fees for the verification of licensure requested for another state, a emeritus license, and a limited license. Restrictive words were changed and duplications were removed. The Certified Nursing Assistant (CNA) education programs were deleted and reassigned to the Department of Health and Welfare (DHW), who has the CNA regulatory authority. The Board will provide technical assistance to the DHW, if needed.
	For the record, no one indicated their desire to testify.
<b>MOTION:</b>	Rep. Davis made a motion to approve Docket No. 23-0101-1900F. Motion carried by voice vote.
<b>DOCKET NO. 23-0101-1901:</b>	Russ Barron, Executive Director, Idaho Board of Nursing, presented Docket No. 23-0101-1901, a new rule. The changes delete rules associated or related to a Medication Assistant Certified (MAC) certification. There is one person in Idaho authorized and not using the certification. The statutory regulation still exists and can be used in the future.
	For the record, no one indicated their desire to testify.
<b>MOTION:</b>	Rep. Lickley made a motion to approve Docket No. 23-0101-1901. Motion carried by voice vote.
<b>DOCKETS NO. 24-0601-1900F, 24-0901-1900F, 24-1001-1900F, 24-1101-1900F, 24-1201-1900F, 24-1301-1900F, 24-1401-1900F, 24-1601-1900F, 24-1701-1900F, 24-1901-1900F, 24-2301-1900F, 24-2401-1900F, 24-2601-1900F, &amp; 24-2701-1900F:</b>	Kelley Packer, Bureau Chief, Bureau of Occupational Licenses, presented Dockets No. 24-0601-1900F, Occupational Therapists and Assistants, 24-0901-1900F, Examiners of Nursing Home Administrators, 24-1001-1900F, Board of Optometry, 24-1101-1900F, Board of Podiatry, 24-1201-1900F, Psychologist Examiners, 24-1301-1900F, Physical Therapy Licensure, 24-1401-1900F, Social Work Examiners, 24-1601-1900F, Board of Dentistry, 24-1701-1900F, Board of Acupuncture, 24-1901-1900F, Examiners of Resident Care Facility Administrators, 24-2301-1900F, Speech, Hearing and Communication Services, 24-2401-1900F, Genetic Counselors, 24-2601-1900F, Board of Midwifery, and 24-2701-1900F, Massage Therapy. Each of the listed rules was previously approved by the Legislature. Rules which were outdated, expired, duplicate, and unused for the Psychologist Examiners, Genetic Counselors, Board of Midwifery, Board of Podiatry, and Board of Dentistry were removed,
<b>UNANIMOUS CONSENT REQUEST:</b>	Chairman Wood made a unanimous consent request to reflect the Optometry Omnibus Rule number be shown as Docket No. 24-1001-1900F instead of Docket No. 24-0101-1900F, as shown on the committee's agenda. There being no objection, the request was granted.
	For the record, no one indicated their desire to testify.
<b>MOTION:</b>	Rep. Gibbs made a motion to approve the Dockets No. 24-0601-1900F, 24-0901-1900F, 24-1001-1900F, 24-1101-1900F, 24-1201-1900F, 24-1301-1900F, 24-1401-1900F, 24-1601-1900F, 24-1701-1900F, 24-1901-1900F, 24-2301-1900F, 24-2401-1900F, 24-2601-1900F, & 24-2701-1900F. Motion carried by voice vote.

**DOCKETS NO.**  
**24-0301-1900F**  
**&**  
**24-1501-1900F:**

**Rob McQuade**, Bureau Counsel, Bureau of Occupation Licenses, presented **Dockets No. 24-0301-1900F**, Chiropractic Physicians and **24-1501-1900F**, Professional Counselors and Marriage and Family Therapists, which are existing rule reauthorizations and in line with the Red Tape Reduction Act.

The Chiropractic Physicians Board requested a fee increase in 2015 as a result of legal action and a resultant \$100k debt. A recent Legislative Services Office audit indicated the board needs to move at a faster pace to get back to the black. Along with a fee increase, the board has implemented cost savings measures. Original licensure, license renewal, inactive renewal, interim permit, and temporary permit fees are increased by \$50. The clinical nutritions certifications, application, and renewal fees are increased by \$25. Eight other fees will remain the same.

The Professional Counselors and Marriage and Family Therapists Board has followed the guidance of carrying a twelve to eighteen month reserve for unexpected costs. In order to avoid going into debt, the board has requested a fee increase and is also implementing other cost cutting measures. Applications and original licensure fees are increased by \$25. The license renewal fee is increased by \$20 and the inactive license renewal fee is increased by \$10.

Answering questions, **Mr. McQuade** stated as of November 30, 2019, the Chiropractic Physicians Board has a debt of \$73,997 which is expected, with the new fees, to be paid in three to five years. The Bureau of Occupational Licenses holds all funds for each board.

For the record, no one indicated their desire to testify.

**MOTION:**

**Rep. Chew** made a motion to approve **Dockets No. 24-0301-1900F and 24-1501-1900F. Motion carried by voice vote.**

**ADJOURN:**

There being no further business to come before the committee, the meeting was adjourned at 9:49 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

**AGENDA**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Thursday, January 09, 2020**

DOCKET	DESCRIPTION	PRESENTER
<a href="#"><u>16-0102-1901</u></a>	Emergency Medical Services - Definition	Wayne Denney
<a href="#"><u>16-0103-1901</u></a>	Emergency Medical Services - Agency Licensing	Wayne Denney
<a href="#"><u>16-0107-1901</u></a>	Emergency Medical Services - Personnel Licensing	Wayne Denney
<a href="#"><u>16-0301-1901</u></a>	Health Care Assistance for Families & Children	Camille Schiller

**If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.**

<u>COMMITTEE MEMBERS</u>		<u>COMMITTEE SECRETARY</u>
Chairman Wood	Rep Christensen	Irene Moore
Vice Chairman Wagoner	Rep Green(2)(Kastning)	Room: EW14
Rep Vander Woude	Rep Lickley	Phone: 332-1138
Rep Gibbs	Rep Chew	Email: <a href="mailto:hhel@house.idaho.gov">hhel@house.idaho.gov</a>
Rep Blanksma	Rep Rubel	
Rep Kingsley	Rep Davis	
Rep Zollinger		

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

<b>DATE:</b>	Thursday, January 09, 2020
<b>TIME:</b>	9:00 A.M.
<b>PLACE:</b>	Room EW20
<b>MEMBERS:</b>	Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green (Kastning)(2), Lickley, Chew, Rubel, Davis
<b>ABSENT/ EXCUSED:</b>	Representative(s) Rubel
<b>GUESTS:</b>	Shannon Brady, Julie Hamman, Kristin Matthews, Camille Schiller, and Wayne Denney, DHW; Meeghan Sheppard, Governor's Office; Misty Lawrence, DFM; Brad Hunt, O.A.R.C
	<b>Chairman Wood</b> called the meeting to order at 9:00 a.m.
	<b>Chairman Wood</b> turned the gavel over to <b>Vice Chairman Wagoner</b> .
<b>DOCKET NO. 16-0102-1901:</b>	<b>Wayne Denney</b> , Bureau Chief, Bureau of Emergency Medical Services (EMS) and Preparedness, Division of Public Health, Department of Health and Welfare (DHW), presented <b>Docket No. 16-0102-1901</b> , EMS definitions. Updates align with the current statute and the Red Tape Reduction Act. Reference to aid rendered by a ski patroller has been removed, in accordance with <b>H 9</b> .  For the record, no one indicated their desire to testify.
<b>MOTION:</b>	<b>Rep. Wood</b> made a motion to approve <b>Docket No. 16-0102-1901</b> . <b>Motion carried by voice vote.</b>
<b>DOCKET NO. 16-0103-1901:</b>	<b>Wayne Denney</b> , Bureau Chief, Bureau of EMS and Preparedness, Division of Public Health, DHW, presented <b>Docket No. 16-0103-1901</b> , EMS agency licensing. Updates include housekeeping, title, and the Time Sensitive Emergency (TSE) standards manual reference. The current TSE system has only applied to hospitals. Changes provide an agency voluntary TSE designation, best practices, and standards. Rule making has been in compliance with the Red Tape Reduction Act.  Answering committee questions, <b>Mr. Denney</b> stated the agencies have expressed their eagerness to participate. Marketing materials, such as patches, are being developed for a wearable designation of the agency's going above and beyond the basic training.  For the record, no one indicated their desire to testify.
<b>MOTION:</b>	<b>Rep. Davis</b> made a motion to approve <b>Docket No. 16-0103-1901</b> . <b>Motion carried by voice vote.</b>
<b>DOCKET NO. 16-0107-1901:</b>	<b>Wayne Denney</b> , Bureau Chief, Bureau of EMS and Preparedness, Division of Public Health, DHW, presented <b>Docket No. 16-0107-1901</b> , EMS personnel licensure rules. Because Emergency Medical Technician (EMT) or paramedic licensing varies in other states, Idaho joined the Recognition of EMS Personnel Licensure Interstate Compact Act (REPLICA), which assures member states use Idaho's minimum criteria. The rule changes allow issuance of a reciprocal license to individuals from REPLICA states, allowing immediately do ambulance work with ninety days for their license application.

Additional changes align with **H 249** for expedited licensure of military veterans and their spouses. For reinstatement of lapsed EMS personnel licenses, the certification exam requirement has been replaced with competency certification from the EMS provider's medical director.

Answering questions, **Mr. Denney** explained the data acquired from other states does not contain personnel file information. Urban and some rural areas may hire the highest paramedic level while keeping volunteers at the EMT or advanced EMT levels. If a veteran or spouse has all of their requirements met when they apply, the licensing will be completed in hours.

For the record, no one indicated their desire to testify.

**MOTION:**

**Rep. Lickley** made a motion to approve **Docket No. 16-0107-1901**. Motion carried by voice vote.

**DOCKET NO.  
16-0301-1901:**

**Camille Schiller**, Program Manager, Medicaid Eligibility, Division of Welfare, DHW, presented **Docket No. 16-0301-1901**. The Medicaid Program for Families and Children changes are in compliance with the Red Tape Reduction Act. When an inmate meets the current program eligibility requirements, a new rule provides payment of in-patient services during an overnight hospital stay.

Medicaid for adults eligibility rules have been added. The eligibility sections for parent care takers, relatives, pregnant women, and the adult group have been combined. The eligibility criteria for all adult income limits has been added. Updates have been made for simplicity and to include all of the eligible population. The changes comply with state statute and federal regulations.

Responding to questions, **Ms. Schiller** explained eligible pregnant women are protected from the excess income determination through their postpartum period. The 133% limit aligns with federal requirements, adding the 5% disregard afterwards for a total of 138%.

**Dave Jeppesen**, Director, DHW, was invited to answer a question. Due to Medicaid expansion, the inmate funding was included in the 2020 budget Joint Finance and Appropriations Committee process last year, which is why there is no fiscal note notation. Funding has already transferred from the Correction's budget to the DHW. Gender reassignment surgery is not a covered benefit under Medicaid. The inmate Medicaid coverage is during a hospital stay, reverting to the correctional coverage upon return to the correctional facility.

For the record, no one else indicated their desire to testify.

**MOTION:**

**Rep. Wood** made a motion to approve **Docket No. 16-0301-1901**.

Answering a further question, **Ms. Schiller** stated the eligible Medicaid program determines the match rate.

**VOTE ON  
MOTION:**

**Motion carried by voice vote.** **Reps Zollinger, Kastning, and Christensen** requested they be recorded as voting **NAY**.

**ADJOURN:**

There being no further business to come before the committee, the meeting was adjourned at 9:49 a.m.

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Representative Wagoner  
Chair

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Irene Moore  
Secretary

**AGENDA**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**8:30 A.M.**  
**Room EW20**  
**Friday, January 10, 2020**

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#"><u>RS27259</u></a>	Controlled Substances	Nicki Chopski
<a href="#"><u>RS27260</u></a>	Pharmacy Practice Act	Nicki Chopski
<a href="#"><u>RS27258</u></a>	Hearing Impaired Terminology Change	Steven Snow
<a href="#"><u>RS27254</u></a>	Acupuncture	Kelley Packer
<a href="#"><u>RS27283</u></a>	Optometric Physicians	Kelley Packer
<a href="#"><u>RS27292</u></a>	Bureau of Occupational Licensing	Kelley Packer
<a href="#"><u>RS27234</u></a>	DHW - DD Evaluation Committee	Blake Brumfield
<a href="#"><u>RS27232</u></a>	DHW - Background Checks	Fernando Castro
<a href="#"><u>RS27245</u></a>	DHW - Day Care License Regulations	Ericka Rupp

COMMITTEE MEMBERS

Chairman Wood    Rep Christensen  
Vice Chairman Wagoner                                Rep Green(2)(Kastning)  
Rep Vander Woude                                      Rep Lickley  
Rep Gibbs    Rep Chew  
Rep Blanksma    Rep Rubel  
Rep Kingsley    Rep Davis  
Rep Zollinger

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
Email: hhel@house.idaho.gov

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Friday, January 10, 2020  
**TIME:** 8:30 A.M.  
**PLACE:** Room EW20  
**MEMBERS:** Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green (Kastning)(2), Lickley, Chew, Rubel, Davis  
**ABSENT/  
EXCUSED:** Representative(s) Blanksma, Kingsley  
**GUESTS:** Steven Snow, CDHH; Nicki Chopski, Board of Pharmacy; Codi Galloway; Kelley Packer and Rob McQuade, IBOL; Fernando Castro, Erika Rupp, Julie Hamman, Blake Brumfield, Cameron Gilliland, Brad McDonald, Miren Unsworth, Brent King, Ryan Smith, and Shannon Brady, DHW; Leila McNeill, Idaho State Police; Greg Wilson, Gov. Office;

**Chairman Wood** called the meeting to order at 8:30 a.m.

**RS 27259:** **Nicki Chopski**, Executive Director, Idaho Board of Pharmacy (IBOP), presented **RS 27259**, an annual bill to update and conform the state and the federal Controlled Substance Acts. Changes this year reflect the Drug Enforcement Administration scheduling changes for various opioid synthetics.

**MOTION:** **Rep. Lickley** made a motion to introduce **RS 27259. Motion carried by voice vote.**

**RS 27260:** **Nicki Chopski**, Executive Director, IBOP, presented **RS 27260**. The proposed legislation cleans up obsolete provisions within the Controlled Substance Act and the Pharmacy Practice Act. It also removes unnecessary restrictions.

**MOTION:** **Rep. Chew** made a motion to introduce **RS 27260. Motion carried by voice vote.**

**RS 27258:** **Steven Snow**, Executive Director, Idaho Council for the Deaf and Hard of Hearing, presented **RS 27258**, which updates "hearing impaired" to "deaf and hard of hearing," as is found in all state codes. Defunct agency and out-of-date information is also removed.

Answering a question, **Mr. Snow** stated the term "impairment," within the deaf and hard of hearing community, implies something is broken. It does not carry the same connotation within other communities.

**MOTION:** **Rep. Kastning** made a motion to introduce **RS 27258. Motion carried by voice vote.**

**RS 27254:** **Kelley Packer**, Chief, Bureau of Occupational Licenses (BOL), presented **RS 27254** for the Board of Acupuncture. This proposed legislation updates terminology.

**MOTION:** **Rep. Chew** made a motion to introduce **RS 27254. Motion carried by voice vote.**

**RS 27283:** **Kelley Packer**, Chief, BOL, presented **RS 27283** for the Board of Optometry. This is a complete rewrite to update, reorganize, and address scope of practice concerns.

**MOTION:** **Rep. Wagoner** made a motion to introduce **RS 27283. Motion carried by voice vote.**

- RS 27292:** **Kelley Packer**, Chief, BOL, presented **RS 27292**, a comprehensive update to the Bureau's statute. Changes include the bureau name to division, as well as removal of both outdated language and requirements. It also streamlines duties for a closer uniformity with all of the boards served.
- MOTION:** **Rep. Davis** made a motion to introduce **RS 27292. Motion carried by voice vote.**
- RS 27234:** **Blake Brumfield**, Program Manager, Developmental Disabilities (DD) Crisis Prevention and Court Services Program, Division of Family Services, DHW, presented **RS 27234**. The proposed changes will allow licensed professional counselors to interchange with social workers on the court-ordered DD evaluation committee. Medically licensed independent practitioners will be able to serve in place of the physician on guardianship and conservatorship evaluations, thus addressing the physician shortage. The changes improve the Department's ability to provide evaluation committee members as well as improve the assessment quality and quantity.
- MOTION:** **Rep. Gibbs** made a motion to introduce **RS 27234. Motion carried by voice vote.**
- RS 27232:** **Fernando Castro**, Supervisor, DHW Criminal History Unit, Bureau of Audits and Investigations, presented **RS 27232**. As pointed out by the Federal Bureau of Investigations, the National Crime Information Center (NCIC) references confer access to more information than is allowed by federal law. Those references have been removed to accurately represent the authorized access. The information from the Interstate Identification Index and the National Sex Offender Registry will continue to be available.
- MOTION:** **Rep. Lickley** made a motion to introduce **RS 27232. Motion carried by voice vote.**
- RS 27245:** **Ericka Rupp**, Program Manager, Daycare Licensing, DHW, presented **RS 27245**. The proposed legislature updates the basic day care licensing regulations to improve the health and safety standards for facility operation. The standards insure practices keep children safe and healthy while strengthening the professional development opportunities for the child care work force.
- MOTION:** **Rep. Rubel** made a motion to introduce **RS 27245**.  
Answering questions, **Ms. Rupp** explained the \$52,000 increased program costs are comprised of 71% federal funds and 29% General Funds. The General Fund direct impact will be less than \$20,000. These funds will be used to increase the two-year health and safety inspections to annually.
- VOTE ON MOTION:** **Chairman Wood** called for a vote on the motion to introduce **RS 27245. Motion carried by voice vote.**
- ADJOURN:** There being no further business to come before the committee, the meeting adjourned at 8:58 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

**AGENDA**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Monday, January 13, 2020**

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#"><u>16-0612-1901</u></a>	Idaho Child Care Program	Erika Rupp
<a href="#"><u>16-0309-1803</u></a>	Medicaid Basic Plan Benefits - Children's Intervention Services	Michael Case
<a href="#"><u>16-0310-1806</u></a>	Medicaid Enhanced Plan Benefits - Children's Intervention Services	Michael Case
<a href="#"><u>16-0309-2001</u></a>	Medicaid Basic Plan Benefits - Institutions for Mental Disease	David Welsh
<a href="#"><u>16-0318-1901</u></a>	Medicaid Cost Sharing	Alexandra Fernandez
<a href="#"><u>16-0319-1901</u></a>	Certified Family Homes	Steve Millward
<a href="#"><u>16-0322-1901</u></a>	Residential Assisted Living Facilities	Tamara Prisock
<a href="#"><u>16-0504-1901</u></a>	Council on Domestic Violence & Victim Assistance Grant Funding	Nicole Fitzgerald
<a href="#"><u>16-0506-1901</u></a>	Criminal History & Background Checks	Fernando Castro
<a href="#"><u>16-0506-1902</u></a>	Criminal History & Background Checks	Fernando Castro

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

COMMITTEE MEMBERS

Chairman Wood	Rep Christensen
Vice Chairman Wagoner	Rep Green(2)(Kastning)
Rep Vander Woude	Rep Lickley
Rep Gibbs	Rep Chew
Rep Blanksma	Rep Rubel
Rep Kingsley	Rep Davis
Rep Zollinger	

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

<b>DATE:</b>	Monday, January 13, 2020
<b>TIME:</b>	9:00 A.M.
<b>PLACE:</b>	Room EW20
<b>MEMBERS:</b>	Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green (Kastning)(2), Lickley, Chew, Rubel, Davis (Burns)
<b>ABSENT/ EXCUSED:</b>	None
<b>GUESTS:</b>	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.  <b>Chairman Wood</b> called the meeting to order at 9:00 a.m.
<b>DOCKET NO. 16-0612-1901:</b>	<b>Erika Rupp</b> , Program Manager, Idaho Child Care Program (ICCP), Department of Health & Welfare (DHW), Division of Welfare, presented <b>Docket No. 16-0612-1901</b> . The ICCP promotes economic self-sufficiency for low income families with reliable and consistent child care, healthy development, and school readiness for children.  In compliance with the Child Care Reauthorization Act of 2014, co-payment increases are limited during the certification period. Family reporting requirements have changed, deleting a section. Provider training practices and required certified pediatric first aid training are updated.
<b>MOTION:</b>	<b>Rep. Rubel</b> made a motion to approve <b>Docket No. 16-0612-1901</b> . For the record, no one indicated their desire to testify.
<b>VOTE ON MOTION:</b>	<b>Chairman Wood</b> called for a vote on the motion to approve <b>Docket No. 16-0612-1901. Motion carried by voice vote.</b>
<b>DOCKET NO. 16-0309-1803:</b>	<b>Michael Case</b> , Policy Program Manager, Division of Medicaid, DHW, presented <b>Docket No. 16-0309-1803</b> . The Rule revisions comply with the Centers for Medicare and Medicaid Services (CMS) directive to move intervention services for children with autism spectrum disorder from a Home and Community Based 1915(c) waiver into the Idaho State Plan.  Because children with autism spectrum disorder are included in the Idaho Statute definition of developmental disabilities (DD) and the Department's desire to ensure all Medicaid eligible children with an identified need can access intervention services, the Department chose to move all children's intervention services out of the 1915(c) waivers, allow those waivers to expire, and cover the services as Idaho State Plan Basic Plan Benefits. The revised rule allows services to be delivered in both evidence-based and evidence-informed service delivery models.  A tiered provider reimbursement structure was created to maintain existing providers, allow professional growth within the field, and encourage new providers.
	<b>Chairman Wood</b> turned the gavel over to <b>Vice Chairman Wagoner</b> .
	<b>Angie Williams</b> , Medicaid Program Policy Analyst, DHW, Division of Medicaid, responding to a committee question, explained the different provider levels are based on pay, age, and education.

**Lydia Dawson**, Executive Director, Idaho Association of Community Providers (IACP), testified in support of Docket No. 16-0309-1803. These critical services are an investment in the children throughout their lives. The IACP has identified concerns regarding the Medicaid Provider Handbook as a living document. She expressed confidence the DHW will work with the IACP on this issue.

For the record, no one else indicated their desire to testify.

**MOTION:**

**Rep. Wood** made a motion to approve Docket No. 16-0309-1803. Motion carried by voice vote. Reps. Zollinger, Christensen, and Kastning requested they be recorded as voting NAY.

**DOCKET NO.  
16-0310-1806:**

**Michael Case**, Policy Program Manager, Division of Medicaid, DHW, presented Docket No. 16-0310-1806, with restructuring and deletions resulting from removing the 1915(c) waivers, relocating the children's intervention services into the State Plan, and clarifying which support services are offered through the 1915(i) Idaho State Plan Option Benefit.

The changes include respite care while an unpaid caregiver is receiving Family Education and allows a related independent provider to give respite to a sibling group. Family education restrictions were removed to allow caregivers to better meet the child's needs. The family-directed community supports are continued through the 1915(i) authority.

**MOTION:**

**Rep. Gibbs** made a motion to approve Docket No. 16-0310-1806.

For the record, no one indicated their desire to testify.

**VOTE ON  
MOTION:**

**Chairman Wagoner** called for a vote on the motion to approve Docket No. 16-0310-1806. Motion carried by voice vote. Reps. Zollinger, Christensen, and Kastning requested they be recorded as voting NAY.

**DOCKET NO.  
16-0309-2001:**

**David Walsh**, Bureau Chief, Care Management, Division of Medicaid, presented Docket No. 16-0309-2001, a Temporary Rule in compliance with the Red Tape Reduction Act and in support of S 1204. All references to the Institutions for Mental Diseases (IMD) exclusion are removed. The DHW Director is directed to research options and apply for federal waivers to pay for substance abuse and mental health services. The Rule is effective January 1, 2020, to coincide with the 1915(i) option effective date.

Answering questions, **Mr. Walsh** explained the State Plan option and waiver approval is anticipated with a retroactive January 1, 2020, approval date, as has been indicated by the CMS.

**Rep. Rubel** commented the contingency planning provides a more immediate state of readiness and the Rule becomes null and void without the CMS approval.

For the record, no one indicated their desire to testify.

**MOTION:**

**Rep. Wood** made a motion to approve Docket No. 16-0309-2001. Motion carried by voice vote. Reps. Christensen, Kastning, Zollinger, and Vander Woude requested they be recorded as voting NAY.

**DOCKET NO.  
16-0318-1901:**

**Alexandra Fernandez**, Bureau Chief, Bureau of Long Term Care, Division of Medicaid, DHW, presented Docket No. 16-0318-1901. The revisions are in compliance with the Red Tape Reduction Act and are associated with participant cost sharing for home and community-based services. Exemptions clarify and update the Personal Needs Allowances used in the cost-sharing calculation in alignment with federal requirements.

Exempt cost sharing populations are identified, aligning with existing program operations. The cost-sharing calculation changes streamline the Personal Needs Allowance figures and ensure a member retains enough disposable income to cover living expenses not covered by Medicaid.

**Ms. Fernandez**, answering committee questions, stated the \$46,000 savings equals a net federal savings of \$32,000 and a net Idaho savings of \$14,000. Taxes, when associated with housing expenses, are included in the calculations.

**MOTION:**

**Rep. Zollinger** made a motion to approve **Docket No. 16-0318-1901**.

For the record, no one indicated their desire to testify.

**VOTE ON  
MOTION:**

**Chairman Wagoner** called for a vote on the motion to approve **Docket No. 16-0318-1901. Motion carried by voice vote.**

**DOCKET NO.  
16-0319-1901:**

**Steve Millward**, Program Manager, Certified Family Home (CFH) Program, Division of Licensing and Certification, DHW, presented **Docket No. 16-0319-1901**. The changes add protection for vulnerable adults living in CFHs and are in line with the Red Tape Reduction Act.

The provider criminal history and background check has been changed to at least every five years. Application denial is updated to include consideration of issues with a foster or child care license. A provider may be required to renew his clearance prior to the five-year minimum, if the Department becomes aware of issues which may impact the clearance status.

**MOTION:**

**Rep. Rubel** made a motion to approve **Docket No. 16-0319-1901**.

**Christine Pisani**, Executive Director, Idaho Council on DD, testified **in support** of **Docket 16-0319-1901**. She applauded the additional protection presented in both sections of the Rule and appreciated the Department's vigilance.

For the record, no one else indicated their desire to testify.

**VOTE ON  
MOTION:**

**Chairman Wagoner** called for a vote on the motion to approve **Docket No. 16-0319-1901. Motion carried by voice vote.**

**DOCKET NO.  
16-0322-1901:**

**Tamara Prisock**, Administrator, Division of Licensing and Certification, DHW, presented **Docket No. 16-0322-1901**, a rewrite of the licensing requirements for Idaho Residential Assisted Living Facilities with changes also in alignment with the Red Tape Reduction Act.

The rewrite enables assisted living facilities to receive accreditation by a nationally-recognized accreditation agency. Confusing or unclear requirements have been clarified. The chapter reorganization provides clarity and ease of use, with obsolete and duplicative language deleted and references updated. Changes also relax some of the licensure requirements and strengthen resident safety.

**MOTION:**

**Rep. Gibbs** made a motion to approve **Docket No. 16-0322-1901**.

**Jamie Simpson**, Supervisor, Residential Care Assisted Living Facilities Licensing Program, was invited to answer a committee question. She said there is no online complaint method because they like to get details directly from the complainants before going into the facilities. Upon suggestion, Ms. Simpson agreed to review the website's ease of use.

**Christine Pisani**, Executive Director, Council on DD, testified **in support** of **Docket No. 16-0322-1901**. Protections are a welcome addition to clearly outline the safeguarding of residents. Responding to a previous question, she stated the written agreements between facilities provide two separate emergency relocation facilities for residents during any emergency situation.

For the record, no one else indicated their desire to testify.

<b>VOTE ON MOTION:</b>	<b>Chairman Wagoner</b> called for a vote on the motion to approve <b>Docket No. 16-0322-1901. Motion carried by voice vote.</b>
<b>DOCKET NO. 16-0504-1901:</b>	<b>Nicole Fitzgerald</b> , Executive Director, Idaho Council on Domestic Violence and Victim Assistance, DHW, presented <b>Docket No. 16-0504-1901</b> , which governs the Council's grant making. Revisions remove obsolete language, update conflict of interest standards, update definitions to reflect federal language, and remove onerous burdens on parole applicants. The application process is made simpler and stabilizes the funding for community organizations providing direct assistance to crime survivors throughout Idaho.
<b>MOTION:</b>	<b>Rep. Rubel</b> made a motion to approve <b>Docket No. 16-0504-1901</b> .
	For the record, no one indicated their desire to testify.
<b>VOTE ON MOTION:</b>	<b>Chairman Wagoner</b> called for a vote on the motion to approve <b>Docket No. 16-0504-1901. Motion carried by voice vote.</b>
<b>DOCKET NO. 16-0506-1901:</b>	<b>Fernando Castro</b> , Supervisor, Criminal History Unit, DHW, presented <b>Docket No. 16-0506-1901</b> . Changes include the Red Tape Reduction Act, securing the Department's authority to complete the background checks of the Citizen Review Panel members, and conversion of the individuals subject to a criminal history and background check list into a table.
<b>MOTION:</b>	<b>Rep. Zollinger</b> made a motion to approve <b>Docket No. 16-0506-1901</b> .
	For the record, no one indicated their desire to testify.
<b>VOTE ON MOTION:</b>	<b>Chairman Wagoner</b> called for a vote on the motion to approve <b>Docket No. 16-0506-1901. Motion carried by voice vote.</b>
<b>DOCKET NO. 16-0506-1902:</b>	<b>Fernando Castro</b> , Supervisor, Criminal History Unit, DHW, presented <b>Docket No. 16-0506-1902</b> . References to the National Crime Information Center (NCIC) have been removed, as requested by the Federal Bureau of Investigation. This change clarifies the NCIC access is only through the 2014 Child Care and Development Block Grant, with no impact on the current federal and Idaho Sex Offender Registries use. The direct patient access employee definition has been added, provider expectations have been clarified, document retention has been updated, background checks for rehired staff have been clarified, and a sixty-day employee fingerprinting deadline has been added. Both assault and battery with intent to commit a serious felony have been added to the list of permanent disqualifying crimes.
<b>MOTION:</b>	<b>Rep. Kastning</b> made a motion to approve <b>Docket No. 16-0506-1902</b> .
	For the record, no one indicated their desire to testify.
<b>VOTE ON MOTION:</b>	<b>Chairman Wagoner</b> called for a vote on the motion to approve <b>Docket No. 16-0506-1902. Motion carried by voice vote.</b>
<b>ADJOURN:</b>	There being no further business to come before the committee, the meeting adjourned at 10:42 a.m.

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Representative Wagoner  
Chair

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Irene Moore  
Secretary

**AMENDED AGENDA #1**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Tuesday, January 14, 2020**

<b>DOCKET NO.</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#"><u>16-0000-1900</u></a>	DHW Non-Fee Rules Omnibus	Tamara Prisock, Division Administrator
<a href="#"><u>16-0000-1900F</u></a>	DHW Fee Rules Omnibus - Minus Vital Statistics Rules	Tamara Prisock

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

**COMMITTEE MEMBERS**

Chairman Wood    Rep Christensen  
Vice Chairman Wagoner                                Rep Green(2)(Kastning)  
Rep Vander Woude                                      Rep Lickley  
Rep Gibbs    Rep Chew  
Rep Blanksma    Rep Rubel  
Rep Kingsley    Rep Davis(Burns)  
Rep Zollinger

**COMMITTEE SECRETARY**

Irene Moore  
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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

<b>DATE:</b>	Tuesday, January 14, 2020
<b>TIME:</b>	9:00 A.M.
<b>PLACE:</b>	Room EW20
<b>MEMBERS:</b>	Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green (Kastning)(2), Lickley, Chew, Rubel, Davis (Burns)
<b>ABSENT/ EXCUSED:</b>	None
<b>GUESTS:</b>	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.  <b>Chairman Wood</b> called the meeting to order at 9:00 a.m.
<b>UNANIMOUS CONSENT REQUEST:</b>	<b>Chairman Wood</b> requested unanimous consent to remove the vital statistics rules chapter of IDAPA 16.02.08, of <b>Omnibus Docket No. 16-0000-1900F</b> from the agenda and discussion today. There being no objection, the request was granted.  <b>Chairman Wood</b> turned the gavel over to <b>Vice Chairman Wagoner</b> .
<b>DOCKET NO. 16-0000-1900:</b>	<b>Tamara Prisock</b> , Administrator, Division of Licensing and Certification, Rules Review Officer, Department of Health and Welfare (DHW), presented <b>Omnibus Docket No. 16-0000-1900</b> . In compliance with the Red Tape Reduction Act, chapters were eliminated, streamlined, and chapter names were simplified. Other deletions addressed redundancy and restrictive language. Chapter 16.03.10, Medicaid Enhanced Benefits, has rate increases resulting from two years of negotiations with providers.  <b>Sarah Clendenon</b> , Health Freedom Idaho (HFI), testified <b>in opposition to Omnibus Docket No. 16-0000-1900</b> . The terminology change to "student" is not defined in code. Child protection services (CPS) investigations done before any charges are made against the parents ignores their rights and religious beliefs, causing traumatic exams for the children.  <b>Miste Karlfeldt</b> , HFI, testified <b>in opposition to Omnibus Docket No. 16-0000-1900</b> . Chapter 16.06.01 Section 0101.01 provides federal funding to fast track parental rights removal to place children in foster care and adopt them out to strangers. Chapter 16.02.15 must be removed because the only authority is state law 39-4801. Parents must be free to maintain their responsibility for their children and regulations not supporting this must be removed. State custody entrance medical exams need to be changed.  <b>Jinny Peterson</b> , HFI, testified <b>in opposition to Omnibus Docket No. 16-0000-1900</b> , sharing her concerns regarding the DHW circumventing the legislative process. The Idaho constitution states no law shall be passed except by bill. Every rule infringes on individual rights, liberties, and both the Idaho and U.S. Constitutions.  <b>Jessica Zam</b> , HFI, testified <b>in opposition to Omnibus Docket No. 16-0000-1900</b> , requesting removal of Chapters 16.02.12, 16.03.09, 16.06.11, 16.06.12, 16.02.15, and 16.02.11.

**Sara Walton Brady**, Idaho for Vaccine Freedom, testified **in opposition to Omnibus Docket No. 16-0000-1900**. She requested removal of Chapter 16.06.12, for the Idaho Child Care Program (ICCP) immunization requirements for day care facility benefits and immunization evidence, which is not in alignment with the Temporary Assistance for Families in Idaho program. The term "student" eliminates the ability of the schools because Idaho state law says vaccination requirements are for a "child."

**Karen Sharpnick**, Idaho Immunization Coalition and Get Immunized Idaho, testified **in support of Omnibus Docket No. 16-0000-1900**. She shared letters from Idahoans requesting the immunization rule is kept in place.

For the record, no one else indicated their desire to testify.

**MOTION:**

**Rep. Rubel** made a motion to approve **Omnibus Docket No. 16-0000-1900**.

**SUBSTITUTE MOTION:**

**Rep. Vander Woude** made a substitute motion to approve **Omnibus Docket No. 16-0000-1900** with the exception of **Chapter 16.02.15 Section 100.05**, which will be rejected.

**AMENDED SUBSTITUTE MOTION:**

**Rep. Zollinger** made an amended substitute motion to approve **Omnibus Docket No. 16-0000-1900** with the exception of **Chapter 16.02.15 Section 100.05** and **Chapter 16.06.01 Sections 559.01 and 559.02**, which will be rejected.

Responding to committee questions, **Ms. Prisock** explained Chapter 16.06.01 is part of the **Omnibus Docket No. 16-0000-1900F**, which will be presented next.

**MOTION WITHDRAWN:**

**Rep. Zollinger** withdrew his amended substitute motion to approve **Omnibus Docket No. 16-0000-1900** with the exception of **Chapter 16.02.15 Section 100.05** and **Chapter 16.06.01 Sections 559.01 and 559.02**, which will be rejected.

**Dr. Christine Hahn** Medical Director, Division of Public Health, DHW, Idaho Epidemiologist, was invited to answer a question. She said Idaho has the highest exemption rate in the nation, due to our easy exemptions. When the meningitis vaccination became a mandate, awareness was raised while still allowing the opt out selection. Although many colleges require the vaccine, those not going to college were unaware of the seriousness of the disease. Educational information is provided to physicians and available on the public health website.

**AMENDED SUBSTITUTE MOTION:**

**Rep. Kastning** made an amended substitute motion to approve **Omnibus Docket No. 16-0000-1900** with the exception of **Chapters 16.02.11, 16.02.12, and 16.01.15**, which will be rejected.

**Elke Shaw-Tulloch**, Administrator, Division of Health, DHW, was invited to answer questions. A "student," defined as a child attending school, can be used interchangeably with "child" without any legal conflict. It was decided to make no changes to the immunization rules this year.

**ROLL CALL VOTE:**

**Rep. Wood** requested a roll call vote on **Omnibus Docket No. 16-0000-1900**. **Amended substitute motion failed by a vote of 3 AYE and 10 NAY.** Voting in favor of the amended substitute motion: **Reps. Zollinger, Christensen, Kastning**. Voting in opposition to the amended substitute motion: **Reps. Wood, Wagoner, Vander Woude, Gibbs, Blanksma, Kingsley, Lickley, Chew, Rubel, Burns**.

During committee discussion, **Rep. Lickley** read a letter from **Brian Kane**, Assistant Chief Deputy, Office of the Attorney General (AG) (See Attachment 1) regarding Chapter 16.06.01 Section 599.01 and the Fourth and Fourteenth Amendments.

<b>ROLL CALL VOTE:</b>	Roll call vote was requested. <b>Substitute motion failed by a vote of 6 AYE and 7 NAY.</b> Voting in favor of the substitute motion: Reps. Vander Woude, Blanksma, Kingsley, Zollinger, Christensen, Kastning. Voting in opposition to the substitute motion: Reps. Wood, Wagoner, Gibbs, Lickley, Chew, Rubel, Burns.
<b>ROLL CALL VOTE:</b>	Roll call vote was requested. <b>Original motion passed by a vote of 8 AYE and 5 NAY.</b> Voting in favor of the motion: Reps. Wood, Wagoner, Gibbs, Blanksma, Lickley, Chew, Rubel, Burns. Voting in opposition to the motion: Reps. Vander Woude, Kingsley, Zollinger, Christensen, Kastning.
<b>DOCKET NO. 16-0000-1900F:</b>	<p><b>Tamara Prisock</b>, Administrator, DHW, Division of Licensing and Certification, Rules Review Officer, presented <b>Omnibus Docket No. 16-0000-1900F</b>. As with the previous rule, changes were in keeping with the Red Tape Reduction Act. Chapters were eliminated, names were simplified, and obsolete or redundant language was deleted. Streamlined language improves readability and ease of use. Restrictive language was removed to reduce regulatory burdens. Ms. Prisock agreed to send the committee a summary of the public meeting comments.</p> <p><b>Barbara Parshly</b>, Idaho Citizen, testified <b>in opposition to Omnibus Docket No. 16-0000-1900F</b>. The herd immunity concept was coined in 1933 for measles patterns when less than 69% of the children had developed a natural immunity, not referring to vaccinations. Vaccinations have their place, when a parent or person makes an informed decision.</p> <p><b>Elizabeth Healey</b>, Disabled Veteran, testified <b>in opposition to Omnibus Docket No. 16-0000-1900F</b>, stating she is a vaccine-injured adult with a vaccine-injured child and opposes any vaccine mandates. It is important to keep the exemption options.</p> <p><b>Melody Brown</b>, Idaho Citizen, and parent of a severely vaccine-injured son, testified <b>in opposition to Omnibus Docket No. 16-0000-1900F</b>. The mandated vaccination takes away freedom of choice.</p> <p>For the record, no one else indicated their desire to testify.</p> <p>Invited to answer committee questions, <b>Dr. Christine Hahn</b>, Medical Director, Division of Public Health, DHW, Idaho Epidemiologist, said there are no changes in the parental opt-out right and there are no plans to eliminate those exemptions.</p>
<b>MOTION:</b>	<b>Rep. Wood</b> made a motion to approve <b>Omnibus Docket No. 16-0000-1900F</b> with the exception of <b>Chapter 16.02.08</b> of the rule for further review.
<b>SUBSTITUTE MOTION:</b>	<b>Rep. Zollinger</b> made a substitute motion to approve <b>Omnibus Docket No. 16-0000-1900F</b> with the exception of <b>Chapter 16.02.08</b> , of the rule for further review, and <b>Chapter 16.06.01 Section 559</b> , which will be rejected.
	Speaking to his motion, <b>Rep. Zollinger</b> expressed concern regarding the definition of the term "preferably" and the need for review to assure they rules coincide with constitutional rights.
	<b>Miren Unsworth</b> , Administrator, Division of Family and Community Services, DHW, was invited to answer a question. The inquiry response from the AG's office specific to the constitutionality of Chapter 16.06.01 Sections 559.01 and 559.02 can be provided. When providing collateral contact as part of the assessment they are preferably asking the family individuals because they know the parenting style, the family, and the circumstances being investigated. This could include an investigatory officer. The family participation requirement was removed.
<b>VOTE ON SUBSTITUTE MOTION:</b>	Roll call vote was requested. <b>Substitute motion failed by a vote of 5 AYE and 8 NAY.</b> Voting in favor of the substitute motion: Reps. Vander Woude, Kingsley, Zollinger, Christensen, Kastning. Voting in opposition of the substitute motion: Reps. Wood, Wagoner, Gibbs, Blanksma, Lickley, Chew, Rubel, Burns.

Regarding **IDAPA Chapter 16.02.08**, **Rep. Wood** said he understands there are two pieces of legislation coming to substitute for the rule. If either one succeeds, the rule will be taken up at that time. If none succeeds before February 28th, the rule deadline, the rule will be taken up by the committee. The DHW will not be left without a Vital Statistics Rule.

**VOTE ON  
ORIGINAL  
MOTION:**

**Chairman Wagoner** called for a vote on the original motion to approve **Omnibus Docket No. 16-0000-1900F**. **Motion carried by voice vote**. **Reps. Christensen, Zollinger**, and **Kastning** requested they be recorded as voting **NAY**.

**ADJOURN:**

There being no further business to come before the committee, the meeting adjourned at 10:43 a.m.

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Representative Wagoner  
Chair

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Irene Moore  
Secretary

**AGENDA**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Wednesday, January 15, 2020**

<b>DOCKET NO.</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#"><u>16-0202-1901</u></a>	EMS Physician Commission	Dr. Curtis Sandy, Chairman
<a href="#"><u>19-0101-1900F</u></a>	<u>Board of Dentistry</u> Omnibus Fee Rule	Susan Miller, Executive Director
<a href="#"><u>19-0101-1901</u></a>	Dental Therapy	Susan Miller

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

**COMMITTEE MEMBERS**

Chairman Wood                                  Rep Christensen  
Vice Chairman Wagoner                        Rep Green(2)(Kastning)  
Rep Vander Woude                              Rep Lickley  
Rep Gibbs                                        Rep Chew  
Rep Blanksma                                    Rep Rubel  
Rep Kingsley                                    Rep Davis(Burns)  
Rep Zollinger

**COMMITTEE SECRETARY**

Irene Moore  
Room: EW14  
Phone: 332-1138  
Email: hhel@house.idaho.gov

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

<b>DATE:</b>	Wednesday, January 15, 2020
<b>TIME:</b>	9:00 A.M.
<b>PLACE:</b>	Room EW20
<b>MEMBERS:</b>	Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green (Kastning)(2), Lickley, Chew, Rubel, Davis
<b>ABSENT/ EXCUSED:</b>	Representative(s) Gibbs
<b>GUESTS:</b>	Susan Miller and Carolyn Brammer, Bd of Dentistry; Taylor Wilkens, Marimn Health; Francoise Cleveland, AARP-Idaho; Tina G. Wilson, ISBD, Public Mbr; Trinette Middlebrook, IDHW; Curtis Sandy, EMSPC; Melissa Casey, Dental Family Dentistry; Richard Ferguson, Steven Bruce, Elizabeth Criner, and Linda Swanstrom, ISDA; Mike Kane, Atty for Dent. Bd.; Misty Lawrence and Colby Cameron, DFM; Wayne Denny, EMS/DHW; Tyrel Stevenson, Coeur d'Alene Tribe
<b>MOTION:</b>	<p><b>Chairman Wood</b> called the meeting to order at 9:00 a.m.</p> <p><b>Rep. Lickley</b> made a motion to approve the minutes of the January 7, 2020, meeting. <b>Motion carried by voice vote.</b></p> <p><b>Chairman Wood</b> turned the gavel over to <b>Vice Chairman Wagoner</b>.</p>
<b>DOCKET NO. 16-0202-1901:</b>	<p><b>Dr. Curtis Sandy</b>, Emergency Medical Services (EMS) Physician and Emergency Physician, Portneuf Hospital, Chairman, EMS Physician Commission (EMSPC), presented <b>Docket No. 16-0202-1901</b>. The EMS standards are established by the appointed eleven member EMSPC. This Rule updates the referenced standards manual version to 2020-1. Quarterly meetings refine the standards manual to provide EMS best practice procedures.</p> <p>For the record, no one indicated their desire to testify.</p>
<b>MOTION:</b>	<p><b>Rep. Lickley</b> made a motion to approve <b>Docket No. 16-0202-1901</b>. <b>Motion carried by voice vote.</b></p>
<b>DOCKET NO. 19-0101-1900F:</b>	<p><b>Susan Miller</b>, Executive Director, Idaho Board of Dentistry (IBOD), presented <b>Omnibus Docket No. 19-0101-1900F</b>, the reauthorization of existing agency rules in line with the Red Tape Reduction Act. Changes include expiration of the telehealth radius requirement and much of the dental assistant rules. The dental assistant supervising dentist was given delegation responsibility. Sections were combined and dental sedation was simplified. Fees and continuing education were placed into tables.</p> <p><b>Taylor Wilkins</b>, Dental Director, Marimn Health, testified <b>in support</b> of <b>Docket No. 19-0101-1900F</b>. As has been experienced in other states, dental therapy is a safe and effective care delivery model. The dental therapist in the clinic has provided the culturally-confident piece of the model for their patients.</p> <p>For the record, no one else indicated their desire to testify.</p> <p><b>Chairman Wagoner</b> declared Rule 80 stating a possible conflict of interest but that he would be voting on the docket.</p>
<b>MOTION:</b>	<p><b>Rep. Wood</b> made a motion to approve <b>Omnibus Docket No. 19-0101-1900F</b>. <b>Motion carried by voice vote.</b> <b>Chairman Wagoner</b> requested he be recorded as voting NAY.</p>

**DOCKET NO.  
19-0101-1901:**

**Susan Miller**, Executive Director, Idaho Board of Dentistry (IBOD), presented Docket No. 19-0101-1901, which are promulgated rules for dental therapists. The scope of practice includes a limited practice location within or contiguous to a tribal location.

After a stakeholder impasse occurred regarding the duties and associated supervision levels, the IBOD adopted the collaborative practice agreement (CPA) as a bridge. The CPA allows the supervising dentist, practicing within the same facility, to determine the permitted duties based on the dental therapist's training, skills, and abilities. A copy of the CPA could be required for cause or during an office inspection.

Class III mobility extractions are allowed under general supervision or at a higher supervision level, as specified in the CPA. This is the easiest extraction and is part of the dental therapist's training. Any complications following extraction would be addressed in a treatment plan and anticipated prior to the extraction. These rules allow the dental therapists to practice their profession while protecting public safety.

**Taylor Wilkins**, Dental Director, Marimn Health, testified **in support** of Docket No. 19-0101-1901. This is a safe and effective care delivery model with the CPA as a key part of the safety. He explained how the tribal member dental therapist bridges the cultural sensitivity so patients receive better care and are more satisfied.

Answering questions, **Dr. Wilkins** explained there is a dentist on staff during their clinic's hours. Any CPA he makes is predicated upon his comfort level with the dental therapist and would be updated as needed. Extractions could be set under any of the three allowed levels. Dentists review cases prior to procedure authorization.

**Tyrel Stevenson**, Legislative Director, Coeur d'Alene Tribe, testified **in support** of Docket No. 19-0101-1901. This new profession is based on a federal model under the Indian Health Services (IHS) and is a CPA model. The Health Resources and Services Administration (HRSA), the Federal Torte Claims Act (FTCA), and the GAP insurance plans combine to impact providers, services, and general supervision within the clinics and contiguous locations.

**MOTION:**

**Rep. Burns** made a motion to approve Docket No. 19-0101-1901.

**SUBSTITUTE  
MOTION:**

**Rep. Rubel** made a substitute motion to approve Docket No. 19-0101-1901 with the exception of **Section 036, Subsection 04.b**, which will be rejected.

Responding to committee questions, **Mr. Stevenson** said dentists inspecting, examining, and diagnosing before and during every procedure, is a conflict with the goal to address the cultural barrier and resulting high decay rate. The community members' degree of discomfort with someone who is different than themselves keeps them from getting care. Dental therapists are part of the community, provide the cultural trust, and free the dentists to work at the top of their scope.

**AMENDED  
SUBSTITUTE  
MOTION:**

**Rep. Wood** made a motion to approve Docket No. 19-0101-1901 with the exception of **Section 035** and **Section 036, Subsection 04.b**, which will be rejected.

**Elizabeth Criner**, Idaho State Dental Association (ISDA), testified **in opposition** to Docket No. 19-0101-1901, Sections 035 and 036, which do not reflect the content of the law for appropriate supervision levels for each authorized service or procedure. A national standard does not exist, and there are varying models in other states. Although a site visit is scheduled for March, a Commission on Dental Accreditation (CODA) accredited program is not guaranteed for this year. Two states successfully use the CPA, very detailed scopes of practice, and very detailed language for the CPA both in rule and law. A CPA was not delegated in this code to assure the IBOD would outline specific procedures.

If a patient requires additional procedures during an extraction, beyond the dental therapist's scope, it is important to have a dentist in the building to assure the community standard of care is maintained. For this new provider type and to make the Alaska model very successful, more work is required to assure the rule provides appropriate parameters to protect patient safety and provide clear guidance.

**John Kris**, Dentist, testified **in support** of Docket No. 19-0101-1901. He stated the program is important to access of care. However, explicit rules and guidelines for dental therapists are needed to assure success.

**Dr. Steve Bruce**, ISDA, testified **in opposition** to Docket No. 19-0101-1901, sharing his concerns about the limited scope of practice gray areas, such as performing unstipulated procedures. There is time to do this right to assure this program works well.

**Tim Olsen**, Representative, Nez Perce Tribe, testified **in support** of Docket No. 19-0101-1901. The current rule is an effort to provide regulation and meet the opposition half way. Legislation next year can get more specific.

**Carolyn Brammer**, Member, IBOD, Dental Hygienist, testified **in support** of Docket No. 19-0101-1901. The required graduation from a CODA approved program assures public safety, although there are currently no accredited programs.

For the record, no one else indicated their desire to testify.

**Chairman Wagoner** declared Rule 80 stating a possible conflict of interest but that he would be voting on the docket.

**VOTE ON MOTION:**

Roll call vote was requested. **Amended substitute motion failed by a vote of 3 AYE, 9 NAY, 1 Absent/Excused.** Voting in favor of the motion: **Reps. Wood, Wagoner, Lickley.** Voting in opposition to the motion: **Reps. Vander Woude, Blanksma, Kingsley, Zollinger, Christensen, Kastning, Chew, Rubel, Burns. Rep. Gibbs was absent/excused.**

**VOTE ON MOTION:**

Roll call vote was requested. **Substitute motion failed by a vote of 2 AYE, 10 NAY, 1 Absent/Excused.** Voting in favor of the motion: **Reps. Wagoner, Rubel.** Voting in opposition to the motion: **Reps. Wood, Vander Woude, Blanksma, Kingsley, Zollinger, Christensen, Kastning, Lickley, Chew, Burns. Rep. Gibbs was absent/excused.**

**VOTE ON MOTION:**

**Chairman Wagoner** called for a vote on the original motion to approve Docket No. 19-0101-1901. Motion carried by voice vote. **Reps. Wood, Lickley,** and **Chairman Wagoner** requested they be recorded as voting **NAY.**

**ADJOURN:**

There being no further business to come before the committee, the meeting adjourned at 11:12 a.m.

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Representative Wagoner  
Chair

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Irene Moore  
Secretary

AGENDA  
**HOUSE HEALTH & WELFARE COMMITTEE**  
9:00 A.M.  
Room EW20  
Thursday, January 16, 2020

<b>DOCKET NO.</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#"><u>15-0100-1900</u></a>	Commission on Aging Omnibus Rules	Judy Taylor
<a href="#"><u>15-0200-1900</u></a>	Commission For The Blind and Visually Impaired Omnibus Rules	Mike Walsh

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

**COMMITTEE MEMBERS**

Chairman Wood    Rep Christensen  
Vice Chairman Wagoner                                Rep Green(2)(Kastning)  
Rep Vander Woude                                      Rep Lickley  
Rep Gibbs    Rep Chew  
Rep Blanksma    Rep Rubel  
Rep Kingsley    Rep Davis(Burns)  
Rep Zollinger

**COMMITTEE SECRETARY**

Irene Moore  
Room: EW14  
Phone: 332-1138  
Email: [hhel@house.idaho.gov](mailto:hhel@house.idaho.gov)

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Thursday, January 16, 2020  
**TIME:** 9:00 A.M.  
**PLACE:** Room EW20  
**MEMBERS:** Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis (Burns)  
**ABSENT/  
EXCUSED:** Representative(s) Blanksma  
**GUESTS:** Jay Shaw, OAR/DFM; Vicki Yanzuk and Judy Taylor, ICOA  
**Chairman Wood** called the meeting to order at 9:01 a.m.  
**Chairman Wood** turned the gavel over to **Vice Chairman Wagoner**.  
**DOCKET NO.  
15-0100-1900:** **Judy Bicknell Taylor**, Idaho Commission on Aging, presented **Docket No. 15-0100-1900**. The changes are in line with the Red Tape Reduction Act and eliminate obsolete, outdated or unnecessary Rules.  
Definitions were streamlined to reflect current national standards and reporting requirements. Services were aligned and defined to reflect Idaho Statute and the Older Americans Act. Two outdated rules were removed. Minor housekeeping edits clarify and simplify existing language as well as reduce and eliminate outdated restrictions.  
For the record, no one indicated their desire to testify.  
**MOTION:** **Rep. Wood** made a motion to approve **Docket No. 15-0100-1900. Motion carried by voice vote.**  
**DOCKET NO.  
15-0200-1900:** **Dr. Mike Walsh**, Chief of Rehabilitation Services, Commission for the Blind and Visually Impaired, presented **Docket No. 15-0200-1900**. The Rules were reviewed in line with the Red Tape Reduction Act. The changes eliminated the duplication of several regulations governing the federal programs and incorporated by reference.  
For the record, no one indicated their desire to testify.  
**MOTION:** **Rep. Chew** made a motion to approve **Docket No. 15-0200-1900. Motion carried by voice vote.**  
**ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 9:08 a.m.

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Representative Wagoner  
Chair

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Irene Moore  
Secretary



STATE OF IDAHO  
OFFICE OF THE ATTORNEY GENERAL  
LAWRENCE G. WASDEN

September 30, 2019

The Honorable Fred S. Martin  
Idaho State Senator  
3672 Tumbleweed Place  
Boise, ID 83713

Re: Constitutionality of IDAPA Provisions, Child and Family Services

Dear Senator Martin:

You have inquired about the constitutionality under the Fourth and Fourteenth Amendments of IDAPA 16.06.01.559.01 and 16.06.01.559.02. The Idaho Legislature has clearly placed the authority and responsibility to investigate reports of child abuse, abandonment, and neglect in the Idaho Department of Health and Welfare. Idaho Code § 16-1631. The Department's rules provide guidance on how those assessments should be conducted. IDAPA 16.06.01.559.01 and .02. Neither provision violates the Fourth or Fourteenth Amendments on their face. However, the rules implicate some Fourth and Fourteenth Amendment protections against unwanted state interference in parent-child relationships that have been acknowledged by the courts. *See Kirkpatrick v. Cy. Of Washoe*, 843 F.3d 784, 788 (9<sup>th</sup> Cir. 2016).

#### **Fourth Amendment**

The Fourth Amendment ensures freedom from unreasonable searches and seizures. Two elements must be established for a Fourth Amendment violation: there must be government conduct that amounts to a search or seizure, and if so, then that conduct must be unreasonable. *See Illinois v. Caballes*, 543 U.S. 405, 409-10 (2005).

A search “occurs when the government violates a subjective expectation of privacy that society recognizes as reasonable.” *Kyllo v. U.S.*, 533 U.S. 27, 33 (2001). A seizure is government conduct that restrains one’s liberty “by means of physical force or show of authority.” *Graham v. Connor*, 490 U.S. 386, 395 n. 10 (1989). In determining whether an interview constitutes a seizure, a court must determine whether a reasonable person would have believed he was free to leave. *U.S. v. Mendenhall*, 446 U.S. 544, 554 (1980). The courts consider factors such as the number of officers

present, whether weapons were displayed, whether the officer's demeanor or voice implied compliance was compelled, and whether person was advised of the right to terminate the interview. *Id.* The United States Supreme Court has not yet addressed what factors to consider for a social worker's interview of a child in a child abuse investigation, but lower courts have considered the child's age, education, mental development, sophistication and familiarity with the interview process. Aguilera v. Baca, 510 F.3d 1161, 1169-1170 (9<sup>th</sup> Cir. 2007); *see also Doe v. Heck*, 327 F.3d 492, 510 (7<sup>th</sup> Cir. 2003)(court found seizure where no reasonable child would have believed he was free to leave when removed from classroom escorted by school personnel and interviewed by caseworkers and an officer for 20 minutes).

Even if one assumes the first element is established – that interview of a child or parent amounts to a search or seizure – the mere fact of questioning does not establish the second element of unreasonableness. Thus, inquiry into whether a Child Protection social worker's interview has violated a child's or parent's Fourth Amendment rights requires examination of the facts and circumstances of that interview. Neither the United States Supreme Court nor the Ninth Circuit have addressed when a seizure of a child in the context of a child abuse investigation is unreasonable. An interview based on exigent circumstances would not be unreasonable. Arguably, an interview based on reasonable suspicion of abuse may be reasonable, as federal court cases finding an unreasonable seizure have relied on findings that the social worker lacked a reasonable articulable suspicion of child abuse. *See Dees v. Cy. of San Diego*, 302 F.Supp.3d 1168, 1180-81 (S.D. Cal 2017); Phillips v. Cy of Orange, 894 F.Supp.2d 345, 365-366 (S.D.N.Y 2012).

#### **Fourteenth Amendment**

The Fourteenth Amendment guarantees substantive due process; no one shall be deprived of life, liberty, or property without due process of law. In the child protection context, a parent's interest in the "care, custody, and management of their child" is a "fundamental liberty interest protected by the Fourteenth Amendment." Santosky v. Kramer, 455 U.S. 745, 753 (1982); State v. Doe, 144 Idaho 839, 842 (2007). However, this liberty interest is "limited by the government's compelling interest in protecting a minor child." Dees, 302 F.Supp.3d at 1180-81. The "right to family integrity clearly does not include a constitutional right to be free from child abuse investigations." *Id.* at 1181 (other citations omitted). Most Fourteenth Amendment challenges have arisen in the context of a child's removal from parental custody or directing medical care of a child contrary to parents' wishes.

To state a claim for a Fourteenth Amendment due process violation, one must show that state action "shocks the conscience" or conduct is in "conscious or reckless disregard of the consequences." *Id.* Some courts have found that a state official's seizure and subsequent interview of a minor on school grounds without judicial authorization, parental consent, or exigent circumstances amounted to unconstitutional interference with the parent-child relationship. *See Williams v. Cy of San Diego*, 2017 WL 6541251 at \*7-8 (S.D. Cal. Dec. 21, 2017). However, not all courts agree that a mere investigation does not infringe on a parent's Fourteenth Amendment

right. Doe v. Heck, 327 F.3d at 524; *but see Barber v. Miller*, 809 F.3d 840, 847 (6<sup>th</sup> Cir. 2015)(mere investigation into child abuse does not infringe on parents' Fourteenth Amendment rights, so protections for in-school interview of child were not clearly established).

But again, as under a Fourth Amendment analysis, one must consider the facts and circumstances of a child protection social worker's interview of a child or parent to assess whether a substantive due process violation has occurred. The fact of an interview, by itself, does not establish a constitutional violation.

### **Conclusion**

For these reasons, it is my assessment that if challenged, a court would find IDAPA 16.06.01.559.01 and .02 do not on their face run afoul of the Fourth or Fourteenth Amendments. Where a particular interview by a social worker is challenged, a court will consider the exigency of circumstances, the reasonable perceptions of the child or parent, the reasonable suspicion on which abuse allegations is based, the perceived freedom of the interviewee to not be interviewed, and other factors.

If you have other questions or concerns or would like to otherwise discuss possible amendments to the rules to help avoid constitutional challenges, please feel free to contact me.

Sincerely,



BRIAN KANE  
Assistant Chief Deputy

BPK:kw

**AMENDED AGENDA #1**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Monday, January 20, 2020**

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#"><b>RS27357</b></a>	Child Care - Treatment Facility	Sen. Mary Souza
<a href="#"><b>RS27377</b></a>	Telehealth Services	Rep. Megan Blanksma
<a href="#"><b>RS27376</b></a>	Medical Billing - Prohibitions	Rep. Megan Blanksma
<a href="#"><b>RS27344</b></a>	Physical Therapy - Dry Needling	Emily Hunter, Idaho Physical Therapy Association
<a href="#"><b>H 318</b></a>	Bureau of Occupational Licensing	Kelley Packard, Bureau Chief
<a href="#"><b>H 313</b></a>	Board of Acupuncture - Licensing	Kelley Packard

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

**COMMITTEE MEMBERS**

Chairman Wood	Rep Zollinger
Vice Chairman Wagoner	Rep Christensen
Rep Vander Woude	Rep Lickley
Rep Gibbs	Rep Chew
Rep Blanksma	Rep Rubel
Rep Kingsley	Rep Davis

**COMMITTEE SECRETARY**

Irene Moore
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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

<b>DATE:</b>	Monday, January 20, 2020
<b>TIME:</b>	9:00 A.M.
<b>PLACE:</b>	Room EW20
<b>MEMBERS:</b>	Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Lickley, Chew, Rubel, Davis
<b>ABSENT/ EXCUSED:</b>	None
<b>GUESTS:</b>	Kelley Packer and Rob McQuade, IBOL; Kathie Garrett; Hollie Lawrence, LSO; Misti Lawrence and Colby Cameron, DFM; Toni Lawson, Id. Hospital Assoc.; Elizabeth Criner, ISDA; Frank Barnhart; Kris Ellis, EG
<b>RS 27357:</b>	<b>Chairman Wood</b> called the meeting to order at 9:00 a.m. <b>Sen. Mary Souza</b> , District 4, presented <b>RS 27357</b> . Proposed legislation to offer a licensing exemption for residential programs offering temporary alcohol and drug abuse treatment for teens. Teens are not allowed in adult programs, there are only two teen programs in Idaho, and out-of-state programs are prohibitive due to cost and lack of insurance coverage.
<b>MOTION:</b>	<b>Rep. Blanksma</b> made a motion to introduce <b>RS 27357. Motion carried by voice vote.</b>
<b>RS 27377:</b>	<b>Rep. Megan Blanksma</b> , District 23, presented <b>RS 27377</b> which clarifies language regarding telehealth technology and expands its scope for the provider-patient relationship.
<b>MOTION:</b>	<b>Rep. Lickley</b> made a motion to introduce <b>RS 27377. Motion carried by voice vote.</b>
<b>RS 27376:</b>	<b>Rep. Megan Blanksma</b> , District 23, presented <b>RS 27376</b> . This proposed legislation prohibits surprise medical billing for services from an out-of-network provider who worked in an in-network facility.
<b>MOTION:</b>	<b>Rep. Chew</b> made a motion to introduce <b>RS 27376. Motion carried by voice vote.</b>
<b>RS 27344:</b>	<b>Emily Hunter</b> , Risch Pisca, representing the Idaho Physical Therapy Association, presented <b>RS 27344</b> . The original dry-needling legislation required physical therapists complete training from a specific accredited organization no longer accrediting. Changes remove this requirement and return the course purview to the Idaho Board of Physical Therapy.
<b>MOTION:</b>	<b>Rep. Blanksma</b> made a motion to introduce <b>RS 27344. Motion carried by voice vote.</b>
<b>H 318:</b>	<b>Kelley Packer</b> , Bureau Chief, Bureau of Occupational Licenses, presented <b>H 318</b> , to align the Bureau's structure with the current administrative, fiscal, legal, and investigative services provided to the contracted boards. The fiscal cost includes both the name change to Division of Occupational and Professional Licenses and the move to the Chinden campus.  Answering committee questions, <b>Ms. Packer</b> said the new \$25 fee covers the approximate fifteen hours per week being used by a staff member to email requested copies to licensees.

She explained the original renaming \$30,000 cost has been reduced to \$7,400 for streamlining honorariums. The \$22,000 budget provision of the governor's recommended move to the Chinden campus will cover both address and name change costs. The name change addresses the discrepancy between the Bureau definition and its current administrative functions at no additional cost to licensees. Additional changes for updating rules or statutes eliminate repetitive legislation and the cost for each board.

For the record, no one indicated their desire to testify.

- MOTION:** **Vice Chairman Wagoner** made a motion to send **H 318** to the floor with a **DO PASS** recommendation.
- ROLL CALL VOTE:** A roll call vote was requested. **Motion carried by a vote of 7 AYE, 5 NAY.** Voting in favor of the motion: **Reps. Wood, Wagoner, Gibbs, Lickley, Chew, Rubel, Davis.** Voting in opposition to the motion: **Reps. Vander Woude, Blanksma, Kingsley, Zollinger, Christensen.** **Rep. Troy** will sponsor the bill on the floor.
- H 313:** **Kelley Packer**, Bureau Chief, Bureau of Occupational Licenses, presented **H 313**. This legislation for the Board of Acupuncturists replaces the out-of-state licensee waiver provision with an endorsement licensure. The term "crime involving moral turpitude" is replaced with "a crime that reflects on the qualifications, functions, or duties of an acupuncturist."
- MOTION:** **Rep. Zollinger** made a motion to send **H 313** to the floor with a **DO PASS** recommendation.
- For the record, no one indicated their desire to testify.
- VOTE ON MOTION:** **Chairman Wood** called for a vote on the motion to send **H 313** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Vice Chairman Wagoner** will sponsor the bill on the floor.
- ADJOURN:** There being no further business to come before the committee, the meeting adjourned at 9:25 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

AGENDA  
**HOUSE HEALTH & WELFARE COMMITTEE**  
9:00 A.M.  
Room EW20  
Tuesday, January 21, 2020

SUBJECT	DESCRIPTION	PRESENTER
<u>H 315</u>	Controlled Substances - Schedule I	Nicki Chopski, Executive Director, Board of Pharmacy
<u>H 316</u>	Pharmacy Act Updates	Nicki Chopski

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

COMMITTEE MEMBERS

Chairman Wood                                  Rep Zollinger  
Vice Chairman Wagoner                        Rep Christensen  
Rep Vander Woude                              Rep Lickley  
Rep Gibbs                                        Rep Chew  
Rep Blanksma                                    Rep Rubel  
Rep Kingsley                                    Rep Davis

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Tuesday, January 21, 2020  
**TIME:** 9:00 A.M.  
**PLACE:** Room EW20  
**MEMBERS:** Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Lickley, Chew, Rubel, Davis  
**ABSENT/  
EXCUSED:** Representative(s) Christensen  
**GUESTS:** Nicole Chopski, Board of Pharmacy; Misty Lawrence, DFM; Melinda Merrill, NW Grocery Assoc.; Pam Eaton, IRA/ISPA  
**MOTION:** **Chairman Wood** called the meeting to order at 9:00 a.m.  
**H 315:** **Rep. Lickley** made a motion to approve the minutes of the January 8 and 10, 2020, meetings. **Motion carried by voice vote.** **Nicki Chopski**, Executive Director, Idaho Board of Pharmacy, presented **H 315**, an update to the Schedule I Controlled Substances List to conform with the federal schedules and the Drug Enforcement Administration (DEA) scheduling of fentanyl, synthetic cannabinoids, and synthetic opioids. Answering questions, **Ms. Chopski** said there is no change to the definition of marijuana or removal of hemp. For the record no one indicated their desire to testify.  
**MOTION:** **Rep. Chew** made a motion to send **H 315** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Chew** will sponsor the bill on the floor.  
**H 316:** **Nicki Chopski**, Executive Director, Idaho Board of Pharmacy, presented **H 316**. The changes are in alignment with the Red Tape Reduction Act and remove unnecessary restrictions and burdens. Modifications mirror the discipline of DEA sanctioned licensees and eliminate the required BOP supervision of law enforcement forfeited drugs destruction. Removals include obsolete prescribing sections, the good moral character clause, and the act containing the governor's time frame requirement for filling board vacancies. The language relating to continuing education and counseling was simplified. For the record, no one indicated their desire to testify.  
**MOTION:** **Rep. Zollinger** made a motion to send **H 316** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Zollinger** will sponsor the bill on the floor.  
**ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 9:09 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

**AGENDA**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Wednesday, January 22, 2020**

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<u><a href="#">RS27398</a></u>	Medicaid Reimbursements	Matt Wimmer, DHW
<u><a href="#">H 314</a></u>	Deaf, Hard of Hearing - Terminology Update	Steven Snow, Director
<u><a href="#">H 310</a></u>	Background Checks - Sources	Fernando Castro, DHW
<u><a href="#">H 311</a></u>	Evaluation Committees - Counselor	Blake Brumfield, DHW
<u><a href="#">H 312</a></u>	Daycare Facilities - Licensing	Ericka Rupp, DHW

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

**COMMITTEE MEMBERS**

Chairman Wood                                  Rep Zollinger  
Vice Chairman Wagoner                        Rep Christensen  
Rep Vander Woude                              Rep Lickley  
Rep Gibbs                                        Rep Chew  
Rep Blanksma                                    Rep Rubel  
Rep Kingsley                                    Rep Davis

**COMMITTEE SECRETARY**

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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

<b>DATE:</b>	Wednesday, January 22, 2020
<b>TIME:</b>	9:00 A.M.
<b>PLACE:</b>	Room EW20
<b>MEMBERS:</b>	Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Lickley, Chew, Rubel, Davis (Burns)
<b>ABSENT/ EXCUSED:</b>	Representative(s) Zollinger
<b>GUESTS:</b>	Steven Snow, CDHH; Brian Darcy, IBesDB; Stevana Corder, ISU Student; Fernando Castro, Blake Brumfield, Matt Wimmer, Cam Gilliland, Ericka Rupp, Lisa Hettinger, July Hamman, Shannon Brady, and Aaron Howard, DHW; Colby Cameron, DFM; Richelle Tierney, DD Council; Beth Oppenheimer, Idaho AEYC; Toni Lawson, Id. Hospital Assoc.; Karyn Levin and Christine Tiddens, Idaho Voices for Children
<b>MOTION:</b>	<b>Chairman Wood</b> called the meeting to order at 8:58 a.m.
<b>RS 27398:</b>	<b>Chairman Wood</b> put the committee at ease. Chairman Wood resumed the meeting at 9:00 a.m.
<b>MOTION:</b>	<b>Rep. Lickley</b> made a motion to approve the minutes of the January 9, 2020, meeting. <b>Motion carried by voice vote.</b>
<b>H 314:</b>	<b>Matt Wimmer</b> , Administrator, Division of Medicaid, Department of Health and Welfare (DHW) presented <b>RS 27398</b> , to reduce the net reimbursements to hospitals and nursing facilities in state fiscal years (SFY) 2020 and 2021 to achieve the Medicaid general fund needs. The DHW is directed to collaborate with hospital and nursing facility providers to update the reimbursement methods. Medicaid payment methods will be moved away from cost-based reimbursements. Answering a question, Mr. Wimmer said the nursing facilities assessment increase will use additional federal funds.
<b>MOTION:</b>	<b>Rep. Gibbs</b> made a motion to introduce <b>RS 27398</b> . <b>Motion carried by voice vote.</b> <b>Chairman Wood</b> requested <b>Mr. Wimmer</b> provide a net impact at the bill hearing.
<b>MOTION:</b>	<b>Steven Snow</b> , Executive Director, Idaho Council for the Deaf and Hard of Hearing, presented <b>H 314</b> to replace the archaic terms "hearing impairment" or "hearing impaired" with "deaf or hard of hearing" or "hearing loss." The five agency heads impacted are in agreement with this change.  Other changes include updated statistical information, deleted outdated definitions, alignment with other statutes, and removal of the obsolete hearing aid society ex-officio board member.  In response to a committee question, <b>Mr. Snow</b> stated the terms for the visually and speech impaired are still acceptable and supported by their communities.
<b>MOTION:</b>	<b>Rep. Chew</b> made a motion to send <b>H 314</b> to the floor with a <b>DO PASS</b> recommendation.  <b>Brian Darcy</b> , Administrator, Idaho Bureau for Educational Services for the Deaf and Blind, testified <b>in support</b> of <b>H 314</b> . The outdated term "impaired" refers to defectiveness. The terminology used for individuals who are blind or have low vision are still acceptable, although changing.  For the record, no one else indicated their desire to testify.

**VOTE ON  
MOTION:**

**Chairman Wood** called for a vote on the motion to send **H 314** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Wintrow** will sponsor the bill on the floor.

**H 310:**

**Fernando Castro**, Supervisor, Welfare Criminal History Unit, Bureau of Compliance, DHW, presented **H 310**, which eliminates reference to the National Crime Information Center (NCIC). A rule and statute review by the Federal Bureau of Investigation (FBI) revealed this reference conferred the Department access to more information than allowed by federal law. The access to their resources authorized by both US Public Laws 92-544 and 113-186 remains intact. When not able to receive information directly from the FBI, other resources will be accessed to provide the same information.

For the record, no one indicated their desire to testify.

**MOTION:**

**Vice Chairman Wagoner** made a motion to send **H 310** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Christensen** will sponsor the bill on the floor.

**H 311:**

**Blake Brumfield**, Program Manager, Developmental Disabilities (DD) Crisis Prevention and Court Services Program, Division of Community and Family Services, DHW, presented **H 311**. The designated evaluation committee members for court-ordered Developmental Disability (DD) evaluations are a social worker, a psychologist, and a physician, with specific legal training. This legislation will allow licensed professional counselors (LPC) to serve interchangeably with social workers in this capacity. The change will share duties with existing trained and credentialed DHW LPC staff, relieving the current workload.

**H 311** also allows medically licensed independent practitioners serve in place of the physician on guardianship and conservatorship evaluations for the evaluation committees. This will address the physician member shortage, particularly for specialized populations evaluations.

The changes will improve the DHW's ability to recruit and provide a multi-disciplinary team for the evaluation committees. Additionally, the quality and quantity of court-ordered assessments will be improved with the discipline expansion.

Answering committee questions, **Mr. Brumfield** explained the staff LPCs have been trained in clinical assessments and social history. The discipline differences for clinical psychologists prohibit such an interchange.

**Richelle Tierney**, Policy Analyst, Council on DD, testified **in support** of **H 311**. Replacing a licensed practitioner is one solution to a common problem when trying to find rural physicians to serve on the committees.

For the record, no one else indicated their desire to testify.

**MOTION:**

**Rep. Lickley** made a motion to send **H 311** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Kingsley** will sponsor the bill on the floor.

**H 312:**

**Ericka Rupp**, Program Manager, Day Care Licensing, DHW, presented **H 312**, with changes based on provider input. A new standard requires a disaster preparedness plan, including processes and procedures for evacuation and relocation of children during an emergency. Health inspections are increased to annually. Criminal history background checks are changed to every five years. Current pediatric CPR and first aid training is required.

A new transportation standard requires providers use proper safety restraints when transporting children. Safe sleep, another new standard, requires providers practice safe sleep for infants under twelve months. The current four hours of annual provider training is increased to twelve hours.

**Ms. Rupp**, in response to committee questions, said the free training is available online, in person, via DVD's, and in English or Spanish. The new transportation standard provides recourse when a provider receives an unsafe driving ticket.

**MOTION:**

**Rep. Rubel** made a motion to send **H 312** to the floor with a **DO PASS** recommendation.

**Bart Buckendorf**, Battalion Chief, Ada County Paramedics, testified **in support** of **H 312**. He stated the importance of the safe sleep environment. Of the county's eleven infant deaths since 2016, two were in day care facilities.

**Karyn Levin**, Intern, Idaho Voices for Children, testified **in support** of **H 312**. Protecting the health and safety of children in child care programs is critical for both parents and the children's subsequent school and economic success. This is a clear map for running a day care facility in Idaho.

For the record, no one else indicated their desire to testify.

**VOTE ON  
MOTION:**

**Chairman Wood** called for a vote on the motion to send **H 312** to the floor with a **DO PASS** recommendation. Motion carried by voice vote. **Reps. Blanksma, Kingsley, Christensen, Vander Woude, and Zollinger** requested they be recorded as voting **NAY**. **Rep. Rubel** will sponsor the bill on the floor.

**ADJOURN:**

There being no further business to come before the committee, the meeting adjourned at 9:50 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

AGENDA  
**HOUSE HEALTH & WELFARE COMMITTEE**  
9:00 A.M.  
Room EW20  
Thursday, January 23, 2020

SUBJECT	DESCRIPTION	PRESENTER
<a href="#"><u>H 317</u></a>	Optometric Physician Licensing Act	Kelley Packer, Bureau Chief

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

COMMITTEE MEMBERS

Chairman Wood                                  Rep Zollinger  
Vice Chairman Wagoner                        Rep Christensen  
Rep Vander Woude                              Rep Lickley  
Rep Gibbs                                        Rep Chew  
Rep Blanksma                                    Rep Rubel  
Rep Kingsley                                    Rep Davis

COMMITTEE SECRETARY

Irene Moore  
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Phone: 332-1138  
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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Thursday, January 23, 2020  
**TIME:** 9:00 A.M.  
**PLACE:** Room EW20  
**MEMBERS:** Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Lickley, Chew, Rubel, Davis (Burns)  
**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 9:00 a.m.

**H 317:** **Kelley Packer**, Bureau Chief, Idaho Bureau of Occupational Licenses (IBOL), presented **H 317**, which is a rewrite of the outdated Optometric Physician Licensing Act, consistent with other regulated professions and occupations.

The scope of practice expansion stipulate the specified laser surgical procedures can be done once examination and experience requirements are met. Attestations from universities show the current scope of training includes the procedures. Licensure provides guardrails to assure the optometrists are working within their scope of practice. An exclusionary procedure list is included in the legislation. The optometric profession is asking for personal responsibility and accountability through their board. Answering a question, **Ms. Packer** clarified one of the six states with similar legislation has allowed these procedures for twenty years.

**Dr. Nathan Welch**, Board Certified Ophthalmologist, President, Idaho Society of Ophthalmology, testified **in opposition** to **H 317**. The proposed surgical procedures allow eye surgery by non-surgeons and non-medical physicians. There is currently no backlog of laser procedures and no need for this expansion.

**Dr. Welch** cited an Oklahoma study which indicated once optometrists were permitted, the procedure availability did not increase. In fact, patients were often encouraged to travel past an ophthalmologist's office to an optometrist's office to maintain the care network. Of the similar bills proposed in twenty-one states, nineteen states have rejected the legislation. A year-long Vermont study could not conclude optometrists are properly trained to perform the advanced procedures. The U.S. Department of Veteran Affairs announced only ophthalmologists will be permitted to perform therapeutic laser procedures in all states.

The legislation allows successful performance of only five supervised procedures, not five surgeries for each type of procedure. This is inadequate to assure competency. **Dr. Welch** agreed regarding the need to update and modernize the statute, but without scope of practice expansion. The exclusion list would allow many unlisted surgeries to be done by non-surgeons.

Responding to committee questions, **Dr. Welch** stated the exclusion list was given to the IBOL with the intent of further discussions and final approval, which did not happen. An ophthalmologist has four years of medical school, followed by hospital internship, and three years in a clinic with physician oversight. Since the billing code is the same, the procedure costs would also be the same. There are currently three types of therapeutic lasers. The open ended nature of this legislation does not protect against use of any laser developed in the future. It is important to recognize the disease stage and appropriate type of treatment or procedure. In some instances urgent surgical intervention is required to prevent the person's sight.

Testifying in opposition to **H 317** were **Dr. Jason Halverson**, Ophthalmologist, **Dr. Kathrine Lee**, Pediatric Ophthalmologist, St. Luke's Children's Specialty Unit, **Dr. Adam Reynolds**, Ophthalmologist Glaucoma Specialist, **Dr. Brent Betts**, Cornea and Refracted Surgeon, **Dr. Mark Miller**, Ophthalmologist, Corneal Disease Specialist, **Dr. Peter Jensen**, Physician, Ophthalmologist, **Dr. Jim Tweeten**, Ophthalmologist, **Dr. James Swartley**, Retired Ophthalmologist, **Dr. Molly Mannschreck**, Ophthalmologist, **Dr. Kevin Gertsch**, Pediatric Ophthalmologist, St. Luke's Health Partner, **Sara Olson**, Executive Director, Idaho Society of Ophthalmologists,

Their statements included apprehension regarding resultant lower Idaho standards of care. With no exclusion for children, surgeries by untrained individuals could be done on this vulnerable population, including delicate interocular injections on newborns. While there were over 300 Medicare eye surgery procedures, there are only 32 listed exceptions in this legislation. The ability to handle complications during or after procedures is also a concern.

**Dr. Aaron Warner**, Chairman, Idaho State Board of Optometry, testified in support of **H 317**. The Red Tape Reduction Act provided the opportunity for the rewrite and stipulated inclusion of all interested parties. Efforts to resolve concerns from opponents have led to the exclusionary list, which was given to **Director Packer** by representatives of the Society of Ophthalmologists. The proctored live procedures, which would have typically been worked out in rules, are also included to resolve opponent concerns. The Board takes seriously the mandate to protect the public and not advocate for the profession. Idaho's optometric practice is safe and many of the procedures have been performed for years.

In answer to questions, **Dr. Warner** explained the legislation defines the Board's disciplinary powers when the community standard of care is not met. Any procedure performed without the proper training or experience would result in action by the Board and possible lawsuits.

Testifying in support of **H 317** were **Dr. Jack Zarybnisky**, Idaho Optometric Association, Optometrist, **Dr. Jared Birch**, Idaho Optometric Physician, **Dr. Francis J. Barnhart**, Retired Optometrist, **Kris Ellis**, Idaho Optometric Physicians, **Dr. Josh McAdams**, Optometrist, Maple Grove Eye Care, **Dr. Robert Ford**, Ophthalmologist.

Their testimony included the past expansions of their scope of practice, which are now commonplace, and the presence of opposition to each expansion request. The lack of ophthalmologists in many counties leads to multiple visits, as well as lengthy waiting and travel times. The exclusion list should not be included because it will never be complete. The expansion will allow some patients to have their procedures on the same day, saving time and money. The same fears regarding dilation and pharmaceutical prescriptions have proven to be unsubstantiated.

**MOTION:**

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

In closing remarks, **Kelley Packer**, said most of Idaho's statutes have no listing of what can or cannot be done by the professional because the boards oversee this aspect. This legislation's exclusion list, which can be updated in the future, was a compromise with the ophthalmologists. The Board's disciplinary language aligns with other license governing boards. The optometrists need to be allowed to accept the responsibility and govern themselves.

**SUBSTITUTE MOTION:**

**Vice Chairman Wagoner** made a substitute motion to **HOLD H 317** to time certain, Thursday, January 30, 2020.

**AMENDED SUBSTITUTE MOTION:**

**Rep. Lickley** made an amended substitute motion to **HOLD H 317** in committee.

**VOTE ON MOTION:**

Roll call vote was requested. **Amended substitute motion failed by a vote of 1 AYE, 11 NAY. Voting in favor** of the amended substitute motion: **Rep. Lickley. Voting in opposition** to the amended substitute motion: **Reps. Wood, Wagoner, Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Chew, Rubel, Burns.**

**VOTE ON MOTION:**

Roll call vote was requested. **Substitute motion carried by a vote of 7 AYE, 5 NAY. Voting in favor** of the substitute motion: **Reps. Wood, Wagoner, Gibbs, Lickley, Chew, Rubel, Burns. Voting in opposition** to the substitute motion: **Reps. Vander Woude, Blanksma, Kingsley, Zollinger, Christensen.**

**ADJOURN:**

There being no further business to come before the committee, the meeting adjourned at 11:22 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

**AMENDED AGENDA #2**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Monday, January 27, 2020**

SUBJECT	DESCRIPTION	PRESENTER
<a href="#"><b>RS27375C1</b></a>	Pharmacy Benefit Managers	Pam Eaton, Idaho State Pharmacy Association
<a href="#"><b>16-0201-1901</b></a>	Time Sensitive Emergency System Council	Chris Way, Chairman
	Your Health Idaho Annual Legislative Update	Pat Kelly, Executive Director

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

COMMITTEE MEMBERS

Chairman Wood                                  Rep Zollinger  
Vice Chairman Wagoner                        Rep Christensen  
Rep Vander Woude                              Rep Lickley  
Rep Gibbs                                        Rep Chew  
Rep Blanksma                                    Rep Rubel  
Rep Kingsley                                    Rep Davis(Burns)

COMMITTEE SECRETARY

Irene Moore  
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Phone: 332-1138  
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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

<b>DATE:</b>	Monday, January 27, 2020
<b>TIME:</b>	9:00 A.M.
<b>PLACE:</b>	Room EW20
<b>MEMBERS:</b>	Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Lickley, Chew, Rubel, Davis
<b>ABSENT/ EXCUSED:</b>	Vice Chairman Wagoner
<b>GUESTS:</b>	Trinette Middlebrook, Wayne Denny, Melissa Ball, Maegan Kautz, and Jathan Nalls, IDHW; Pam Eaton, IRA/ISPA; Melinda Merrill, NW Grocery Assoc.; Jay Shaw, OAR/DFM; Dieuwke A. Dizney-Spencer, DHW-DPU
<b>RS 27375C1:</b>	<p><b>Chairman Wood</b> called the meeting to order at 9:00 a.m.</p> <p><b>Pam Eaton</b>, President, Chief Executive Officer, Idaho Retailers Association, Retail Pharmacy Council, Idaho State Pharmacy Association, presented <b>RS 27375C1</b>. This is proposed transparency legislation for Pharmacy Benefit Managers (PBMs). PBMs operating in Idaho would have annual registration. Gag clauses would be prohibited for all plans. Transparency and pharmacy updates would be required for the maximum allowable reimbursement cost determinations. Retroactive denial or reduction of pharmacy prescription claims would be prohibited, except for legitimate reasons.</p>
<b>MOTION:</b>	<p><b>Rep. Chew</b> made a motion to introduce <b>RS 27375C1. Motion carried by voice vote.</b></p>
<b>DOCKET NO. 16-0201-1901:</b>	<p><b>Chris Wey</b>, Chairman, Time Sensitive Emergency (TSE) System Council, Chief, Kootenai County Emergency Medical Services System, presented <b>Docket No. 16-0201-1901</b>. This annual legislation updates the TSE Manual reference to the current 2020 version. Mr. Wey summarized the changes made within the TSE Manual.</p> <p>For the record, no one indicated their desire to testify.</p>
<b>MOTION:</b>	<p><b>Rep. Blanksma</b> made a motion to approve <b>Docket No. 16-0201-1901. Motion carried by voice vote.</b></p> <p><b>Pat Kelly</b>, Executive Director, Your Health Idaho (YHI), presented the YHI annual legislative update. The key 2019 accomplishments include an enrollment of 95,000 Idahoans, with over 800 agents, brokers, and enrollment counselors. YHI has the lowest operating costs and the highest per-capita enrollment of all state-based exchanges.</p> <p>The 1332 Medicaid expansion waiver was crafted by YHI, Governor Little's office, the Department of Health and Welfare (DHW), and the Department of Insurance (DOI). With the waiver determined to be incomplete, work continued to mitigate consumer confusion, implement a seamless Medicaid transition, and provide consistent and collaborative messaging across all agencies and entities.</p> <p>The user experience was improved to allow available, current, or previous plans and optimize the mobile user shopping platform. Navigation of the customer dashboard was made easier. Enhanced automation was developed for American Indian, Alaska Natives, and non-traditional household use.</p>

The consumer connector training program was revamped and brought in-house. In-person training has been condensed and streamlined. Training now includes DOI and DHW representatives.

The market research outreach is focused on building awareness and partnerships with community health groups, hospital systems, and non-profits.

In alignment with the overall goal of a flawless customer experience, the Net Promoter Score (NPS) continues as a measurement tool. The NPS 2019 average score was 30, which is well above industry standards. The new customer follow-up process and quality assurance metrics improve the customer experience. Seasonal team members were added incrementally prior to the 2020 open enrollment.

The 2020 open enrollment data indicates there were 20,000 calls, 2,000 emails, and a 40% increase in web visits. As of December 23, 2019, 78,500 Idahoans had enrolled in Medicaid and 10,500 had enrolled in a dental plan.

Over the next year, the YHI will be implementing agency portal technology to improve the agent and broker experience. Phone and ticketing systems will be updated to improve speed and efficiency. A separate shopping platform will be created for new products, such as enhanced short-term plans.

Responding to committee questions, **Mr. Kelly** said prior to this year, families with Native Alaskan or American Indian members required a manual process due to their different coverage and eligibility requirements. The vision is to offer separate Affordable Care Act and traditional qualified health plan (QHP) options. The Medicaid eligibility notifications came from the DHW, carriers, and YHI renewal notices. The YHI stand-alone dental plans are for adults, cannot use tax credits, and require exchange medical coverage.

**Mr. Kelly** offered to send the committee the zero pay review, once it is completed in three to four weeks.

**ADJOURN:**

There being no further business to come before the committee, the meeting was adjourned at 9:42 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

AGENDA  
**HOUSE HEALTH & WELFARE COMMITTEE**  
9:00 A.M.  
Room EW20  
Tuesday, January 28, 2020

SUBJECT	DESCRIPTION	PRESENTER
<a href="#"><u>H 340</u></a>	Child Care - Teen Substance Abuse Treatment Facilities	Sen. Mary Souza

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

**COMMITTEE MEMBERS**

Chairman Wood                                  Rep Zollinger  
Vice Chairman Wagoner                        Rep Christensen  
Rep Vander Woude                              Rep Lickley  
Rep Gibbs                                        Rep Chew  
Rep Blanksma                                    Rep Rubel  
Rep Kingsley                                    Rep Davis

**COMMITTEE SECRETARY**

Irene Moore  
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Phone: 332-1138  
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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

<b>DATE:</b>	Tuesday, January 28, 2020
<b>TIME:</b>	9:00 A.M.
<b>PLACE:</b>	Room EW20
<b>MEMBERS:</b>	Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Lickley, Chew, Rubel, Davis
<b>ABSENT/ EXCUSED:</b>	None
<b>GUESTS:</b>	Ruth York, Cindy Shotton, and Jen Justis, Idaho Federation of Families; Jim Baugh, Ben Chappelle, Dr. Sheila Sturgeon Freitas, and Howard Belodoff, Self; Keith York, Parent/Self; Pat Martelle, Self/SW; Christine Pisani and Richelle Tierney, DD Council; Linda Miller, Parent Network; Kathi Garrett, NAMI; Joe Gonzalez, IPUL; Sarah Bettinger, Magellan; Michelle Battin, Hopeful Connections
<b>MOTION:</b>	<p><b>Chairman Wood</b> called the meeting to order at 9:00 a.m.</p> <p><b>Rep. Davis</b> made a motion to approve the minutes of the January 20 and 21, 2020, committee meetings. <b>Motion carried by voice vote.</b></p>
<b>H 340:</b>	<p><b>Sen. Mary Souza</b>, District 4, presented <b>H 340</b>. This legislation provides an immediate way to address the rising teen drug and suicide rates in Idaho. Children under 18 years of age cannot go to crisis centers or enter adult rehabilitation programs. The Department of Health and Welfare (DHW) found only three qualifying teen programs in Idaho and their fees ranged from \$10,000 to \$12,000, which is prohibitive for most families.</p> <p>This legislation opens affordable options by providing a licensing exemption for residential programs with temporary alcohol-drug abuse treatment for individuals age thirteen through seventeen. It does not include individuals with mental health issues or children under 13 years of age.</p> <p>The children's residential care facility definition excludes foster homes, residential schools, and children's camps. There is a residential limit of four-months per calendar year. Local law enforcement must be notified of the facility's existence prior to accepting any children for treatment. A health care facility with emergency medical care must be located within fifty miles.</p> <p>Staff background checks are required. Prior to accepting any child for treatment, the facility must verify the child has a medical physician's prescription, the school counselor or court-appointed advocate has been notified, and a signed consent has been received for medical, surgical, substance abuse, or alcohol treatment.</p> <p>The facility will be reviewed by the Child Protection Legislative Review Panel (CPLRP) after two and five years of operation. The review will include a report from local law enforcement.</p> <p><b>Rep. Ron Mendive</b>, District 3, further presented <b>H 340</b>. In describing an existing three-month adult program, he emphasized the affordable cost of such a program, the availability of scholarships, the high five-year tracking success rate, and their desire to restart a previous teen program. Over 90% of the adults who have completed or are in the program have indicated their abuse began between the ages of eleven and fifteen. Early intervention will change family dynamics and could save the prison system an estimated \$55M.</p>

Answering questions, **Sen. Souza** said the facilities will set up their own intervals for background checks. Since staff members may have been previously in the program, misdemeanors or felonies disclosed during background checks are expected. Every regulatory stipulation will increase the cost of the programs. The existing northern Idaho faith-based program discontinued the teen program because they did not want government interference through licensing.

Teens have different treatment program needs than adults. The existing facility has separate bedroom and bathroom facilities. The legislation and the existing program in northern Idaho has agreed to provide a resource for other programs..

The Deputy Attorney General and Attorney General indicate the Jeff D. Settlement requirements do not apply to this private program because no public funds are involved.

**Ruth York**, Idaho Federation of Families, testified **in opposition** to **H 340**, stating the head of the Idaho Sheriff's Association has indicated they can do nothing unless a crime has been committed or alleged. They cannot shut down a center. She expressed concern regarding the safeguards. The concept of a program based on religious teachings without clinical oversight is inappropriate for such a vulnerable population.

**Jim Baugh**, Citizen, testified **in opposition** to **H 340**. Child abuse and neglect under the Child Protection Act (CPA) only covers civil actions for abuse, neglect, and abandonment by parents and guardians. Child abuse and neglect by others are handled through criminal cases under Title 18. The CPLRP does not deal with substance use disorder (SUD). Licensing is very important in discovering abuse and neglect, even from resident to resident, and offers a scheme for the medically supported detoxification levels. There are no exclusion requirements for background checks and no recourse if a facility is not living up to any of the requirements.

**Pat Martell**, Self, Clinical Social Worker, Mental Health Advocate, Idaho Federation of Families, Public Health Professional, Clinical Social Worker, testified **in opposition** to **H 340**. Scientifically proven methods are effective for behavioral health issues. Assessments and plans are an integral part of any program, as are schooling, confidentiality, staff-child ratios, family involvement, and separate dormitories.

**Ben Chappell**, Citizen, testified **in opposition** to **H 340**. He shared the story of his drug addiction, time in a rehabilitation facility, three years of sobriety, and work as a facilitator. The creation of a solid structured plan was very important to his recovery. Answering a committee question, He said not requiring licensure removes safeguards and structure, which are very important, especially for youth. He was around 15 years old when he first went into a rehabilitation program.

**Christine Pisani**, Executive Director, Idaho Council on Developmental Disabilities (DD), testified **in opposition** to **H 340**. Individuals with serious substance abuse disorders may also have complex medical or mental health conditions. The legislation does not provide an oversight agency, a way to handle non-compliance, and any staffing guidance prior to the background check completion. Many abuse perpetrators have no convictions. Although the example program is very good, this opens Idaho up to any type of service.

**Linda Miller**, Parent, testified **in opposition to H 340**, sharing her concern regarding unintended consequences. 50% to 70% of youth with substance abuse problems have also experienced trauma. Persons working with the teens need to be qualified and trained in trauma treatment methods for teens. Parents would have to share concerns with the legislature, not a state licensing board, which would be a slower process. Parents in this situation may not be informed enough to know if the facility would meet their needs.

**Ms. Miller**, in response to committee questions, said adult mentors are a good idea as long as they are not living with the youth. She shared how panicked her family was when looking for a facility while dealing with the teen.

**Dr. Sheila Sturgeon Freitas**, Clinical Psychologist, testified **in opposition to H 340**. The programs need to include medical services, mental health services, educational services, transparency, and safety in order to provide anchors for the teens. Intervening the wrong way with children whose brains are still developing can have dire consequences. Answering a question, she said parents are desperate when they are trying to intervene against issues their kids are doing to themselves.

**Kathy Garrett**, NAMI Idaho, testified **in opposition to H 340**. There is a serious lack of youth treatment programs, especially abuse programs, even with advancements made to resolve the Jeff D. Lawsuit and the promising Youth Empowerment Services (YES) programs. Licensing standards provide needed resident pre-screening, staffing level minimums, staff qualifications, resident and parental rights, complaint procedures, investigations, and other ways of protecting not only the youth, but the families and staff.

**Joe Gonzalez**, Idaho Parents Limited testified **in opposition to H 340**. Without licensing standards, the risk factors for the children, families, Idaho, and providers increase. This type of residential treatment requires a 24-hour structured environment. A child experiencing medical and psychiatric needs along with severe alcohol/SUD puts everyone at risk. A parent could find themselves with poor outcomes and no financial recourse. Complaints within the two-year or five-year review period are not addressed. There is no ability to close down or prevent a facility from reopening under another name. Licensure will avoid such risks and ensure the best outcomes.

**Howard Belodoff**, Citizen, Attorney, testified **in opposition to H 340**. Putting 13 year-old children together with 17 year-old children is not a good policy. There are no provisions for education, children leaving, restraints, punishments, liability insurance, peer counselors, contact with parents, or background check standards. Licensure provides responsibility.

**Keith York**, Citizen, Parent, testified **in opposition to H 340**. Sharing his 13 year-old son's SUD, he said they had no idea regarding what questions to ask. They have since learned SUD and mental health disorder cannot be separated. Licensing provides a level of confidence with the professional training and continued education of the staff. Parents need this help during an emotionally devastating situation.

**Michelle Battin**, Owner, Hopeful Connections Parenting, Consultant, Trauma Specialist, Idaho Federation of Families, testified **in opposition to H 340**. The exampled faith-based program's conflict with regulatory issues appears to be the reason for this legislation.

For the record, no one else indicated their desire to testify.

In closing remarks, **Sen. Souza** said having more meetings to figure out various regulations will ignore the desperate crisis existing now. Because of government issues and the Jeff D Lawsuit, government programs can no longer be used. The anti-trafficking group thought this would be very helpful when removing highly addicted teens from trafficking. Currently, the teens have no treatment options and return to trafficking to get their substances. The doctor's prescription provides a safety determination regarding whether or not a program is appropriate for the teen. She urged the committee to give this a chance and help the kids who are in need right now.

**MOTION:**

**Rep. Blanksma** made a motion to send **H 340** to General Orders.

**SUBSTITUTE MOTION:**

**Rep. Rubel** made a substitute motion to **HOLD H 340** in committee.

**AMENDED SUBSTITUTE MOTION:**

**Rep. Zollinger** made an amended substitute motion to send **H 340** to the floor with a **DO PASS** recommendation.

Discussion on the motions was held. Committee members expressed unease regarding the immediate need and the lack of existing programs. Concern was expressed regarding the physical division between children and adults and the potential for inadequate programs.

**ROLL CALL VOTE ON AMENDED SUBSTITUTE MOTION:**

Roll call vote was requested on the amended substitute motion. **Motion failed by a vote of 5 AYE and 7 NAY.** Voting in favor of the motion: **Reps. Vander Woude, Kingsley, Zollinger, Christensen, Lickley.** Voting in opposition to the motion: **Reps. Wood, Wagoner, Gibbs, Blanksma, Chew, Rubel, Davis.**

**ROLL CALL VOTE ON SUBSTITUTE MOTION:**

Roll call vote was requested on the substitute motion. **Motion failed by a vote of 4 AYE and 8 NAY.** Voting in favor of the motion: **Reps. Wood, Chew, Rubel, Davis.** Voting in opposition to the motion: **Reps. Wagoner, Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Lickley.**

**VOTE ON MOTION:**

**Chairman Wood** called for a vote on the original motion to send **H 340** to General Orders. **Motion carried by voice vote.** **Reps. Davis, Rubel,** and **Chew** requested they be recorded as voting **NAY.** **Rep. Mendive** will sponsor the bill on the floor.

**ADJOURN:**

There being no further business to come before the committee, the meeting adjourned at 10:56 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

**AGENDA**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Wednesday, January 29, 2020**

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
	Updates - OPE Reports:	
	<u>Department of Health &amp; Welfare</u> Licensing and Certification	Tamara Prisock, Administrator
	Southwest Idaho Treatment Center	Miren Unsworth, Administrator
	Non-Emergency Medical Transport	Matt Wimmer, Deputy Administrator
	Medicaid Expansion & Waiver Updates	Lori Wolff, Deputy Director

COMMITTEE MEMBERS

Chairman Wood                                  Rep Zollinger  
Vice Chairman Wagoner                        Rep Christensen  
Rep Vander Woude                              Rep Lickley  
Rep Gibbs                                        Rep Chew  
Rep Blanksma                                    Rep Rubel  
Rep Kingsley                                    Rep Davis

COMMITTEE SECRETARY

Irene Moore  
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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Wednesday, January 29, 2020  
**TIME:** 9:00 A.M.  
**PLACE:** Room EW20  
**MEMBERS:** Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Lickley, Chew, Rubel, Davis  
**ABSENT/  
EXCUSED:** Representative(s) Blanksma, Zollinger, Christensen  
**GUESTS:** Joyce Broadsword, Miren Unsworth, Cameron Gilliland, DHW  
**MOTION:** **Chairman Wood** called the meeting to order at 9:01 a.m.  
**Chairman Wood** made a motion to approve the minutes of the January 13, 2020, committee meeting. **Motion carried by voice vote.**  
**Tamara Prisock**, Administrator, Division of Licensing and Certification, Department of Health and Welfare (DHW), presented an update on the implementation of the Office of Performance Evaluation (OPE) 2018 Residential Care Report. The report focused on three of the eighteen types of facilities: nursing homes, assisted living facilities, and children's residential care facilities.  
The recommended children's residential care facilities' survey process improvements have been implemented. Sending more than one surveyor to large facilities to reduce the survey team's on-site time is working well. Anonymous customer feedback cards and an informal dispute resolution process have been implemented.  
Assisted living providers, through the OPE questionnaire, revealed inconsistencies in surveyor licensing rules interpretations. To date, the 202 post-survey questionnaire responses have indicated no conflicts with past information given during surveys. To support the Assisted Living Team Supervisor, the Field Supervisor role was added, with two seasoned individuals permanently appointed.  
The most serious concern involved workplace issues and deteriorating provider relationships with the Long-term Care Team, which surveys skilled nursing facilities. During a Human Resources Office workplace assessment, both supervisors resigned. Changes included hiring two supervisors with solid leadership skills, as well as revising both job descriptions and performance expectations. The team meets more often, with communication and collaboration barriers removed. Surveyors indicate the work environment has vastly improved.  
The 2018 Idaho Health Care Association (IHCA) partnership agreement included an initiative to examine and improve the survey process. Two joint training sessions with the IHCA members have been held. A six-guiding-principle training course will be held to increase surveyors and facility staff productivity.  
The OPE licensing fee recommendation has not been implemented. A work group indicated fees would further exacerbate current staff shortage issues, which require financial signing incentives. Voluntary assisted living facility accreditation was a suggested option to relieve the Division's assisted living team's workload. As of July 1, 2019, accreditation in lieu of Department licensing surveys is available.

Answering questions, **Ms. Prisock**, said accreditation reduces the workload by removing the quantity of surveys. The IHCA is working with the Commission on Accreditation of Rehabilitation Facilities (CARF) to allow the accreditation, provide training, and help with recruitment.

**Chairman Wood** put the committee at ease at 9:13 a.m. The meeting was called to order at 9:14 a.m.

**Miren Unsworth**, Administrator, Division of Family and Community Services, DHW, presented the Southwest Idaho Treatment Center (SWITC) OPE recommendations for system wide and day-to-day operations. There were two core recommendations: development of a strategic plan and formal quality improvement process; and, developing a long-term vision for the crisis care system and its role as a provider of last resort.

The 2019 strategic plan addresses safety, staffing levels, facility improvement, professional development, and quality management. A decrease in workers' compensation has occurred over the last two years, with a safety committee established to recommend additional training and equipment. A twenty-four hour response team, trained to intervene when clients are being challenged by significant behaviors, will be deployed in February. Safety efforts have yielded a 40% decline in lost time costs and a 50% decrease in workers' compensation costs.

A vital key to staff and client safety has been maintaining the right number of direct-care staff by moving to four ten-hour shifts. Facility changes include sensory rooms on each unit, encouraging clients to individualize their rooms, and hiring a therapeutic recreational therapist to increase client activity opportunities. This spring a therapy dog will be chosen to work with the clients. Two staff members have been assigned to the new extensive quality improvement program, with direct reporting to administration. Four board-certified applied BH analysts and a full-time investigator with adult protection experience have been hired. Four nursing positions have been upgraded to registered nurses. The improved discharge process allows clients to move into the community with an assigned case worker who meets monthly with SWITC staff.

The SWITC Advisory Board identified a service gap for individuals with intellectual and Development Disabilities (DD) for specialized acute and sub-acute levels of care. Efforts to fill the gap have utilized the Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID) licensing structure, which SWITC has grown beyond. A proposed replacement system of care entails the creation of an observation, assessment, and stabilization unit as a short-term in-patient facility with the goal of stabilizing acute psychiatric, behavioral, and medical symptoms while preparing for future residential options. A step-down model and treatment center will be a home-like environment on a shared campus and designed for individuals preparing to return to the community but still in need of successful community living development. The focus on community capacity building helps providers serve clients who are medically fragile, have autism, or have significant communication deficits.

A project plan is being developed to implement the new system of care. A report will be presented next session with a possible budget request to begin the implementation.

In answer to committee questions, **Ms. Unsworth** explained the average SWITC client's stay is between eighteen months to two years. They anticipate all clients will be returned to the community with the new model of care and additional community supports, although some clients may need to return to SWITC during a crisis event. The goal for every client is to transition them safely and successfully back into the community.

**Matt Wimmer**, Administrator, Division of Medicaid, DHW, presented information on Non-Emergency Medical Transport (NEMT). This required Medicaid benefit moves individuals to and from their medical appointments. A brokerage model is used in most states, including Idaho. The current contract broker, Medical Transportation Management (MTM), further contracts with a network of transportation providers and is paid on a per-member per-month basis. Veyo, the previous broker, terminated their contract in 2017. In March, 2018, the contract passed to MTM. During the contract broker transition there was a lot of instability and missed trips.

The Joint Legislative Oversight Committee (JLOC) requested the model's effectiveness be examined by OPE. Delivery of information to OPE was not as timely as expected, which led to a management letter instead of a report. OPE recommended the Division strengthen its management of the risks, inherent to a capitated payment structure, through three key improvements.

In response to the delivery analysis recommendation, the Division is working with an accounting firm to examine costs and analyze service utilization by geographic regions and a member eligibility category. Preliminary results are expected this week.

The second recommendation was to proactively plan for annual rate adequacy reviews. A Request for Proposal (RFP) will be developed to include annual use-based rate adjustments, costs, and service quality. Contract rebidding will occur in April, 2021.

OPE also recommended a robust contract monitoring process. Strategic leadership changes have been made to improve accountability, ownership, oversight, and quality. Work with managed care consultants will refine the contract monitoring and data analysis activities. The amended contract will include additional performance metrics and outline the associated financial penalties.

Additionally, an independent complaint database will allow direct submission to Medicaid using a web-based customer and stakeholder submission form. The Division has taken part in a national group of states working on NEMT programs. In 2019 1,714,678 trips occurred, with an issue free rate of 99.88%. Ranging from minor to significant, escalated complaints are investigated.

The current contract ends April 4, 2021. The projected RFP release is spring, 2020. Compilation of responses is expected December 2, 2020. Meetings will be held for stakeholder and provider engagement in the contract process. Best NEMT practices used in other states are being researched.

Responding to committee questions, **Mr. Wimmer** stated when a trip is missed the broker is called and can schedule another trip, denoting it as an urgent trip, if necessary. The online complaint form is a real-time monitored form, allowing immediate calls to the broker.

**Lori Wolff**, Deputy Director, DHW, presented an update on Medicaid expansion, including implementation and waivers.

The Expansion State Plan Amendment was approved and coverage began January 1, 2020. The four required waivers include coverage choice, work requirements, family planning services, and Idaho Behavioral Health (BH) transformation.

Enrollment methods include the Supplemental Nutrition Assistance Program (SNAP) re-evaluations, specialized enrollment for target populations, submitted applications, and advanced premium tax credit (APTC) renewals. The eligibility process included signed applications, information verification, eligibility notices, and the Medicaid opt-out ability. No automatic enrollment occurred. As of January 23, 2020, 60,423 individuals are enrolled in Medicaid.

Additional Idaho Medicaid services include optometrists, podiatrists, chiropractors, dentists, and preventive health assistance. Individuals have ninety days to select their primary care provider, during which time they see any provider. If no provider is selected after the ninety days, one will be assigned. Ninety percent of Idaho primary care providers are enrolled with Idaho Medicaid.

**Ms. Wolff** explained the waiver implementation process from the draft application to the final implementation. A letter has been received on the coverage choice waiver stipulating it did not meet the federal deficit neutrality guardrails. The work requirements waiver is at the federal approval level, which takes eight to sixteen weeks. They continue to negotiate with the Centers for Medicare and Medicaid (CMS) regarding the family planning and IMD waivers. Once negotiations are successfully completed, the waivers will continue to the final approval process.

The medicaidexpansion.idaho.gov website provides public information and will, beginning in March, share information regarding what services are being utilized by the expansion population.

In response to committee questions, **Ms. Wolff** stated there have been no additional staff hired. Milliman was used for some of the waiver writing. Individuals can maintain their physician and existing coverage, for any reason, during the ninety-day period. Only 6% of the general population experienced their existing physician not listed under Medicaid. Few individuals opted out of the Medicaid expansion program. She agreed to send the weekly enrollment statistics to the committee.

**ADJOURN:**

There being no further business to come before the committee, the meeting adjourned at 10:16 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

**AGENDA**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Thursday, January 30, 2020**

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<u><a href="#">RS27526</a></u>	No Surprises Act	Rep. Megan Blanksma
<u><a href="#">RS27483</a></u>	Certified Medication Assistants	Kris Ellis, Idaho Health Care Association
<u><a href="#">RS27524</a></u>	Pharmacy Benefit Managers	Pam Eaton, Idaho State Pharmacy Association
<u><a href="#">H 317</a></u>	Optometric Physician Licensing Act <i>Carried over from 01/23/20 for vote only</i> <i>No testimony</i>	Kelley Packer, Bureau of Occupational Licenses
<u><a href="#">H 342</a></u>	Telehealth Services	Rep. Megan Blanksma

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

**COMMITTEE MEMBERS**

Chairman Wood Rep Zollinger  
Vice Chairman Wagoner Rep Christensen  
Rep Vander Woude Rep Lickley  
Rep Gibbs Rep Chew  
Rep Blanksma Rep Rubel  
Rep Kingsley Rep Davis

**COMMITTEE SECRETARY**

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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

<b>DATE:</b>	Thursday, January 30, 2020
<b>TIME:</b>	9:00 A.M.
<b>PLACE:</b>	Room EW20
<b>MEMBERS:</b>	Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Lickley, Remington, Chew, Rubel, Davis
<b>ABSENT/ EXCUSED:</b>	None
<b>GUESTS:</b>	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.
<b>MOTION:</b>	<b>Chairman Wood</b> called the meeting to order at 9:01 a.m.
<b>RS 27526:</b>	<b>Rep. Megan Blanksma</b> , District 23, presented <b>RS 27526</b> , which makes one negotiated change to The No Surprises Act previously introduced as <b>H 341</b> by allowing patients going to the hospital to contract directly with an "ologist" and not be subject to the No Surprises Act.
<b>MOTION:</b>	<b>Rep. Gibbs</b> made a motion to introduce <b>RS 27526</b> . <b>Motion carried by voice vote.</b>
<b>RS 27483:</b>	<b>Kris Ellis</b> , Idaho Health Care Association, presented <b>RS 27483</b> , a rewrite of existing statute to simplify the process for the Board of Nursing and licensing applicants.
<b>MOTION:</b>	<b>Rep. Lickley</b> made a motion to introduce <b>RS 27483</b> . <b>Motion carried by voice vote.</b>
<b>RS 27524:</b>	<b>Pam Eaton</b> , President, CEO, Idaho State Pharmacy Association, Idaho Retailers Association, presented <b>RS 27524</b> , which replaces <b>H 363</b> . A new Pharmacy Benefit Manager (PBM) definition is added to specify insurance companies are not PBMs.
<b>MOTION:</b>	<b>Rep. Chew</b> made a motion to introduce <b>RS 27524</b> . <b>Motion carried by voice vote.</b>
<b>H 317:</b>	<b>Chairman Wood</b> returned <b>H 317</b> to the committee for consideration, which was held for time certain from the meeting of Thursday, January 23, 2020.
<b>MOTION:</b>	<b>Rep. Blanksma</b> made a motion to send <b>H 317</b> to the floor with a <b>DO PASS</b> recommendation.
<b>SUBSTITUTE MOTION:</b>	<b>Rep. Lickley</b> made a substitute motion to <b>HOLD H 317</b> in committee.
<b>VOTE ON SUBSTITUTE MOTION:</b>	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.
<b>VOTE ON ORIGINAL MOTION:</b>	<b>Chairman Wood</b> called for a vote on the substitute motion to <b>HOLD H 317</b> in committee. <b>Motion failed by voice vote.</b>
	<b>Chairman Wood</b> called for a vote on the original motion to send <b>H 317</b> to the floor with a <b>DO PASS</b> recommendation. Motion carried by voice vote. <b>Rep. Lickley</b> requested she be recorded as voting <b>NAY</b> . <b>Rep. Blanksma</b> 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.

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Representative Wood  
Chair

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Irene Moore  
Secretary

**AGENDA**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Monday, February 03, 2020**

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#"><u>H 351</u></a>	Medicaid Reimbursements	Matt Wimmer, Division Administrator
<a href="#"><u>H 339</u></a>	Physical Therapy - Dry Needling	Emily Hunter, Idaho Physical Therapy Association
<a href="#"><u>RS27415</u></a>	Opioid Trafficking	Rep. Caroline Troy
<a href="#"><u>RS27545</u></a>	Health Care Providers - Immunity	Emily McClure, Idaho Medical Association
<a href="#"><u>RS27451</u></a>	Youth Athletes - Chiropractors	Caroline Merritt, Idaho Association of Chiropractic Physicians

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

**COMMITTEE MEMBERS**

Chairman Wood    Rep Christensen  
Vice Chairman Wagoner                                Rep Lickley  
Rep Vander Woude                                      Rep Remington  
Rep Gibbs    Rep Chew  
Rep Blanksma    Rep Rubel  
Rep Kingsley    Rep Davis  
Rep Zollinger

**COMMITTEE SECRETARY**

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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

<b>DATE:</b>	Monday, February 03, 2020
<b>TIME:</b>	9:00 A.M.
<b>PLACE:</b>	Room EW20
<b>MEMBERS:</b>	Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Lickley, Remington, Chew, Rubel, Davis
<b>ABSENT/ EXCUSED:</b>	None
<b>GUESTS:</b>	Matt Wimmer, Aaron Howard, and Beth Kriete, IDHW; Krista Stephani and Karen Calhoon, TMyers and Stauffer/IDHW; Kris Ellis, Bridger Fly, Robert Vande Merwe, and Steve LaForte, IHCA; Kelley Packer, IBOL; Derek Gerber, IPTA; Andrew Mix, PT Licensure Board
<b>MOTION:</b>	<p><b>Chairman Wood</b> called the meeting to order at 9:00 a.m.</p> <p><b>Rep. Lickley</b> made a motion to approve the minutes of the January 22 and 23, 2020, meetings. <b>Motion carried by voice vote.</b></p> <p><b>Chairman Wood</b> welcomed <b>Rep. Remington</b> to the committee.</p>
<b>H 351:</b>	<p><b>Matt Wimmer</b>, Division Administrator, Division of Medicaid, Department of Health and Welfare (DHW), presented <b>H 351</b>, which addresses two challenges for Medicaid reimbursements.</p> <p>The first challenge is to manage Medicaid spending by reducing general fund needs for state fiscal years (SFYs) 2020 and 2021, as requested by the governor. This will be accomplished through hospital payment reductions and temporary nursing facility assessment increases.</p> <p>The second challenge is to improve Medicaid budget management. Idaho is the last state with a cost-based payment methodology. With Medicaid expansion in place, the SFY cost of \$850M would increase to nearly one billion dollars in combined state and federal spending. By changing the payment basis, the Department can effectively manage the costs and give ultimate growth control to the Legislature.</p> <p>Nursing facility budgets will be set at the beginning of each fiscal year, effective July, 2021. The nursing facility assessment will increase by approximately \$1.8M, SFY 2020, and \$5M, SFY 2021. Temporary assessment rate increases will draw down federal dollars to offset the assessment increase.</p> <p>Limitations are removed for institutions for mental diseases (IMDs), which are freestanding psychiatric hospitals with more than sixteen beds, to allow a temporarily reduced Medicaid payment rate. Reimbursements for out-of-state IMDs are established at 95% of cost and state-owned hospitals are set at 100% of cost.</p> <p>The Department is directed to reduce hospital general fund reimbursements by \$3.1M in SFY 2020 and \$8.7M in SFY 2021. The Department is also directed to work with hospitals to establish a value-based payment method, effective July, 2021, and set a budget before the start of each fiscal year.</p> <p>An emergency clause provides this legislation to be effective immediately in order to achieve the SFY 2020 spending reductions.</p>

Answering committee questions, **Mr. Wimmer** said they are moving cautiously with the IMD changes to keep from impacting the IMD waiver. They will work with the hospitals to determine an equitable reduction. Reimbursement costs are based on those annually reported to the Centers for Medicare and Medicaid Services, who also verifies the costs. The federal government sets a cost ceiling equal to Medicare payments for the same services. There are Medicaid access requirements for rate submission.

**Steve LaFort**, Chairman, Idaho Health Care Association (IHCA), Legislative Committee, Director of Operations, Cascadia Health Care, testified **in support** of **H 351**. The competitive labor market and wage increases have created tight nursing facility operating budgets. This temporary loss of reimbursement funds is manageable while the new payment program is being developed. The IHCA is committed to assisting in this process.

For the record no one else indicated their desire to testify.

**MOTION:**

**Rep. Davis** made a motion to send **H 351** to the floor with a **DO PASS** recommendation.

Committee discussion included the expenditure system change. Concern was expressed regarding resulting Medicaid supplementals. If done right, the health care system will assume financial responsibility for their product and be sustainable. Costs shifting to other rate payers was also a concern.

**VOTE ON  
MOTION:**

**Chairman Wood** called for a vote on the motion to send **H 351** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Reps. Christensen** and **Zollinger** requested they be recorded as voting **NAY**. **Chairman Wood** will sponsor the bill on the floor.

**H 339:**

**Emily Hunter**, Risch Pisca, Representing the Idaho Physical Therapy Association, presented **H 339**. The original Physical Therapy Practice Act specifies the dry needling course be determined by the federation of state boards of physical therapy or another nationally recognized accrediting body. No such boards or accrediting body exists. This legislation removes that requirement and gives the Physical Therapy Licensure Board the authority to determine which courses meet their standards.

**MOTION:**

**Rep. Blanksma** made a motion to send **H 339** to the floor with a **DO PASS** recommendation.

For the record, no one indicated their desire to testify.

**VOTE ON  
MOTION:**

**Chairman Wood** called for a vote on the motion to send **H 339** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Lickley** will sponsor the bill on the floor.

**RS 27415:**

**Rep. Caroline Nilsson Troy**, District 5, presented **RS 27415**. Idaho has been a site targeted by the opioid distributors. This proposed memorial thanks our Congressional Delegation for their support of the Fentanyl Sanctions Act. It requests the President and Idaho's Congressional Delegation continue their efforts to strengthen sanctions against opioid traffickers.

**MOTION:**

**Rep. Lickley** made a motion to introduce **RS 27415**. **Motion carried by voice vote.**

**RS 27545:**

**Emily McClure**, Idaho Medical Association, presented **RS 27545**. Previous civil liability limitations protected physicians volunteering at free clinics and health screening events. The proposed legislation extends the limited liability protection to other health care professionals and supervised students. If the provider is a student, recipients must be notified and sign a release.

- MOTION:** **Rep. Chew** made a motion to introduce **RS 27545. Motion carried by voice vote.**
- RS 27451:** **Caroline Merritt**, Idaho Association of Chiropractic Physicians, presented **RS 27451**, which adds a licensed Idaho chiropractor to the list of healthcare professionals who can evaluate and release students, diagnosed with concussions, to participate in sports. The chiropractic physician must be trained on either the most recent sports concussion assessment tool (SCAT) or an equally rigorous, nationally recognized concussion assessment tool.
- MOTION:** **Rep. Gibbs** made a motion to introduce **RS 27451. Motion carried by voice vote.**
- ADJOURN:** There being no further business to come before the committee, the meeting adjourned at 9:39 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

AGENDA  
**HOUSE HEALTH & WELFARE COMMITTEE**  
9:00 A.M.  
Room EW20  
**Tuesday, February 04, 2020**

SUBJECT	DESCRIPTION	PRESENTER
<u>H 386</u>	Pharmacy Benefit Managers	Pam Eaton, Idaho State Pharmacy Association

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

COMMITTEE MEMBERS

Chairman Wood                                  Rep Christensen  
Vice Chairman Wagoner                        Rep Lickley  
Rep Vander Woude                              Rep Remington  
Rep Gibbs                                        Rep Chew  
Rep Blanksma                                    Rep Rubel  
Rep Kingsley                                    Rep Davis  
Rep Zollinger

COMMITTEE SECRETARY

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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Tuesday, February 04, 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:** Larry Johnson, CVS Health; Tim Olson, AHIP; Melissa Starry, Albertsons; Anthony Hollis, HFP; James Hollis, Hollis Family Pharmacy; Eric Schlerf, Custom Rx Pharmacy; Doug Fuchs, Dick's Pharmacy; Rob Geddes, Albertsons Pharmacy; Melinda Merrill, NW Grocery Assoc.; Dean Cameron, Director; Lee Flinn, Id. Primary Care Association

**Chairman Wood** called the meeting to order at 9:00 a.m.

**MOTION:** **Rep. Lickley** made a motion to approve the minutes of the January 15 and 27, 2020, meetings. **Motion carried by voice vote.**

**H 386:** **Pam Eaton**, President, CEO, Idaho Retailers Association and Idaho State Pharmacy Association, presented **H 386**. Prescription Benefit Managers (PBMs), third party administrators, contract to manage prescription drug programs. The current PBM practices have led to the need for transparency and fair business practices.

This legislation requires annual PBM registration with the Department of Insurance (DOI), using existing processes. The registration fee is \$80. Gag clauses are prohibited to allow pharmacists to inform patients how to pay less for prescriptions. Transparency is ensured for maximum allowable costs (MAC) determinations and regular price change updates are required. Retroactive claim denial or reduction of reimbursements, except for legitimate reasons, are prohibited. This provides transparency over regulation and recognizes the unusual retail channel of pharmacies.

Answering committee questions, **Ms. Eaton** said the existing DOI process is used for other healthcare and prescription entities. If issues arise the pharmacy can contact the DOI, who would then contact the PBM. Similar legislation in other states shows a positive impact for pharmacies and their ability to stay in business. Patients with mail order prescriptions turn to their pharmacists when they have questions.

**Larry Johnson**, CVS Health, testified **in opposition** to **H 386**, expressing concerns regarding the low percentage of interactions this impacts, unclear registration language, the fee limit, inadequate amount of time listed for reimbursement claims, and the effect on performance contracts.

**Tim Olson**, American Health Insurance Plans, testified they are **neutral** to **H 386**, requesting language clarification. They agree with the concerns expressed by **Larry Johnson's** testimony. This is a complex issue.

**Anthony Hollis**, Pharmacy Owner, testified **in support of H 386**. He shared his experience with the PBM enrollment process, the \$1,200 application fee, ten to twelve week time frame, lack of response from the enrollment department, and a call for help to **Sen. Fulcher's** office. In comparison, Medicaid enrollment took seven days and there was no fee. The resulting wait caused a delay opening his pharmacy. Answering a question, Mr. Hollis stated neither he nor Sen. Fulcher's office received a response, although they suddenly received their contract.

**Eric Schlerf**, Pharmacist, Custom Rx Pharmacy, testified **in support of H 386**. It used to be rare to be reimbursed for medication at a lesser amount than they paid. Now it is common, forcing pharmacies to make up the difference by cutting their labor force and using other methods, such as charging for deliveries.

**Doug Fuchs**, Pharmacist, Pharmacy Owner, testified **in support of H 386**. The PBM formulary lists name brands instead of generics, which may not be covered by insurance. Big pharmacies are paying to have their products on the formulary. Difficult to understand PBM contracts are not negotiated. The PBM-owned pharmacies can fill prescriptions at a higher quantity than allowed to independent pharmacies, with no price difference. Imposed refill limitations encourage customers to go to the PBM-owned pharmacies. The PBMs do not give any explanation when MAC payments are below the pharmacy's cost and not within the Star Rating.

**Rob Geddes**, Abertsons Pharmacies, Director, Pharmacy Legislative and Regulatory Affairs, testified **in support of H 386**. These steps protect the pharmacies and assure the rural pharmacies do not become pharmacy deserts. He shared an example of two PBMs merging and changing the MAC list. The subsequent appeals would require 400 hours and two full-time employees. Claims are denied, even during the two-step submission process, without any basis or support information.

**MOTION:**

**Rep. Lickley** made a motion to send **H 386** to the floor with a **DO PASS** recommendation.

**Melinda Merrill**, Northwest Grocery Association, testified **in support of H 386**. This strong bill has been sparsely designed on purpose. Existing processes can be used without further legislation.

For the record, no one else indicated their desire to testify.

**SUBSTITUTE MOTION:**

**Vice Chairman Wagoner** made a substitute motion to send **H 386** to General Orders.

**AMENDED SUBSTITUTE MOTION:**

**Rep. Zollinger** made an amended substitute motion to **HOLD H 386** in committee.

**ROLL CALL VOTE:**

Roll call vote was requested. **Amended substitute motion failed by a vote of 3 AYE and 10 NAY. Voting in favor of the amended substitute motion: Reps. Wagoner, Zollinger, Christensen. Voting in opposition to the amended substitute motion: Reps. Wood, Vander Woude, Gibbs, Blanksma, Kingsley, Lickley, Remington, Chew, Rubel, Davis.**

**ROLL CALL VOTE:**

Roll call vote was requested. **Substitute motion failed by a vote of 4 AYE and 9 NAY. Voting in favor of the substitute motion: Reps. Wagoner, Blanksma, Zollinger, Christensen. Voting in opposition to the substitute motion: Reps. Wood, Vander Woude, Gibbs, Kingsley, Lickley, Remington, Chew, Rubel, Davis.**

**VOTE ON MOTION:**

**Chairman Wood** called for a vote on the original motion to send **H 386** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Vander Woude** will sponsor the bill on the floor.

**ADJOURN:** There being no further business to come before the committee, the meeting adjourned at 10:21 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

**AGENDA**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Wednesday, February 05, 2020**

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
	What Parents Should Know About Vaping	Dr. Bonnie Halpern-Felsher, Stanford University

**COMMITTEE MEMBERS**

Chairman Wood                                  Rep Christensen  
Vice Chairman Wagoner                        Rep Lickley  
Rep Vander Woude                              Rep Remington  
Rep Gibbs                                        Rep Chew  
Rep Blanksma                                    Rep Rubel  
Rep Kingsley                                    Rep Davis  
Rep Zollinger

**COMMITTEE SECRETARY**

Irene Moore  
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Phone: 332-1138  
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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Wednesday, February 05, 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:** Representative(s) Blanksma, Zollinger, Christensen, Chew  
**GUESTS:** Ann Youts, Lincoln County; Al Lawrence, LSO

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

**Dr. Bonnie Halpern-Felsher**, Professor, Division of Adolescent Pediatrics, Stanford Medicine, Founder, Executive Director, Tobacco Prevention Toolkit (TPT), presented information to the committee on what parents should know about vaping.

National 2019 data indicates less than 10% usage of cigarettes by high school, which is a dramatic decline. Unfortunately, e-cigarette use has risen from 20.8% in 2018 to 27.5% in 2019. Both students and educators report the numbers are under-reported. A 2019 survey shows 48% of Idaho's high school students have used e-cigarettes at least once.

The original product, introduced in 2007, looked like cigarettes, were disposable, and did not deliver much nicotine. The kids did not like and were not using them. The product's second generation were large, rechargeable pens and introduced e-liquids with flavors. Teens started to use the products.

The third generation of the product can be modified and has been nicknamed Mods. The Mods create a large aerosol plume. Teens used them, but not in record numbers.

The fourth generation products were pod based, high tech, high in nicotine, sleek, smaller, and easy to hide. This was more attractive to teens, whose use numbers began to rise significantly. These are called Juuls, after the main manufacturer.

The fifth generation e-cigarettes are disposable and use similar technology to pods or Juuls. They are small in size and offer a rainbow of flavors and colors. Concern has been raised regarding the environmental impact of these products.

When comparing e-cigarettes to cigarettes, it is important to note they are all tobacco products, contain nicotine, and are addictive. One pack of twenty cigarettes has 8mg of nicotine, with a yield of one and a half milligrams. One Juul pod contains 59mg per milliliter (ML) of nicotine with up to 41mg of nicotine during use, which is an 80% nicotine yield. PHIX and Suorin pods contain the nicotine equivalence of 75 to 90 cigarettes. The puff bar has one third milliliter of product and twice the amount of nicotine as a Juul.

Adolescents report using one or more pods a day or week; however, they are using them 24/7 and are unaware of the amount of nicotine within each pod. Teens using one to three pods a day are receiving the same amount of nicotine as one to six packs of cigarettes each day.

There are over 69 chemicals found in e-cigarettes, few of which are listed on the package. Some of the chemicals, when combined are extremely dangerous.

The chemicals found in vaping products rewire and change the brain. Adolescent brains continue developing until approximately twenty-five years of age. **Dr. Halpern-Felsher** said everyone is born with the ability to become addicted, especially when reinforced before turning 25 years of age. E-cigarette companies, knowing this fact, have targeted young people.

Research is showing a direct link between heart and lung disease or injuries with these products. E-cigarette, or Vaping, product use Associated Lung Injury (EVALI) has hospitalized approximately 2,700 people, with sixty confirmed deaths as of January 21, 2020. Teens are now coming to clinics presenting other conditions which are being linked to e-cigarette products.

The size of a quarter or small paperclip, the products are easy to hide from parents, schools, law enforcement, etc. Misleading product packaging does not reflect the actual nicotine amount. Teens are unaware of addiction and what nicotine does to their bodies.

There are currently 15,500 unique flavors, and counting. Research shows the teens are not interested in products without added flavors. Nicotine, as in cigarettes, has a painful hit when used, which is unappealing to teens. Juul and other products use salt-based nicotine to change the pH level and remove the harsh hit. The products produce aerosol, not vapor.

Product marketing has produced youth-focused pop-up advertisements on social media and online homework tools.

It is important to know where vape shops are and what they are doing. Some stores offer student discounts. Products cost less than cigarettes and disposables cost \$1 each. Legislation to keep the products away from youth until their brains develop must be enforceable at both local and state levels.

There is no good evidence to indicate switching to e-cigarette products helps adults quit smoking. For every adult who quits, 80 teens are getting addicted to nicotine. Regulation as a pharmaceutical product under the FDA is required to get the products out of the hands of kids.

The Federal Government required e-cigarette producers to file an authorization and none did. The FDA is banning flavored, cartridge-based, non-refillable e-cigarettes such as the Juul device. There has not been any legislation passed regarding disposables, freebase, or salt e-liquids.

Vape shops must be required to have enforceable permits. E-cigarettes need to be included in all tobacco policies. Because youth are price sensitive. Taxing e-cigarettes like all other tobacco products and equalizing price points will have an impact.

Answering questions, **Dr. Halpern-Felsher** said youth are giving or selling the products to their friends. Parents are purchasing the products for gifts, unaware of what they are doing.

**ADJOURN:**

There being no further business to come before the committee, the meeting adjourned at 9:42 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

**AMENDED AGENDA #1**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Thursday, February 06, 2020**

SUBJECT	DESCRIPTION	PRESENTER
<a href="#"><u>RS27496</u></a>	Health Care Directive Registry	Elke Shaw-Tulloch, Department of Health and Welfare
<a href="#"><u>RS27554</u></a>	Smoking Or Vaping In Vehicles	Kalli Falck, and Marjorie Dehlin, Eagle High School Students
<a href="#"><u>RS27575C1</u></a>	Prevention of Blindness and Diseases in Infants	Rep. Priscilla Giddings
<a href="#"><u>H 385</u></a>	Certified Medication Assistant	Kris Ellis, Idaho Health Care Association

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

COMMITTEE MEMBERS

Chairman Wood	Rep Christensen
Vice Chairman Wagoner	Rep Lickley
Rep Vander Woude	Rep Remington
Rep Gibbs	Rep Chew
Rep Blanksma	Rep Rubel
Rep Kingsley	Rep Davis
Rep Zollinger	

COMMITTEE SECRETARY

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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

<b>DATE:</b>	Thursday, February 06, 2020
<b>TIME:</b>	9:00 A.M.
<b>PLACE:</b>	Room EW20
<b>MEMBERS:</b>	Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Lickley, Remington, Chew, Rubel, Davis
<b>ABSENT/ EXCUSED:</b>	Representative(s) Chew
<b>GUESTS:</b>	Kris Ellis, IHCA; Elke Shaw-Tulloch, IDHW; Russ Barron and Katie Stuart, Board of Nursing
	<b>Chairman Wood</b> called the meeting to order at 9:00 a.m.
<b>RS 27496:</b>	<b>Elke Shaw-Tulloch</b> , Administrator, Division of Public Health, Department of Health and Welfare (DHW) presented <b>RS 27496</b> to move the responsibilities of the health care directives and registry from the Secretary of State's office to the DHW. With approximately 40,000 current users in the registry, the current system lacks the ability to provide documents when and how they are most needed. A new bidirectional, voluntary, 24/7 web-based registry would integrate the data into the electronic record.  Answering committee questions, <b>Ms. Shaw-Tulloch</b> explained the \$500,000 ongoing cost estimate is split between the registry and outreach provider training. The current basic program has no funding. This would create a patient-based, user friendly, interfaced program.
<b>MOTION:</b>	<b>Vice Chairman Wagoner</b> made a motion to introduce <b>RS 27496. Motion carried by voice vote.</b>
<b>RS 27554:</b>	<b>RS 27554</b> is presented by <b>Kalli Falck, Margorie Dehlin, Summer Young, and Jake Mesecher</b> , a consortium of students, Eagle High School.  <b>Kalli Falck</b> explained <b>RS 27554</b> prohibits smoking and vaping in a vehicle in the presence of minors, with a secondary offence citation fee of \$75. Children, whose brains and bodies are more susceptible to the product toxins, are also vulnerable because they are either unaware of the dangers or do not have the voice to protect themselves. Tobacco is the number one killer in Idaho. On average, children are exposed to more second-hand smoke than adults, resulting in illnesses and premature deaths.  <b>Marjorie Dehlin</b> further presented <b>RS 27554</b> , stating eight states have banned smoking in work places and in vehicles when minors are present. Exposure for as little as ten seconds can simulate asthmatic symptoms. Minors exposed to second-hand smoke are more likely to become adult users and expose their children to the same dangers. Current standards are no longer acceptable.  The committee shared concerns regarding the definition of vape and the unexpected inclusion of persons inhaling medication. There was also concerns regarding the age difference between the smoking cessation product age and this legislation.
	<b>Chairman Wood</b> said this teaching exercise helps youth understand and be involved in the legislative process by following a piece of legislation, even if it goes to the amending order.
<b>MOTION:</b>	<b>Rep. Gibbs</b> made a motion to introduce <b>RS 27554.</b>

<b>SUBSTITUTE MOTION:</b>	<b>Rep. Vander Woude</b> made a substitute motion to return <b>RS 27554</b> to the sponsor.
<b>ROLL CALL VOTE ON SUBSTITUTE MOTION:</b>	A roll call vote was requested. <b>Motion failed by a vote of 6 AYE, 6 NAY, 1 Absent/Excused.</b> Voting in favor of the substitute motion: <b>Reps. Vander Woude, Blanksma, Kingsley, Zollinger, Christensen, Remington.</b> Voting in opposition to the substitute motion: <b>Reps. Wood, Wagoner, Gibbs, Lickley, Rubel, Davis.</b> <b>Rep. Chew was absent-excused.</b>
<b>VOTE ON ORIGINAL MOTION:</b>	<b>Chairman Wood</b> called for a vote on the original motion to introduce <b>RS 27554.</b> <b>Motion carried by voice vote.</b>
<b>RS 27575C1:</b>	<b>Rep. Priscilla Giddings</b> , District 7, presented <b>RS 27575C1</b> , for the prevention of blindness and disease in infants. The rule section outlines the procedures and testing to be performed. Dual sections list a misdemeanor offence if the birthing attendant, for births at home, does not provide specified newborn screening data to the state. The DHW Director is responsible to report to the county prosecuting attorney when data is not provided. From 2009 to 2018 close to 800 home births had someone other than a doctor or midwife as the birthing attendant. Births at home are increasing due to rising costs or rural locations. The changes remove the misdemeanor offence and the Director's reporting duty.  <b>Chairman Wood</b> stated this section of code originates in the early 1920's and, to his knowledge, no one has been cited in modern history.
<b>MOTION:</b>	<b>Vice Chairman Wagoner</b> made a motion to introduce <b>RS 27575C1. Motion carried by voice vote.</b>
<b>H 385:</b>	<b>Kris Ellis</b> , Idaho Health Care Association, presented <b>H 385</b> , for certification of Medication Assistants. Applicants must first be Certified Nursing Assistants (CNAs) with education from an accredited program through the U.S. Department of Education. The certification exam must be the medication aide certification exam (MACE), which is approved by the National Council of the State Board of Nursing. There is grandfathering language for the one Idaho licensee. This will help skilled nursing facilities better serve their residents and provides another stepping stone for CNAs who may want to become a nurse.  For the record, no one indicated their desire to testify.
<b>MOTION:</b>	<b>Rep. Davis</b> made a motion to send <b>H 385</b> to the floor with a <b>DO PASS</b> recommendation. <b>Motion carried by voice vote.</b> <b>Rep. Zollinger</b> will sponsor the bill on the floor.
<b>ADJOURN:</b>	There being no further business to come before the committee, the meeting adjourned at 9:30 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

**AGENDA**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Friday, February 07, 2020**

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
	Department of Health and Welfare Budget Presentation	Dave Jeppesen, Director

**COMMITTEE MEMBERS**

Chairman Wood                                  Rep Christensen  
Vice Chairman Wagoner                        Rep Lickley  
Rep Vander Woude                              Rep Remington  
Rep Gibbs                                        Rep Chew  
Rep Blanksma                                    Rep Rubel  
Rep Kingsley                                    Rep Davis  
Rep Zollinger

**COMMITTEE SECRETARY**

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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Friday, February 07, 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:** Representative(s) Blanksma, Zollinger, Lickley  
**GUESTS:** Mary C. Niland, Maureen Stoker, and Glenn Rooth, Witco/Access Idaho; Joyce Broadsword and Dave Jeppesen, DHW; Francoise Cleveland, AARP Idaho  
**MOTION:** **Rep. Davis** made a motion to approve the minutes of the January 28 and 30, 2020, meetings. **Motion carried by voice vote.**

**Dave Jeppesen**, Director, Idaho Department of Health and Welfare (DHW), presented the annual DHW budget update.

The DHW mission is to promote and protect the health and safety of Idahoans. The vision is to provide leadership for a sustainable, integrated health and human services system. Through the course of the year the DHW will interact with over half of Idaho's population through different entities.

The strategic plan, state fiscal year 2020-2024, paves the way to address the issues facing Idaho's most vulnerable citizens. The DHW staff meets weekly to discuss each of the four plan goals in detail. The performance measure, to move the metrics as needed or complete a specific project, includes target dates. This has helped complete 34% of the plan tasks and has led to identification of new tasks.

There are four strategic plan goals:

Goal 1: ensure affordable, available healthcare that works. Current legislation, **H 351**, directs the hospitals, nursing facilities, and DHW to work together to establish new Medicaid reimbursement methods. State Hospital West, an adolescent facility, has a budget request of \$2,964,000 from the General Fund (GF) to address the expanding need of the facility. The expansion will free up twenty beds in State Hospital South, allowing them to meet the adult population's need. This is a start-up request with operation to begin in February or March, 2021. State funding is required until certification is received and Medicaid billing begins. Staff will be added to this facility and the existing adolescent staff will be retained at State Hospital South.

Goal 2: protect children, youth, and vulnerable adults. The first objective is to ensure children who have experienced abuse or neglect have safe, permanent homes. This is reflected in the Child Welfare Transformation Project budget request of \$5,348,000 GF and the child welfare staffing budget request of \$198,100 GF. This project, in its third and final year, uses the child safety module to provide quick, effective assessments to move children to safety. Case management is the next portion to be implemented. The staffing request addresses the need to have the right number of staff to achieve the objectives in a timely manner.

The second objective is to transform the Idaho behavioral healthcare (BH) system for adults with serious mental illness and addiction. A \$500,000 GF request will assure Community Recovery Centers stay viable.

Goal 3: help Idahoans become as healthy and self-sufficient as possible. The target suicide rate reduction, 20% by 2025, is much bigger than any provider, family, community, or individual can address alone. The Idaho Suicide Prevention Collective has been successful with their robust plan to pilot a specific zero suicide prevention approach. Fourteen hospitals have been trained in the approach. Using the Sources of Strength program, the Collective has helped twenty-three schools this year.

Goal 4: strengthen the public's trust and confidence in the DHW. A customer experience mapping tool tracks an individual's journey and interaction, indicating where improvements can be made, especially when crossing multiple programs.

**Director Jeppesen** drew the committee's attention to several zero dollar line items, which may have a budget impact. These include ambulatory surgical centers, Medicaid Management Information System (MMIS) re-procurement, non-emergency medical transport (NEMT) contract increases, and electronic visit verifications, which are now required by the Centers for Medicare and Medicaid Services (CMS).

The Advance Care Directive Registry \$500,000 GF request addresses its move from the Secretary of State's office, providing direct access so the loved one's wishes are followed.

The voluntary Home Visitation Program, \$1,000,000 GF request, is an ongoing request. This prevention program helps individuals learn how to be parents. This is important to help persons without parenting models provide stability and keep their families together.

Answering committee questions, **Director Jeppesen** explained the child welfare staffing request amount includes benefits. The ambulatory surgical center rates remain less than hospitals. There is an epidemiology team, with a plan and national partners, on call and monitoring Idaho for any coronavirus outbreak. The DHW is prepared to respond quickly and effectively to protect Idahoans. Action to improve BH services continues, in conjunction with the Governor's executive order, the Supreme Court's proclamation, and Senate legislation, with the formation of the BH Council. The council will include thirteen cross-functional members. An advisory group will also be created with as many providers involved as possible.

**ADJOURN:**

There being no further business to bring before the committee, the meeting adjourned at 10:07 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

**AGENDA**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Monday, February 10, 2020**

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#"><u>RS27613</u></a>	Conversion Therapy - Minors	Rep. John McCrostie
<a href="#"><u>S 1240</u></a>	Advanced Practice Registered Nurse	Colleen Shackleford, Nurse Practitioners of Idaho
<a href="#"><u>H 392</u></a>	Health Care Providers - Immunity	Emily McClure
<a href="#"><u>S 1242</u></a>	Nursing Home Administrators - Training	Kris Ellis, Idaho Health Care Association

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

**COMMITTEE MEMBERS**

Chairman Wood                                  Rep Christensen  
Vice Chairman Wagoner                        Rep Lickley  
Rep Vander Woude                              Rep Remington  
Rep Gibbs                                        Rep Chew  
Rep Blanksma                                    Rep Rubel  
Rep Kingsley                                    Rep Davis  
Rep Zollinger

**COMMITTEE SECRETARY**

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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

<b>DATE:</b>	Monday, February 10, 2020
<b>TIME:</b>	9:00 A.M.
<b>PLACE:</b>	Room EW20
<b>MEMBERS:</b>	Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Lickley, Remington, Chew, Rubel, Davis
<b>ABSENT/ EXCUSED:</b>	None
<b>GUESTS:</b>	Emily McClure, IMA; Andrew Bradbury and Rebecca Bradbury, Rexburg Free Clinic; Colleen Shackelford, Nurse Practitioners of Idaho; Kris Ellis, IHCA-INP; Tammy Perkins, NPI; Liz Hatter, Idaho Dental Assoc.; John Shackelford, None; Kacee O'Connor, AAUW; Francoise Cleveland, AARP-Idaho; Caroline Merritt, Idaho Society of Health System Pharmacies; Brian Whitlock, IHA
<b>RS 27613:</b>	<p><b>Chairman Wood</b> called the meeting to order at 9:01 a.m.</p> <p><b>Rep. John McCrostie</b>, District 16, presented <b>RS 27613</b>. This proposed legislation stipulates an Idaho licensed mental health professional shall not engage in the practice of conversion therapy, which seeks to change sexual orientation or gender identity, for anyone under eighteen years of age. Survivors of this practice are at a high risk for extreme depression, abuse of alcohol or drugs, illicit behavior, and suicide. This does not apply to clergy and religious counselors, as long as they are not acting as mental health professionals. Parental rights are protected, as long as the parents are not acting as mental health professionals.</p>
<b>MOTION:</b>	<p><b>Rep. Gibbs</b> made a motion to introduce <b>RS 27613</b>.</p>
<b>SUBSTITUTE MOTION:</b>	<p><b>Rep. Vander Woude</b> made a substitute motion to return <b>RS 27613</b> to the sponsor. <b>Motion failed by voice vote.</b></p>
<b>VOTE ON ORIGINAL MOTION:</b>	<p><b>Chairman Wood</b> called for a vote on the original motion to introduce <b>RS 27613</b>. <b>Motion carried by voice vote.</b> <b>Reps. Christensen, Blanksma, and Vander Woude</b> requested they be recorded as voting <b>NAY</b>.</p>
<b>S 1240:</b>	<p><b>Colleen Shackelford</b>, Nurse Practitioner (NP), Committee Chairman, Nurse Practitioners of Idaho, presented <b>S 1240</b>. This global signature authority bill allows NPs to practice independently and sign specified forms, normally signed by physicians, used in their medical offices. It provides comprehensive patient care, especially where there is limited access to primary care professionals. The NP is most familiar with the patient, so requiring a physician signature is redundant, increases costs, is a duplication of effort, and delays care. This will allow NPs to practice at the top of their license and education.</p>
<b>MOTION:</b>	<p>For the record, no one indicated their desire to testify.</p> <p><b>Rep. Davis</b> made a motion to send <b>S 1240</b> to the floor with a <b>DO PASS</b> recommendation. <b>Motion carried by voice vote.</b> <b>Rep. Davis</b> will sponsor the bill on the floor.</p>

**H 392:** **Emily McClure**, Idaho Medical Association, presented **H 392** to expand the civil liability limit for health professionals and students volunteering at free clinics and health screening events. Patients must be informed if the provider is a student and waive the liability. Students must also be under direct supervision of a licensed health care provider. The health care provider definition is updated, expanded, and specifies the volunteers are practicing within their scope of practice. Volunteer time would be counted as part of the minimal clinical hours required for students. The volunteers would receive no compensation. To qualify, they must be volunteering at a free medical clinic or community health screening event, with no use of general anesthesia, and no overnight hospital stay.

**MOTION:** **Rep. Kingsley** made a motion to send **H 392** to the floor with a **DO PASS** recommendation.

**Andrew Bradbury**, Rexburg Free Clinic, testified **in support** of **H 392**. This will help his volunteer staff expand to include professionals who are retired or work for larger organizations. It would also allow mental health professionals and NPs to volunteer.

**Liz Hatter, Idaho State Dental Association**, testified **in support** of **H 392**.

For the record, no one else indicated their desire to testify.

**VOTE ON MOTION:** **Chairman Wood** called for a vote on the motion to send **H 392** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote**. **Rep. Kingsley** will sponsor the bill on the floor.

**S 1242:** **Kris Ellis**, Idaho Healthcare Association, presented **S 1242**, to allow Nursing Home Administrators to qualify for the exam without taking the nursing home administrators' course. This will address the experience side of the nursing home administrators. She turned the presentation over to **Brian Whitlock**.

**Brian Whitlock**, President Idaho Hospital Association, continued the presentation of **S 1242**. Hospital chief executive officers are also nursing home administrators for hospital-adjacent facilities. The 1,000 hours in an administrators-in-training program is exempted if the individual has a Masters Degree in Health Administration (MHA) with an emphasis in long-term care, or has an MHA and one year of management experience in long-term care, or has a Masters of Business Administration (MBA), with an emphasis in health care and one year of management experience in an inpatient facility. This will help attract administrators from other states. The nursing home administrator exam must still be taken and passed.

For the record, no one indicated their desire to testify.

**MOTION:** **Rep. Lickley** made a motion to send **S 1242** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote**. **Rep. Gibbs** will sponsor the bill on the floor.

**ADJOURN:** There being no further business to come before the committee, the meeting adjourned at 9:34 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

AGENDA  
**HOUSE HEALTH & WELFARE COMMITTEE**  
9:00 A.M.  
Room EW20  
**Tuesday, February 11, 2020**

SUBJECT	DESCRIPTION	PRESENTER
<a href="#"><u>HJM 12</u></a>	Opioid Trafficking - Congressional Delegation	Rep. Caroline Nilsson Troy

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

COMMITTEE MEMBERS

Chairman Wood    Rep Christensen  
Vice Chairman Wagoner                                Rep Lickley  
Rep Vander Woude                                      Rep Remington  
Rep Gibbs    Rep Chew  
Rep Blanksma    Rep Rubel  
Rep Kingsley    Rep Davis  
Rep Zollinger

COMMITTEE SECRETARY

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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

<b>DATE:</b>	Tuesday, February 11, 2020
<b>TIME:</b>	9:00 A.M.
<b>PLACE:</b>	Room EW20
<b>MEMBERS:</b>	Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Lickley, Remington, Chew, Rubel, Davis
<b>ABSENT/ EXCUSED:</b>	Representative(s) Blanksma, Chew, Christensen
<b>GUESTS:</b>	Melinda Smyser, Office Drug Policy; Meeghan Sheppard, Office of the Governor <b>Chairman Wood</b> called the meeting to order at 9:00 a.m.
<b>HJM 12:</b>	<b>Rep. Caroline Nilsson Troy</b> , District 5, presented <b>HJM 12</b> , to spotlight drug trafficking in the United States, concerns regarding insufficient regulation, and law enforcement's inability to address fentanyl trafficking from China and Mexico. Strong trafficking corridors exist through Idaho Falls and Coeur d'Alene.  <b>Melinda Smyser</b> , Governor's Office of Drug Policy, testified <b>in support</b> of <b>HJM 12</b> . Because it is absorbed through the skin, fentanyl the size of a grain of sugar can kill a person. Idaho heroin drug seizures are growing, as evidence by five large quantity heroin arrests this year. Fentanyl is used to cut heroin, create more product, and increase product strength. The absorption danger extends to first responders and the general public. As a result, the Idaho State Police (ISP) are no longer doing roadside testing. Drug prevention starts with families, individuals, and communities. Idaho needs more awareness and education of substance use. Work is being done by her office to address prevention for 18 to 25 year-olds.  Answering questions, <b>Ms. Smyser</b> said the ISP has disposal procedures which include sending product to out-of-state testing facilities. Our youth do not perceive any danger and need to be educated.  For the record, no one else indicated their desire to testify.
<b>MOTION:</b>	<b>Vice Chairman Wagoner</b> made a motion to send <b>HJM 12</b> to the floor with a <b>DO PASS</b> recommendation. <b>Motion carried by voice vote</b> . <b>Rep. Troy</b> will sponsor the bill on the floor.  The committee meeting continued with a discussion regarding the Department of Health and Welfare budget request and committee recommendations for the Joint Finance and Appropriations Committee (JFAC). <b>Chairman Wood</b> will present the recommendations to JFAC on February 12, 2020.
<b>ADJOURN:</b>	There being no further business to come before the committee, the meeting adjourned at 9:47 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

**AMENDED AGENDA #1**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Wednesday, February 12, 2020**

SUBJECT	DESCRIPTION	PRESENTER
<a href="#"><u>RS27680</u></a>	Missing Indigenous Persons	Rep. Caroline Nilsson Troy  Tyrel Stevenson, Coeur d'Alene Tribe
<a href="#"><u>RS27683</u></a>	Yellow DOT Program	Rep. Caroline Nilsson Troy
<a href="#"><u>RS27653</u></a>	Opioid Addiction - Buprenorphine	Rep. Jake Ellis
<a href="#"><u>RS27682</u></a>	Tobacco - Electronic Smoking Devices	Rep. Britt Raybould
<a href="#"><u>RS27610</u></a>	Medicaid Reimbursements	Rep. Megan Blanksma
<a href="#"><u>SCR 126</u></a>	Behavioral Health Plan	Rep. Megan Blanksma

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

COMMITTEE MEMBERS

Chairman Wood	Rep Christensen
Vice Chairman Wagoner	Rep Lickley
Rep Vander Woude	Rep Remington
Rep Gibbs	Rep Chew
Rep Blanksma	Rep Rubel
Rep Kingsley	Rep Davis
Rep Zollinger	

COMMITTEE SECRETARY

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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

<b>DATE:</b>	Wednesday, February 12, 2020
<b>TIME:</b>	9:00 A.M.
<b>PLACE:</b>	Room EW20
<b>MEMBERS:</b>	Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Lickley, Remington, Chew, Rubel, Davis
<b>ABSENT/ EXCUSED:</b>	Representative(s) Gibbs, Zollinger
<b>GUESTS:</b>	Jack Miller, Elizabeth Hoyt, and Joyce Broadsword, DHW; Lori Burelle, SW ID NOW; Jeff Buel, JoJ; Terrell Swift, J/J; Soraya Mazloomi, Private Citizen, Doula; Durlyn Derer, Irene Ruiz, and Melissa Morales, Self
<b>RS 27680:</b>	<p><b>Chairman Wood</b> called the meeting to order at 9:00 a.m.</p> <p><b>Rep. Caroline Nilsson Troy</b>, District 5, presented <b>RS 27680</b>, regarding missing or murdered indigenous people. Because indigenous women face the highest rates of violence, awareness needs to be increased. Predators may target native women and girls because they are seen as marginalized and outside of the protection of the regular legal system. This proposed legislation designates a day of awareness and supports efforts to research and find solutions to make a difference to the Native American people.</p> <p><b>Tyrel Stevenson</b>, Legislative Director, Coeur d'Alene Tribe, further presented <b>RS 27680</b>. He described the national efforts to study and address this issue. Idaho stakeholders and government agencies continue to collaborate for solutions.</p>
<b>MOTION:</b>	<p><b>Rep. Rubel</b> made a motion to introduce <b>RS 27680</b> and recommend it be sent directly to the Second Reading Calendar. <b>Motion carried by voice vote.</b> <b>Rep. Troy</b> will sponsor the bill on the floor.</p>
<b>RS 27683:</b>	<p><b>Rep. Caroline Nilsson Troy</b>, District 5, presented <b>RS 27683</b>, proposed legislation to establish a Yellow DOT Program to alert emergency medical responders and the police to a vehicle driver's or passenger's medical information. The Emergency Medical Services (EMS) will develop a form to be retained in glove boxes and a yellow dot sticker for their cars.</p>
<b>MOTION:</b>	<p><b>Rep. Davis</b> made a motion to introduce <b>RS 27683. Motion carried by voice vote.</b></p>
<b>RS 27682:</b>	<p><b>Rep. Britt Raybould</b>, District 34, presented <b>RS 27682</b>, proposed legislation to include electronic smoking devices into the definition of tobacco products. There are no direct use fees or taxes included, although the Department of Health and Welfare is directed to establish retail permit fees.</p>
<b>MOTION:</b>	<p><b>Rep. Rubel</b> made a motion to introduce <b>RS 27682. Motion carried by voice vote.</b></p>
<b>RS 27653:</b>	<p><b>Rep. Jake Ellis</b>, District 15, presented <b>RS 27653</b>. Suboxone has been used as part of the medication assisted treatment for opioid addiction. It has been proven to normalize brain chemistry, eliminate withdrawal symptoms, be safely used on a long-term basis, and prevent relapsing. Unfortunately, current federal law requires an X waiver before it can be prescribed. This proposed Joint Memorial seeks to remove barriers and allow easier use of Suboxone by physicians.</p>
<b>MOTION:</b>	<p><b>Rep. Blanksma</b> made a motion to introduce <b>RS 27653. Motion carried by voice vote.</b></p>

- RS 27610:** **Rep. Megan Blanksma**, District 23, presented **RS 27610** to leverage grant and federal funds for Medicaid home visitation reimbursements. This is a voluntary program. All seven health districts already use the models.
- MOTION:** **Rep. Lickley** made a motion to introduce **RS 27610. Motion carried by voice vote.**
- SCR 126:** **Rep. Megan Blanksma**, District 23, presented **SCR 126**. This proposed legislation directs the establishment of a collaborative Behavioral Health Council involving all three branches of state government. The current delivery method for mental health and substance abuse disorders can be both disjointed and inadequate to meet community needs. This resolution endorses creation of a thirteen member Idaho Behavioral Health Council to develop a statewide strategic plan for coordination and effective use of all available resources. Creation would be by this concurrent resolution, an Executive Order by the Governor, and a Proclamation of the Supreme Court. Findings and recommendations would be expected to be reported back by February 1, 2021. Through this effort coordinated behavioral health services can be offered in a more effective manner when Idahoans need them.
- MOTION:** **Rep. Lickley** made a motion to send **SCR 126** to the floor with a **DO PASS** recommendation.
- For the record, no one indicated their desire to testify.
- VOTE ON MOTION:** **Chairman Wood** called for a vote on the motion to send **SCR 126** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Blanksma** will sponsor the bill on the floor.
- ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 9:26 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

AGENDA  
**HOUSE HEALTH & WELFARE COMMITTEE**  
9:00 A.M.  
Room EW20  
**Thursday, February 13, 2020**

SUBJECT	DESCRIPTION	PRESENTER
<a href="#"><u>RS27607</u></a>	Women's Suffrage Day	Rep. Caroline Nilsson Troy
<a href="#"><u>RS27662</u></a>	Public Health Director - Compensation	Rep. Megan Blanksma
<a href="#"><u>RS27717</u></a>	No Surprises Act	Rep. Megan Blanksma
<a href="#"><u>H 438</u></a>	Newborn Screening Data - Violations	Rep. Priscilla Giddings

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

COMMITTEE MEMBERS

Chairman Wood                                  Rep Christensen  
Vice Chairman Wagoner                        Rep Lickley  
Rep Vander Woude                              Rep Remington  
Rep Gibbs                                        Rep Chew  
Rep Blanksma                                    Rep Rubel  
Rep Kingsley                                    Rep Davis  
Rep Zollinger

COMMITTEE SECRETARY

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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

<b>DATE:</b>	Thursday, February 13, 2020
<b>TIME:</b>	9:00 A.M.
<b>PLACE:</b>	Room EW20
<b>MEMBERS:</b>	Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Lickley, Remington, Chew, Rubel, Davis
<b>ABSENT/ EXCUSED:</b>	None
<b>GUESTS:</b>	None
	<b>Chairman Wood</b> called the meeting to order at 9:00 am.
<b>MOTION:</b>	<b>Rep. Lickley</b> made a motion to approve the minutes of the February 3, 2020, meeting. <b>Motion carried by voice vote.</b>
<b>RS 27607:</b>	<b>Rep. Caroline Nilssen Troy</b> , District 5, presented <b>RS 27607</b> , a concurrent resolution recognizing August 6, 2020, as Women's Suffrage Day, in honor of the 100th anniversary of women's suffrage. Idaho has a proud history of recognizing the importance of women in all areas of our communities.
<b>MOTION:</b>	<b>Rep. Lickley</b> made a motion to introduce <b>RS 27607. Motion carried by voice vote.</b>
<b>RS 27662:</b>	<b>Rep. Megan Blanksma</b> , District 23, presented <b>RS 27662</b> , regarding the compensation determination for Health District Board Directors. The seven health districts, which are not government agencies, are governed by a board whose membership is determined by the individual health districts' county commissions. This proposed legislation clarifies the District Board, not the governor, sets the compensation. Answering a question, she said the board sets the budgets and hires the directors.
<b>MOTION:</b>	<b>Rep. Davis</b> made a motion to introduce <b>RS 27662. Motion carried by voice vote.</b>
<b>RS 27717:</b>	<b>Rep. Megan Blanksma</b> , District 23, presented <b>RS 27717</b> , which is a reiteration of the previous legislation for the No Surprises Act. It broadens the patient's choice to use an out-of-network provider when receiving care in an in-network facility.
<b>MOTION:</b>	<b>Rep. Vander Woude</b> made a motion to introduce <b>RS 27717. Motion carried by voice vote.</b>
<b>H 438:</b>	<b>Rep. Priscilla Giddings</b> , District 7, presented <b>H 438</b> to amend Idaho Code by repealing those sections which make it a misdemeanor offence if newborn data is not provided to the state. Fathers helping wives give birth at home are, unknowingly, in violation of this code. Removals include outdated and unused sections and subsections, including the Department of Health and Welfare (DHW) Director's reporting responsibility. Since its enactment, there have been over 600 qualifying home births.
<b>MOTION:</b>	<b>Rep. Zollinger</b> made a motion to send <b>H 438</b> to the floor with a <b>DO PASS</b> recommendation.
	During committee discussion concerns were raised regarding the possibility of any section numbering changes and their impact to valid referenced section numbers. Contact with the DHW verified there have been no misdemeanors issued as a result of this section of code.

For the record, no one indicated their desire to testify.

**VOTE ON  
MOTION:**

**Chairman Wood** called for a vote on the motion to send **H 438** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Giddings** will sponsor the bill on the floor.

**Chairman Wood** and the committee recognized and thanked our committee page, **Jaycee Dixon**, for her help during the first half of the session.

**ADJOURN:**

There being no further business to come before the committee, the meeting was adjourned at 9:24 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

AGENDA  
**HOUSE HEALTH & WELFARE COMMITTEE**  
9:00 A.M.  
Room EW20  
**Tuesday, February 18, 2020**

SUBJECT	DESCRIPTION	PRESENTER
<a href="#"><u>RS27728</u></a>	Daycare Facilities - Licensing	Rep. Paul Amador
<a href="#"><u>RS27696</u></a>	Life Sustaining Treatment - Children	Rep. John Vander Woude
<a href="#"><u>HJM 13</u></a>	Opioid Addiction - Buprenorphine	Rep. Jake Ellis

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

COMMITTEE MEMBERS

Chairman Wood                                  Rep Christensen  
Vice Chairman Wagoner                        Rep Lickley  
Rep Vander Woude                              Rep Remington  
Rep Gibbs                                        Rep Chew  
Rep Blanksma                                    Rep Rubel  
Rep Kingsley                                    Rep Davis  
Rep Zollinger

COMMITTEE SECRETARY

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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

<b>DATE:</b>	Tuesday, February 18, 2020
<b>TIME:</b>	9:00 A.M.
<b>PLACE:</b>	Room EW20
<b>MEMBERS:</b>	Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Lickley, Remington, Chew, Rubel, Davis
<b>ABSENT/ EXCUSED:</b>	None
<b>GUESTS:</b>	Nicki Chopski, Board of Pharmacy; Julie Hammon, DHW; Pamela Myhre, Shatterproof & Community
<b>MOTION:</b>	<b>Chairman Wood</b> called the meeting to order at 9:00 a.m. <b>Rep. Davis</b> made a motion to approve the minutes of the January 29, February 4, and 11, 2020, meetings. <b>Motion carried by voice vote.</b> <b>Chairman Wood</b> introduced <b>Asher Dixon</b> , the committee's page for the second half of the session.
<b>RS 27728:</b>	<b>Rep. Paul Amador</b> , District 4, presented <b>RS 27728</b> . This proposed legislation clarifies background checks for owners and operators of child care facilities. The listed denial offenses are expanded in alignment with federal regulations to include domestic violence, registration on a sex offender registry, and any felony drug-related offense within the last five years. An additional denial, suspension, and revocation appeal avenue is added. Facility health standards are updated to the current safe sleep practices recommended for infants to twelve months.
<b>MOTION:</b>	<b>Vice Chairman Wagoner</b> made a motion to introduce <b>RS 27728. Motion carried by voice vote.</b>
<b>RS 27696:</b>	<b>Rep. John Vander Woude</b> , District 22, presented <b>RS 27696</b> , proposed legislation to ensure at least one parent or guardian of a minor, who is under the care of a doctor and healthcare facility, is notified 48 hours prior to an order to withhold life-sustaining treatment is instituted. The parents are allowed fifteen days to move the child to another facility. The fiscal note is an estimate based on the average amount of care, health insurance, financial status, and any eligibility for state or federal programs.
<b>MOTION:</b>	<b>Rep. Blanksma</b> made a motion to introduce <b>RS 27696. Motion carried by voice vote.</b>
<b>HJM 13:</b>	<b>Rep. Jake Ellis</b> , District 15, presented <b>HJM 13</b> . Idahoans face restrictions and barriers when seeking help for a family member addicted to opioids. Suboxone is an effective method to alleviate withdrawal symptoms and is part of medication assisted treatment (MAT) programs. Removal of the access restrictions are requested of the U.S. Senate, U.S. House of Representatives, and Idaho's Congressional Delegation.

**Pamela Myhre**, District 15 Constituent, testified **in support** of **HJM 13**, sharing her family's struggle to find help for an addicted family member. Although a deadly illness, addiction does not receive the same treatment support as other illnesses, like cancer. Of the Idahoans suffering from addiction, only 8% receive treatment, with only 16.8% of Idaho treatment facilities offering MAT. This is the third worst national rate. With the help of Suboxone, her family member is no longer addicted, has a job, and has a new life. Other families have not been as lucky. This is a step to make changes and achieve better outcomes for loved ones.

**Rep. Ellis** stated Idaho is not alone. The elimination of the X waiver is a national trend because it's restriction has caused a glitch in the federal law.

**Nicki Chopski**, Executive Director, Board of Pharmacy, was invited to answer questions. She explained there is abuse potential with Suboxone. The long-term effects are similar to many of the opioids. There is an increased risk of overdose when it is combined with alcohol or other drugs. There are some warnings regarding liver issues when liver damage is an existing condition. She has been unable to find specific side effects from long-term buprenorphine use. The existing lack of MAT programs can lead to Suboxone diversion for individuals wanting to avoid withdrawal symptoms. Euphoric effects are only seen in people who use Suboxone when they do not have opioid dependencies. This product is available in long-acting injectable or implantable forms, decreasing the diversion risk.

**Rep. Remington** commented a wrap-around program is needed to assist individuals who are no longer addicted to opioids. He was concerned the problems experienced with Methadone will be repeated with this product.

**MOTION:** **Rep. Rubel** made a motion to send **HJM 13** to the floor with a **DO PASS** recommendation.

For the record, no one else indicated their desire to testify.

Answering committee questions, **Rep. Ellis** said the Joint Memorial is the only tool available to give a strong voice to Idaho's delegation. He hopes the Governor's office will take the next step through the Opioid Drug Work Force.

**VOTE ON MOTION:** **Chairman Wood** called for a vote on the motion to send **HJM 13** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Ellis** will sponsor the bill on the floor.

**ADJOURN:** There being no further business to come before the committee, the meeting adjourned at 9:41 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

AGENDA  
**HOUSE HEALTH & WELFARE COMMITTEE**  
9:00 A.M.  
Room EW20  
Wednesday, February 19, 2020

SUBJECT	DESCRIPTION	PRESENTER
<a href="#"><u>H 498</u></a>	Tobacco - Electronic Smoking Devices	Rep. Britt Raybould

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

COMMITTEE MEMBERS

Chairman Wood                                  Rep Christensen  
Vice Chairman Wagoner                        Rep Lickley  
Rep Vander Woude                              Rep Remington  
Rep Gibbs                                        Rep Chew  
Rep Blanksma                                    Rep Rubel  
Rep Kingsley                                    Rep Davis  
Rep Zollinger

COMMITTEE SECRETARY

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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Wednesday, February 19, 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:** Representative(s) Zollinger  
**GUESTS:** Erin Bennett, AHA/ASA; Corey Surber, Karilyn "KC" Crowley, and Rebecca Lemmons, Saint Alphonsus; Randy Johnson, American Cancer Society; Rebecca Coeigh, Luke Cavener, and Theresa Vawter, ACS CAN; Samantha Kenney, United Way of Treasure Valley; Jack Miller, Elizabeth Hoyt, and Alacia Handy, DHW; Susie Pouliot, Idaho Medical Assoc.; Liz Hatter, Veritas Advisors; Teresa Molitor, RAI; Chakoma Haidari, CDH; Heather Kimmel, American Lung Assoc.; Pam Eaton, ID Retailers Assn.; Taylor Jepson, American Heart Assn.; Rebecca Deleon, Planned Parenthood.

**Chairman Wood** called the meeting to order at 9:00 a.m.

**MOTION:** **Rep. Lickley** made a motion to approve the minutes of the February 5, 12, and 13, 2020, meetings. **Motion carried by voice vote.**

**H 498:** **Rep. Britt Raybould**, District 34, presented **H 498**, to amend the Prevention of Minors Access to Tobacco Act by including electronic smoking devices and products. This inclusion provides parity between traditional tobacco products and electronic smoking devices and products. The retail permitting process is expanded. There are no new retail taxes. Treating both traditional and electronic devices in a comparable fashion is in the best interest of individuals choosing to use the products.

**Erin Bennet**, Government Relations Director, American Heart Association, American Stroke Association, testified **in support** of **H 498**. This inclusion ensures under-age users do not have easy access to electronic smoking devices and provides a method to assess the impact of the devices. Outdated statistics have been removed. The tobacco products definition is updated to include electronic smoking devices and allow for medication delivery devices. Retail permitting is updated to include electronic smoking devices and the Department of Health and Welfare (DHW) is authorized to set a permit fee. All cigarette references have been updated to include electronic smoking devices. There are no new regulations and no impact to any current taxes defined in other statutes.

**Corey Surber**, Director of Advocacy, St. Alphonsus Health System, testified **in support** of **H 498**. The vaping youth epidemic is of great concern considering the appeal of these unregulated devices. She shared statistics and information regarding the devices, the health effects, and the targeted marketing techniques.

**Samantha Kenney**, Self, Parent, testified **in support** of **H 498**. She shared how her conversations with her daughter indicated the high number of students using vaping products and the impact to their school attendance. These products are gateways to life-long addiction and regulation is needed. Answering a question, she said some teens look or are old enough to purchase the products for their friends.

**Rep. Rubel** commented regarding her daughter's friends, who have been able to purchase smoking devices in retail outlets since they were 15 years of age.

**Heather Kimmel**, Director Health Promotion, Western Division, American Lung Association, testified **in support** of **H 498**. Research shows a 56% greater risk of heart attack, stroke, chronic asthma, and adult chronic obstructive pulmonary disease (COPD). Chronic bronchitis in high school juniors and seniors has doubled. Youth introduced to tobacco and nicotine through electronic devices are four times more likely to advance to using regular cigarettes. It is exciting to see progress to keep these products out of our youths' hands.

**Teresa Vawter**, Idaho Government Relations Director, American Cancer Society, Cancer Action Network, testified **in support** of **H 498**. This is a straight forward bill for parity among those selling tobacco products. These are not harmless products when approximately 30% of all cancer deaths are caused by tobacco use. This is of added concern as a new generation of youth become addicted to tobacco use.

**Pam Eaton**, Idaho Retailers Association, testified **in support** of the concept of **H 498**, although there are concerns. Idaho retailers follow the We Card Program, with a 95% compliance rate. Recent reports indicate 86% of the youth are getting the products somewhere other than at retail stores. Their concerns include maintaining uniformity and a level playing field with taxes, fees, and regulations. She requested the section giving local units of government the opportunity to pass more stringent legislation be amended and align with other statutes. Additionally, the instructions for rules promulgation by the DHW for permits and fees will impact retailers. Answering a committee question, she said retail shops selling only vape products are not members of the Idaho Retailers Association.

**Alacia Handy**, Human Services Program Specialist, DHW, Division of Behavioral Health, testified **in support** of **H 498**. The current statute has two definitions, one for tobacco products and one for electronic cigarettes. As such, current oversight and inspection is only stipulated for tobacco product retailers, not for vape shops or retailers selling only vape products.

**Taylor Jepson**, High School Student, American Heart Association, testified **in support** of **H 498**. Many of her friends, who are vaping, would not smoke cigarettes because they are neither cool nor taste good. The vaping flavors, colors, and hi-tech design make vaping products attractive to youth. Although tobacco advertising is barred, vaping products are directly marketed through social media, targeting her generation and younger middle school students. Answering a question, Ms. Jepson explained raising taxes and fees will transfer to the consumer, increase the product cost, and impact teen access.

For the record, no one else indicated their desire to testify.

**MOTION:** **Rep. Rubel** made a motion to send **H 498** to the floor with a **DO PASS** recommendation.

**SUBSTITUTE MOTION:** **Rep. Zollinger** made a substitute motion to **HOLD H 498** in committee.

**AMENDED SUBSTITUTE MOTION:** **Rep. Vander Woude** made an amended substitute motion to send **H 498** to General Orders.

Committee discussion included agreement regarding the need for parity and inclusion of electronic smoking devices. Concern was raised regarding the fee rule promulgation without legislative review, possible competing statutes, the generality of the nicotine definition, non-inclusion of retailers in discussions, and the possibility of a new piece of legislation to address the issues.

**UNANIMOUS CONSENT REQUEST:** **Rep. Zollinger** made a unanimous consent request to vote on the substitute motion before voting on the amended substitute motion. **Chairman Wood** ruled the request out of order.

In closing remarks, **Rep. Raybould** stated her acknowledgement of the questions and concerns. She will come up with constructive resolutions to the feedback.

**ROLL CALL**

**VOTE:**

A roll call vote was requested. The amended substitute motion carried by a unanimous vote of **13 AYE**. Voting in favor of the motion: **Reps. Wood, Wagoner, Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Lickley, Remington, Chew, Rubel, Davis**. **Rep. Raybould** will sponsor the bill on the floor.

**ADJOURN:**

There being no further business to come before the committee, the meeting adjourned at 10:14 a.m.

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Representative Wood

Chair

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Irene Moore

Secretary

**AGENDA**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Thursday, February 20, 2020**

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#"><u>RS27729</u></a>	Medicaid Expansion - County Share	Rep. Britt Raybould
<a href="#"><u>RS27692</u></a>	Extended Employment Services	Rep. Jarom Wagoner
<a href="#"><u>RS27772</u></a>	Taxation - Agency References	Colby Cameron, Division of Financial Management
<a href="#"><u>RS27657C1</u></a>	Telehealth	Julie Hart, Strategies 360
<a href="#"><u>H 436</u></a>	Health Care Directive Registry	Elke Shaw-Tulloch, Department of Health and Welfare
<a href="#"><u>H 497</u></a>	Yellow Dot Program	Rep. Caroline Nilsson Troy

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

COMMITTEE MEMBERS

Chairman Wood                                  Rep Christensen  
Vice Chairman Wagoner                        Rep Lickley  
Rep Vander Woude                              Rep Remington  
Rep Gibbs                                        Rep Chew  
Rep Blanksma                                    Rep Rubel  
Rep Kingsley                                    Rep Davis  
Rep Zollinger

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
Email: [hhel@house.idaho.gov](mailto:hhel@house.idaho.gov)

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

<b>DATE:</b>	Thursday, February 20, 2020
<b>TIME:</b>	9:00 A.M.
<b>PLACE:</b>	Room EW20
<b>MEMBERS:</b>	Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Lickley, Remington, Chew, Rubel, Davis
<b>ABSENT/ EXCUSED:</b>	None
<b>GUESTS:</b>	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.  <b>Chairman Wood</b> called the meeting to order at 9:00 a.m.
<b>MOTION:</b>	<b>Rep. Davis</b> made a motion to approve the minutes of the February 7 and 10, 2020, meetings. <b>Motion carried by voice vote.</b>
<b>RS 27772:</b>	<b>Chairman Wood</b> stated the sponsor of <b>RS 27772</b> has requested removal of the proposed legislation from the agenda and committee consideration. It will be returned to the sponsor.
<b>RS 27729:</b>	<b>Rep. Britt Raybould</b> , District 34, presented <b>RS 27729</b> . This is a comprehensive approach based on Medicaid Interim Committee discussions regarding funding the expansion population with the Catastrophic Health Care Cost (CAT) and county medical indigency programs. The medically indigent adjusted gross income is updated to 133% of the federal poverty limit (FPL), effective upon passage of this proposed legislation.  The county medical indigency program will continue to accept applications for six months and adjudicate for an additional six months before it ceases to function. The CAT Program will be suspended on June 20, 2021, although it will continue to handle existing transactions. Within the next eighteen months both programs will cease to be operational. The sales-tax based formula will be implemented for a stabilized fund based on actual Medicaid enrollees.
<b>MOTION:</b>	<b>Rep. Blanksma</b> made a motion to introduce <b>RS 27729</b> . <b>Motion carried by voice vote.</b>
<b>RS 27692:</b>	<b>Rep. Jarom Wagoner</b> , District 10, presented <b>RS 27692</b> , to continue the extended employment services for individuals with significant disabilities under the direction of the Department of Health and Welfare (DHW).
<b>MOTION:</b>	<b>Rep. Blanksma</b> made a motion to introduce <b>RS 27692</b> .  Answering committee questions, <b>Rep. Wagoner</b> said the existing program has functioned for many years and its statute language will be provided for the hearing. The currently budgeted \$4.2M will be transferred to the DHW from Vocational Rehabilitation.
<b>VOTE ON MOTION:</b>	<b>Chairman Wood</b> called for a vote on the motion to introduce <b>RS 27692</b> . <b>Motion carried by voice vote.</b> <b>Reps. Davis</b> and <b>Chew</b> requested they be recorded as voting <b>NAY</b> .

**RS 27657C1:** **Julie Hart**, Ideal Option, presented **RS 27657C1**, proposed legislation to provide more treatment options for opioid and substance use disorder (SUD). The existing tools are not being deployed to maximum impact. This is an evidenced-based treatment approach and one way to address the problem.

**MOTION:** **Rep. Vander Woude** made a motion to introduce **RS 27657C1. Motion carried by voice vote.**

**H 436:** **Elke Shaw-Tulloch**, Administrator, Division of Public Health, DHW, presented **H 436**. This legislation transfers the existing health care directive registry from the Secretary of State's office to the DHW. Through this move, the health care directive registry will continue to document an individual's end-of-life care wishes using a bidirectional platform with easy 24/7 access for care providers. This will save on the cost of life-sustaining procedures which may not align with the patient's wish.

The new directory will be combined with a robust education outreach element to increase the public's awareness of the program. The current program houses 40,000 directives which are only available during office hours to the individuals named on the directives.

Answering committee questions, **Ms. Shaw-Tulloch** said this will continue to be a voluntary program. There will be no transfer filing fee for the current 40,000 participants. Other states who have not included the outreach and educational element have experienced minimal participation.

**Chad Houck**, Chief Deputy Secretary of State, was invited to answer questions. He said the current system does not have version control. Because the Secretary of State has absorbed the operating costs into their daily operations budget, a \$20,000 registry operating balance will be moved to the DHW with the registry.

**Keyana Deeble**, RN, Nurse Care Advisor, St. Luke's Hospital, Nurse Facilitator, Honoring Choices Idaho, testified **in support of H 436**. She shared how an individual's advanced care directive, produced prior to dementia and health issues, allowed the family to make confident decisions and brought them peace. Patients who have not kept copies have experienced difficulty and delays in care while obtaining them through the current system.

**Dr. Bart Hill**, Former Emergency Medicine Physician, Current Chief Quality Officer, St. Luke's Health System, testified **in support of H 436**. In formulating this legislation, a review of successful programs in other states showed advanced care planning must be a coalition and community program with outreach to citizens.

Responding to committee questions, **Dr. Hill** explained at the end of a life there is a disproportionate amount of cost associated with a person's care. These costs can be decreased with healthcare directives provided at the time of need.

**Lindsey Winters Jewel**, Director, Honoring Choices Idaho, testified **in support of H 436**. Medical staffs are being trained to help patients be well-informed regarding advance directives. Standardized tools, marketing tools, and reporting are needed to measure the success of the program.

**Christine Gibbons**, Program Coordinator, St. Alphonsus Health Care Palliative Care, testified **in support of H 436**. Including an individual in their health care is important, which becomes a challenge when they may not be able to communicate. Having 24/7 access allows family members to stay at the hospital with their loved one, instead of having to go home and look for documents prepared years earlier.

**Francoise Cleveland**, Director of Advocacy, AARP, testified **in support of H 436**. No matter the age or stage of life, individuals facing end-of-life situations want a quality of life where they are heard and their wishes are respected by their health care professionals.

**Brian Whitlock**, President, Idaho Hospital Association, testified **in support of H 436**. He shared how knowledge of a loved one's wishes within a state with such a registry provided comfort to his family. Without easy access to directives, the default care can be very aggressive, expensive, and beyond the patient's desire. With the DHW migration a secure, robust registry can be developed in compliance with Health Insurance Portability and Accountability Act (HIPAA) compliance.

**Chad Houck**, Chief Deputy Secretary of State, testified the Secretary of State's office is 100% **in support of H 436**. The original program was designed to be archival and no longer meets the needs of Idahoans. Attempting to build the current system within the Secretary of State's office would cost more and lead to difficulties with HIPAA security. This and other security issues are already addressed through other DHW programs.

**MOTION:** **Rep. Lickley** made a motion to send **H 436** to the floor with a **DO PASS** recommendation.

**SUBSTITUTE MOTION:** **Rep. Blanksma** made a substitute motion to send **H 436** to General Orders.

Committee discussion included agreement regarding the need to upgrade the registry. Concerns were expressed regarding the ongoing budget request's use for education and promotion, and the amount of authority given to the DHW

**Sen. Steve Bair**, District 31, was invited to respond to questions. Promoting directives ahead of time through television and radio advertising allows the individual and family to consider, discuss, and know their directive will be available when it is needed.

**Rep. Blanksma** stated the usefulness of the system is not an issue in her debate, only the possibility that people within the communities are better teachers than the government.

Roll call vote was requested. **Substitute motion failed by a vote of 6 AYE and 7 NAY. Voting in favor** of the motion: **Reps. Vander Woude, Blanksma, Kingsley, Zollinger, Christensen, Remington. Voting in opposition** to the motion: **Reps. Wood, Wagoner, Gibbs, Lickley, Chew, Rubel, Davis.**

**Chairman Wood** call for a vote on the original motion to send **H 436** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Reps. Vander Woude, Blanksma, Kingsley, Zollinger, Christensen, and Remington** requested they be recorded as voting **NAY**. **Rep. Youngblood** will sponsor the bill on the floor.

Due to time constraints, **H 497** will be carried over to the meeting of February 21, 2020, at 9:00 a.m.

**ADJOURN:** There being no further business to come before the committee, the meeting adjourned at 10:25 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

**AMENDED AGENDA #1**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Friday, February 21, 2020**

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<u>RS27800</u>	Tobacco - Electronic Smoking Devices	Rep. Britt Raybould, Rep. Brooke Green
<u>H 497</u>	Yellow DOT Program	Rep. Caroline Nilsson Troy

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

**COMMITTEE MEMBERS**

Chairman Wood                                  Rep Christensen  
Vice Chairman Wagoner                        Rep Lickley  
Rep Vander Woude                              Rep Remington  
Rep Gibbs                                        Rep Chew  
Rep Blanksma                                    Rep Rubel  
Rep Kingsley                                    Rep Davis  
Rep Zollinger

**COMMITTEE SECRETARY**

Irene Moore  
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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Friday, February 21, 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:** Representative(s) Blanksma  
**GUESTS:** Wayne Denny, Alacia Handy, and Treena Clark, DHW  
**Chairman Wood** called the meeting to order at 9:00 a.m.  
**MOTION:** **Rep. Lickley** made a motion to approve the minutes of the February 6 and 18, 2020, meetings. **Motion carried by voice vote.**  
**RS 27800:** **Rep. Britt Raybould**, District 34, presented **RS 27800**, a revision of previously presented legislation which clarifies the nicotine definition by specifying it is not food. Fee promulgation has been removed and one term has been changed.  
**MOTION:** **Rep. Gibbs** made a motion to introduce **RS 27800. Motion carried by voice vote.**  
**H 497:** Continuation of the meeting of February 20, 2020.  
**Rep. Caroline Nilsson Troy**, District 5, presented **H 497**. There is a need for quick access to medical information during the golden hour. The voluntary Yellow DOT Program provided by this legislation alerts first responders to medical information, located on a form found in the vehicle's glove box, by a yellow dot on the rear windshield. There is no registration or any disclosure beyond the form. Most importantly, it provides a liability exemption for responders who use the provided information.  
In response to questions, **Rep. Troy** said law enforcement access would require the individual's consent and is different from access by first responders. This program was introduced in 2017 and is used in several other states.  
For the record, no one indicated their desire to testify.  
**MOTION:** **Rep. Davis** made a motion to send **H 497** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Reps. Christensen, Remington, Gibbs**, and **Zollinger** requested to be recorded as voting **NAY**. **Rep. Troy** will sponsor the bill on the floor.  
**ADJOURN:** There being no further business to come before the committee, the meeting adjourned at 9:13 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

**AMENDED AGENDA #1**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Monday, February 24, 2020**

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#"><u>RS27816</u></a>	Daycare Facilities	Rep. Paul Amador

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

COMMITTEE MEMBERS

Chairman Wood                                  Rep Christensen  
Vice Chairman Wagoner                        Rep Lickley  
Rep Vander Woude                              Rep Remington  
Rep Gibbs                                        Rep Chew  
Rep Blanksma                                    Rep Rubel  
Rep Kingsley                                    Rep Davis  
Rep Zollinger

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Monday, February 24, 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:** Representative(s) Blanksma, Zollinger, Davis  
**GUESTS:** Julie Hammon and Shannon Brady, DHW  
**Chairman Wood** called the meeting to order at 9:01 a.m.  
**RS 27816:** **Rep. Paul Amador**, District 4, presented **RS 27816**, an update to **H 520**. The addition of the word "may" gives parents the choice to have the daycare facility follow safe sleep practices for their child.  
**MOTION:** **Rep. Lickley** made a motion to introduce **RS 27816. Motion carried by voice vote.**  
**ADJOURN:** There being no further business to come before the committee, the meeting adjourned at 9:04 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

**AMENDED AGENDA #1**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Wednesday, February 26, 2020**

SUBJECT	DESCRIPTION	PRESENTER
<a href="#"><u>RS27821</u></a>	Youth Athletes - Concussions	Caroline Merritt, ID Association of Chiropractic Physicians
<a href="#"><u>H 549</u></a>	Daycare Facilities	Rep. Paul Amador
<a href="#"><u>H 519</u></a>	Life Sustaining Treatment - Children	Rep. John Vander Woude

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

COMMITTEE MEMBERS

Chairman Wood    Rep Christensen  
Vice Chairman Wagoner                                Rep Lickley  
Rep Vander Woude                                      Rep Remington  
Rep Gibbs    Rep Chew  
Rep Blanksma    Rep Rubel  
Rep Kingsley    Rep Davis  
Rep Zollinger

COMMITTEE SECRETARY

Irene Moore  
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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

<b>DATE:</b>	Wednesday, February 26, 2020
<b>TIME:</b>	9:00 A.M.
<b>PLACE:</b>	Room EW20
<b>MEMBERS:</b>	Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Lickley, Remington, Chew, Rubel, Davis
<b>ABSENT/ EXCUSED:</b>	Vice Chairman Wagoner, Blanksma
<b>GUESTS:</b>	Dr. Johanns, MD, Dr. Jud Miller, and Sandi Enzlinger, Self; Blaine Conzatti, Family Policy Alliance; Jackie Wakefield, Right to Life Idaho; Toni Lawson, ID Hospital Assoc.; Rick Bassett, Idaho Nurses; Corey Surber, and Stewart Lawrence, St. Alphonsus; Julie Hammon, DHW; Shasta Kilminster-Hadley, IBOM; Christian Welp, Catholic Conference; David Ripley; Idaho Chooses Life
<b>RS 27821:</b>	<p><b>Chairman Wood</b> called the meeting to order at 9:00 a.m.</p> <p><b>Caroline Merritt</b>, Idaho Association of Chiropractic Physicians, presented <b>RS 27821</b>, proposed legislation to add a licensed Idaho chiropractor to the list of qualified professionals who can evaluate youth athletes and return them to a sport. Extra training requirements are stipulated.</p>
<b>MOTION:</b>	<p><b>Rep. Vander Woude</b> made a motion to introduce <b>RS 27821</b>. <b>Motion carried by voice vote.</b></p>
<b>H 549:</b>	<p><b>Rep. Paul Amador</b>, District 4, presented <b>H 549</b> regarding licensing requirements for child and day care facilities. Updates reference other statutes for background checks. Safe sleep environment is included in the health standards, allowing parents to choose if their child is in a safe sleep environment. In alignment with federal requirements, three new offenses are added to the license denial list and an additional Department of Health and Welfare appeal avenue is provided.</p>
<b>MOTION:</b>	<p><b>Rep. Davis</b> made a motion to send <b>H 549</b> to the floor with a <b>DO PASS</b> recommendation.</p> <p>For the record, no one indicated their desire to testify.</p>
<b>VOTE ON MOTION:</b>	<p><b>Chairman Wood</b> called for a vote on the motion to send <b>H 549</b> to the floor with a <b>DO PASS</b> recommendation. <b>Motion carried by voice vote.</b> <b>Rep. Amador</b> will sponsor the bill on the floor.</p>
<b>H 519:</b>	<p><b>Rep. John Vander Woude</b>, District 22, presented <b>H 519</b>. He shared the origins of this legislation, Simon's Law, and the death of an infant who had a do-not-resuscitate order (DNR) placed without his parents' knowledge. This legislation stipulates any DNR placement requires at least one parent's or legal guardian's approval, maintaining their rights.</p> <p><b>Dr. Tim Johanns</b>, Self, Neurological Surgeon, testified <b>in support</b> of <b>H 519</b>, stating neither he nor his colleagues place DNRs without long conversations with the families. This legislation should also address medical bill payments when treatment is against the parents' wishes.</p>
<b>MOTION:</b>	<p><b>Rep. Gibbs</b> made a motion to send <b>H 519</b> to the floor with a <b>DO PASS</b> recommendation.</p>

**Blaine Conzatti**, Director, Family Policy Alliance, Idaho, testified **in support of H 519**. Parents have the right to be included in these decisions, focus on their child, and not fight with physicians over treatment.

**Dr. Jud Miller**, Emergency Family Physician, testified **in opposition to H 519**. He said any DNRs he has placed have been after many family conversations. Parents, who bring love and human bonding to the equation, must have a seat at the table and be allowed to transfer the child, if they disagree.

**Jackie Wakefield**, Legislative Assistant, Right to Life, Idaho, testified **in support of H 519**. This is significant pro-life legislation. It protects parental rights, provides transparency, enhances the dignity of children with disabilities, and combats the sanctity of life ethic's erosion in our culture.

**Toni Lawson**, Vice President, Government Relations, Idaho Hospital Association (IHA), testified **in opposition to H 519**, expressing the IHA's concern with the tenor and concept of the legislation. There is an assumption of conflict between the providers and patient families, with providers not honoring parental choices. The IHA was not contacted until after the bill was introduced and have had no response regarding their questions and concerns.

Any decision about medically futile care goes through a careful, deliberative review process. Mandating timelines actually eliminates parental rights. The 48-hour timeline will increase pain and suffering for parents who have already given consent by delaying their right to carry out their decision on their own terms. This legislation is not needed.

Answering questions, **Ms. Lawson** said the cost determination becomes complicated due to varied and high level case costs. Many code protections exist for removal of life sustaining treatment and facilities have DNR policies.

**Rick Bassett**, Critical Care Advanced Practice Registered Nurse, testified **in opposition to H 519**. This legislation introduces a component to fix a time frame for life-sustaining procedures. It introduces alternatives and medically inappropriate language with no focus on the individual needs of the children. The proposed stipulations are in conflict with existing law.

**Mr. Bassett**, responding to questions, stated care conferences include family members and determine the child's care treatments. Ethics consultations and multiple care conferences are used when conflicts arise.

**Sandi Enzminger**, Eagle Resident, testified **in support of H 519**. She shared how St. Luke's made an evaluation of her child's life, based on her chromosomes number, threatened child protection services intervention, and asked them when they wanted a DNR implemented. After much conflict, they were given permission to take their baby home on comfort care, expressing the opinion she would die within a month. An Omaha physician agreed to perform her daughter's successful heart surgery at 4 months of age. Today her daughter is thriving and growing just like any other baby. If they had listened to the doctors she would not be here today.

Upon committee questioning, **Ms. Enzminger** said there was no DNR placed on her child, but they were coerced and pushed towards thinking about end of life, fed hopelessness, and were told intervention would be futile, with her death being more humane.

**Christian Welp**, Catholic Church in Idaho, testified **in support of H 519**. This legislation does not suggest Idaho doctors are placing DNRs without parental input. It is currently legal for a DNR to be put on a patient's file legally without family notification.

**David Ripley**, Executive Director, Idaho Chooses Life, testified **in support of H 519**. Such incidences may not be known by the parents. Intervention is one thing, but no patient should be denied food and water to expedite their demise. This legislation affirms the value of every life and assures parents their right to be involved in decisions regarding their child's life and death.

**Dr. Stewart Lawrence**, NICU Medical Director, St. Alphonsus Hospital, Past Medical Director, St. Luke's Hospital, testified **in opposition to H 519**. Placing a DNR without extensive conversation and agreement with families would be horrific and something he has not witnessed. Processes and systems exist to compel physicians to discuss a baby's issues and treatment with their families. The waiting period and resulting extraordinary levels of care could create unnecessary pain and suffering for the babies and their families.

Responding to questions, **Dr. Lawrence** explained families and health care providers work together as a humane and compassionate team. An ethics committee exists to assist when there is a dispute.

For the record, no one else indicated their desire to testify.

Committee discussion included concern regarding compassionate care, the possibility that seventeen year olds who are ready to make a final decision are overridden by their parent, undermining parental wishes, and withdrawal of life support if a transfer is delayed.

**SUBSTITUTE MOTION:**

**Rep. Rubel** made a substitute motion to **HOLD H 519** for time certain, March 4, 2020.

**UNANIMOUS CONSENT REQUEST:**

**Rep. Gibbs** made a unanimous consent request to withdraw his original motion to send **H 519** to the floor with a **DO PASS** recommendation. **Rep. Zollinger** objected.

**ROLL CALL VOTE:**

In closing remarks, **Rep. Vander Woude** said the budget writers provided the fiscal note numbers because the hospital association could not provide the data.

Roll call vote was requested. **Substitute motion failed by a vote of 5 AYE, 6 NAY, 2 Absent/Excused.** Voting in favor of the substitute motion: **Reps. Wood, Gibbs, Chew, Rubel, Davis.** Voting in opposition to the substitute motion: **Reps. Vander Woude, Kingsley, Zollinger, Christensen, Lickley, Remington. Reps. Wagoner, Blanksma were absent/excused.**

**VOTE ON ORIGINAL MOTION:**

**Chairman Wood** called for a vote on the motion to send **H 519** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Reps. Chew, Davis** and **Rubel** requested they be recorded as voting **NAY**.

**ADJOURN:**

There being no further business to come before the committee, the meeting adjourned at 10:36 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

AGENDA  
**HOUSE HEALTH & WELFARE COMMITTEE**  
9:00 A.M.  
Room EW20  
**Thursday, February 27, 2020**

SUBJECT	DESCRIPTION	PRESENTER
<a href="#"><u>H 531</u></a>	Telehealth - Medication Assisted Treatment	Rep. John Vander Woude
<a href="#"><u>H 558</u></a>	Youth Athletes - Concussion	Rep. Brian Zollinger

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

COMMITTEE MEMBERS

Chairman Wood                                  Rep Christensen  
Vice Chairman Wagoner                        Rep Lickley  
Rep Vander Woude                              Rep Remington  
Rep Gibbs                                        Rep Chew  
Rep Blanksma                                    Rep Rubel  
Rep Kingsley                                    Rep Davis  
Rep Zollinger

COMMITTEE SECRETARY

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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

<b>DATE:</b>	Thursday, February 27, 2020
<b>TIME:</b>	9:00 A.M.
<b>PLACE:</b>	Room EW20
<b>MEMBERS:</b>	Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Lickley, Remington, Chew, Rubel, Davis
<b>ABSENT/ EXCUSED:</b>	Representative(s) Zollinger
<b>GUESTS:</b>	Matt Kaiserman, Saltzer Health; Dr. Kurt Nilsson and Kristi Pardue, St. Luke's; Dr. Caroline Faure, ISU; Joanna Schifel and Nicole Clark-Vega, IATA; Brent Faure, Portneuf Medical Center; Julie Hart and Dr. Mattis, Ideal Option; Misty Lawrence, DFM; Anne Lawler, Bd of Medicine
<b>MOTION:</b>	<b>Chairman Wood</b> called the meeting to order at 9:00 a.m.
<b>UNANIMOUS CONSENT REQUEST:</b>	<b>Rep. Lickley</b> made a motion to approve the minutes of the February 24, 2020, meeting. <b>Motion carried by voice vote.</b>
<b>H 531:</b>	<b>Chairman Wood</b> made a unanimous consent request to remove <b>H 558</b> from the agenda. There being no objection, the request was granted.  <b>Julie Hart</b> , Ideal Option, presented <b>H 531</b> , telehealth legislation to address rural shortages in addiction recovery clinics, treatment facilities, and physicians. Definitions have been updated to include medication-assisted treatment (MAT). Prescriptions have been updated to allow Federal Drug Administration (FDA) approved MAT medications. These changes allow doctors the ability to provide the best treatment, no matter the proximity.  <b>Dr. Richard Mattis</b> , Ideal Option, MAT Provider, testified <b>in support of H 531</b> . Recruitment of general practitioners and those certified in addiction recovery is a struggle in rural areas, where there is also a rapid growth of substance use and abuse. Inclusion of telemedicine addiction treatment allows rural patients access to quality specialized professionals. Treatment, such as is offered at Ideal Option locations, includes MAT, assessments by medical assistants (MAs), updated histories, and reconciled medications.  Focused doctor-patient interactions enable the doctor to help patients deal with social, housing, anxiety, other medical, and mental health issues. When needed, referrals are made to primary care and other local resources. Frequent telehealth or in-person visits have been shown to lower relapse rates. The results of the non-punitive MAT are individuals who become productive members of the work force and their communities.  Answering committee questions, <b>Dr. Mattis</b> said recovery is not a relapse. It is a sixty to ninety day abstinence. Most patients require six months of treatment to reach this point. The best use of MAT is for opioid addiction because it addresses symptoms and provides counseling. He said experience has taught him how motivational interviewing is the most effective technique to determine where a patient is in their desire to stop the drug use. Narcotics anonymous works as well as traditional counseling, if the group is chosen carefully.
<b>MOTION:</b>	<b>Rep. Vander Woude</b> made a motion to send <b>H 531</b> to the floor with a <b>DO PASS</b> recommendation.

For the record, no one else indicated their desire to testify.

**Ms. Hart**, in response to questions, stated there will need to be some education to assure Idaho doctors understand the training required to provide this treatment option. Ideal Options will be looking for Idaho physicians to work with as they expand their clinics.

Responding to further questions, **Dr. Mattis** explained local clinics are not set up for MAT therapy because patients need frequent visits, tests, and a lot of staff attention. For this reason, combining these patients with other medical patients is difficult. Training includes a board certification class, 1,500 patient contact hours, and continuing medical education credits. Telemedicine provides the ability to see thirty to forty patients a day. A live provider can optimally see fifteen to twenty patients a day. New patients require more time for the interview process.

**VOTE ON  
MOTION:**

**Chairman Wood** called for a vote on the motion to send **H 531** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Vander Woude** will sponsor the bill on the floor.

**ADJOURN:**

There being no further business to come before the committee, the meeting adjourned at 9:38 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

**AGENDA**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Monday, March 02, 2020**

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#"><u>RS27889</u></a>	Life Sustaining Treatment - Children	Rep. John Vander Woude
<a href="#"><u>RS27875</u></a>	Youth Athletes - Concussions	Caroline Merritt, Idaho Association of Chiropractic Physicians
<a href="#"><u>H 538</u></a>	Electronic Smoking Devices	Rep. Britt Raybould

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

COMMITTEE MEMBERS

Chairman Wood    Rep Christensen  
Vice Chairman Wagoner                                Rep Lickley  
Rep Vander Woude                                      Rep Remington  
Rep Gibbs    Rep Chew  
Rep Blanksma                                         Rep Rubel  
Rep Kingsley                                         Rep Davis  
Rep Zollinger

COMMITTEE SECRETARY

Irene Moore  
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Phone: 332-1138  
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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

<b>DATE:</b>	Monday, March 02, 2020
<b>TIME:</b>	9:00 A.M.
<b>PLACE:</b>	Room EW20
<b>MEMBERS:</b>	Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Lickley, Remington, Chew, Rubel, Davis
<b>ABSENT/ EXCUSED:</b>	Representative(s) Christensen
<b>GUESTS:</b>	Jackie Wakefield, Right to Life Idaho; Karolyn Crowley and Corey Surber, Saint Alphonsus; Howie Lawrence, LSO; Jason Kreizenbeck, Lobby Idaho, LLC; Erin Bennett, AHA/ASA; Susie Pouliot, ID Medical Assoc.; Heather Kimmel, American Lung Assoc.; Pam Eaton, ID Retailers Assn.; Alacia Handy and Ross Edmunds, IDHW; Toni Lawson, Id. Hospital Assoc.; Blaine Conzatti, Family Policy Alliance; Teresa Molitor, Reynolds American
<b>MOTION:</b>	<b>Chairman Wood</b> called the meeting to order at 9:01 a.m.
<b>RS 27889:</b>	<b>Rep. Lickley</b> made a motion to approve the minutes of the February 19, 20, and 21, 2020, meetings. <b>Motion carried by voice vote.</b>
<b>MOTION:</b>	<b>Rep. John Vander Woude</b> , District 22, presented <b>RS 27889</b> , a rewrite of Simon's Law with changes to clarify the 48-hour wait allows the immediate placement of a DNR when agreed to by the parent or guardian. The patient transfer has been updated to allow both arrangement and execution of the transfer.
<b>RS 27875:</b>	<b>Vice Chairman Wagoner</b> made a motion to introduce <b>RS 27889. Motion carried by voice vote.</b>
<b>MOTION:</b>	<b>Caroline Merritt</b> , Idaho Association of Chiropractic Physicians, presented <b>RS 27875</b> . This is the third version of legislation to add licensed chiropractors to the list of professionals who are permitted to return a youth athlete to play. The chiropractic physician must successfully complete a board of chiropractic physicians approved concussion management education program with instruction on comprehensive concussion and other brain injury evaluations, ongoing patient reassessments, recognition of a typical response to brain injury, implementation of appropriate plans of care, return to activity determinations, and referrals to other health care providers. The program standards mirror those for an athletic trainer master's degree program.
<b>H 538:</b>	<b>Rep. Gibbs</b> made a motion to introduce <b>RS 27875. Motion carried by voice vote.</b>
	<b>Chairman Wood</b> put the committee at ease at 9:08 a.m.
	<b>Chairman Wood</b> resumed the meeting at 9:09 a.m.
	<b>Rep. Britt Raybould</b> , District 34, presented <b>H 538</b> , a revised version of electronic smoking devices legislation which addresses committee concerns. The nicotine definition mirrors the FDA, with no need to include food groups. Because they were outside the intended scope of this legislation, the rule making, local ordinances, and local provisions were removed. Cessation products for nicotine replacement therapy are addressed in other statutes. This legislation is intended to provide equal treatment and standards for all shops selling these and comparable products. Neither the regulation of flavored products nor the 18 to 21 age change are impacted by this legislation.

Answering a question, **Rep. Raybould** explained part of the process is to establish the number of existing vape shops. The permitting process should pay for itself.

**Erin Bennett**, American Heart Association, American Stroke Association, testified **in support** of **H 538**, stating funding from the substance abuse block grant requires a compliance check percent to the tobacco project for the compliance checks. inclusion of other smoking devices might put this at risk.

**MOTION:**

**Rep. Gibbs** made a motion to send **H 538** to the floor with a **DO PASS** recommendation.

**Pam Eaton**, President, CEO, Idaho Retailers Association, testified **in opposition** to **H 538**. Although they support the concept, the regulatory issues do not support a uniform or level playing field. The previously suggested preemption language was not included. They do appreciate the removal of the fee.

For the record no one else indicated their desire to testify.

**SUBSTITUTE  
MOTION:**

**Rep. Vander Woude** made a substitute motion to send **H 538** to General Orders.

In closing, **Rep. Raybould** stated the preemption language was not included because it could impact existing tobacco product statutes and it deserved a separate debate. There is no desire to create difficulty for businesses. Other state inspections already include a program participation fee.

The committee discussed the need for preemption language and raised the question of sending legislation to general orders this late in the session.

**ROLL CALL  
VOTE:**

Roll call vote was requested. **Substitute motion failed by a vote of 5 AYE, 7 NAY, 1 Absent/Excused.** Voting in favor of the motion: **Reps: Vander Woude, Blanksma, Kingsley, Zollinger, Remington.** Voting in opposition to the motion: **Reps. Wood, Wagoner, Gibbs, Lickley, Chew, Rubel, Davis.** Rep. Christensen was absent/excused.

**VOTE ON  
ORIGINAL  
MOTION:**

**Chairman Wood** called for a vote on the original motion to send **H 538** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Reps. Vander Woude, Blanksma, Remington, Kingsley, and Zollinger** requested they be recorded as voting **NAY.** **Rep. Raybould** will sponsor the bill on the floor.

**ADJOURN:**

There being no further business to come before the committee, the meeting adjourned at 9:31 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

**AMENDED AGENDA #1**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Tuesday, March 03, 2020**

SUBJECT	DESCRIPTION	PRESENTER
<a href="#"><u>RS27906</u></a>	Medicaid Expansion - Counties	Rep. Britt Raybould
<a href="#"><u>H 578</u></a>	Life Sustaining Treatment - Children - Simon's Law	Rep. John Vander Woude

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

COMMITTEE MEMBERS

Chairman Wood    Rep Christensen  
Vice Chairman Wagoner                                Rep Lickley  
Rep Vander Woude                                      Rep Remington  
Rep Gibbs    Rep Chew  
Rep Blanksma    Rep Rubel  
Rep Kingsley    Rep Davis  
Rep Zollinger

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
Email: [hhel@house.idaho.gov](mailto:hhel@house.idaho.gov)

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

<b>DATE:</b>	Tuesday, March 03, 2020
<b>TIME:</b>	9:00 A.M.
<b>PLACE:</b>	Room EW20
<b>MEMBERS:</b>	Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Lickley, Remington, Chew, Rubel, Davis
<b>ABSENT/ EXCUSED:</b>	None
<b>GUESTS:</b>	Blaine Conzatti, Family Policy Alliance; Bob Aldridge, IHCCA, TEPI; Christine Gibbons, St. Alphonsus; Jackie Wakefield, Right to Life Idaho; Christian Welp, Catholic Diocese of Boise; Toni Lawson, Id. Hospital Assoc.; Sandi Enzminger, Self
	<b>Chairman Wood</b> called the meeting to order at 9:00 a.m.
<b>RS 27906:</b>	<b>Rep. Britt Raybould</b> , District 34, presented <b>RS 27906</b> , a technical correction to the previous bill to aspects of involuntary commitments and reimbursement rate stipulated also county cost share is the state's portion of the share, not the overall medicaid expense costs in total and county portion moved from 23% to 30%.
<b>MOTION:</b>	<b>Rep. Vander Woude</b> made a motion to introduce <b>RS 27906</b> . <b>Motion carried by voice vote.</b>
<b>H 578:</b>	<b>Rep. John Vander Woude</b> , District 22, presented <b>H 578</b> , Simon's Law. This legislation replaces <b>H 519</b> . The changes allow the parent to put a do not resuscitate (DNR) in place immediately, instead of waiting for 48 hours. It also indicates the patient is to be discharged from the hospital, with the assumption they will go home. The fifteen-day transfer time frame includes execution of a transfer and an option for the physician.  <b>Blaine Conzatti</b> , Director, Family Policy Alliance of Idaho, testified <b>in support of H 578</b> , which closes the existing legal gap regarding DNRs for children, protecting them. Life deserves to be protected, no matter the disabilities or circumstances.  <b>Bob Aldridge</b> , Attorney, Idaho Health Continuum Care Association, Trust and Estate Professionals of Idaho, testified <b>in opposition to H 578</b> . He shared his concern regarding the need for legislation, the low costs represented in the fiscal note, conflict with existing guardian and parent statutes, placement of the notice not in policy and procedure, and the ability for parents to understand the requirements. He requested the bill be held in committee to address issues during the interim.  <b>Christine Gibbons</b> , Registered Nurse, Palliative Care Program Coordinator, St. Alphonsus Health System, testified <b>in opposition to H 578</b> . In response to previous questions regarding the legal consequences of a DNR placement without informed consent, the Board of Medicine was contacted.  <b>Ms. Gibbons</b> read the response from <b>Anne Lawler</b> , Executive Director. (See attachment 1) In her letter, Ms. Lawler wrote failure to provide medical care that meets the community standard of care is a violation of both the Medical Practice Act and Rules, including consent for medical treatments performed or withheld. This would also mean possible discipline by the Board of Medicine. Ms. Gibbons stated the language in this legislation needs to be clarified and requested the bill be held in committee.

**Jackie Wakefield**, Right to Life for Idaho, appeared on behalf of **Kerry Uhlenkott**, Legislative Coordinator, in support of **H 578**. Simon's Law is significant pro-life legislation recognizing rationed care against children with life limiting diagnoses is a real issue. A frightening number of children with chromosomal disorders are denied life saving medical treatment. Responding to a question, Ms. Wakefield said the case information is unavailable and she personally does not know of any cases.

**Christian Welp**, Catholic Church of Idaho, testified in support of **H 578**. This legislation closes a legal gap regarding the possibility of a physician placing a DNR order on a child without parental consent by requiring notification.

**Blaine Conzatti**, Director, Family Policy Alliance of Idaho, was invited to answer questions. The medical community is unsure if consent is required in statute due to its use of the word "may." The mere change of "may" to "shall" would not address issues for families transferring their child to another facility.

For the record, no one else indicated their desire to testify.

In closing remarks, **Rep. Vander Woude** said because of its cost of treatment complexity, the budget writers developed the fiscal note numbers. This legislation provides notification and a procedure to help a parent understand the next steps.

**Bob Aldridge**, Attorney, Idaho Health Continuum Care Association, Trust and Estate Professionals of Idaho, was asked to answer a question. Existing laws address the rights of both parents and custodial care. Other parental rights, even without custodial care, allow inclusion in decisions. This language states "a" parent or guardian without clarifying the type of notice, which parent is notified, and what happens if there is a disagreement. This bill would create situations when one parent would not get notified at all, which could lead to a lawsuit.

**MOTION:** **Rep. Christensen** made a motion to send **H 578** to the floor with a **DO PASS** recommendation.

**SUBSTITUTE MOTION:** **Rep. Rubel** made a substitute motion to **HOLD H 578** in committee.

**Rep. Rubel** shared with the committee information regarding several existing statutes for this type of situation, including a list of the persons who can give consent.

**ROLL CALL VOTE:** Because the voice vote was unclear, **Chairman Wood** requested a roll call vote on the substitute motion. **Motion failed by a vote of 5 AYE and 8 NAY. Voting in favor** of the motion: **Reps. Wood, Gibbs, Chew, Rubel, Davis. Voting in opposition** to the motion: **Reps. Wagoner, Vander Woude, Blanksma, Kingsley, Zollinger, Christensen, Lickley, Remington.**

**VOTE ON ORIGINAL MOTION:** **Chairman Wood** called for a vote on the original motion to send **H 578** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Reps. Wood, Davis, Rubel, and Chew** requested they be recorded as voting **NAY. Rep. Vander Woude** will sponsor the bill on the floor.

**ADJOURN:** There being no further business to come before the committee, the meeting adjourned at 9:49 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

From: Anne Lawler <[Anne.Lawler@bom.idaho.gov](mailto:Anne.Lawler@bom.idaho.gov)>  
Sent: Monday, March 2, 2020 1:45 PM  
To: Stewart Lawrence <[slawrence@me.com](mailto:slawrence@me.com)>  
RE: Proposed Bill H519 "Simon's Bill"

Dear Dr. Lawrence,

Thank you for your inquiry. The Medical Practice Act and related IDAPA Rules govern the licensure and regulation of all physicians and physician assistants. Please note that the Medical Practice Act and Rules do not specifically address the fact pattern you have presented. The Medical Practice Act and Rules are structured on a Community Standard of Care standard: Failure to provide medical care that meets the community standard of care is a violation of both the Act and Rules. This community standard of care would likely require that all medical treatments (or lack of treatment) are subject to appropriate consent.

If placement of a DNR order on a hospital chart without appropriate informed consent would violate the community standard of care, then that would violate the Medical Practice Act and Rules. In addition, failure to follow all state or local laws and rules governing the practice of medicine also violates the Medical Practice Act and Rules. If there are regulations in other sections of Idaho Code that address informed consent, and those sections are violated, then that could in turn violate the Medical Practice Act and Rules. Accordingly, a licensee taking any actions that do not meet the community standard of care and/or violate other state or local laws, then that licensee may be subject to discipline by the Board of Medicine.

Please let me know if you have further questions.

Kind regards,

Anne K. Lawler, JD, RN  
Executive Director  
Idaho State Board of Medicine  
[anne.lawler@bom.idaho.gov](mailto:anne.lawler@bom.idaho.gov)  
Direct: (208) 577-2508

**AGENDA**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**8:00 A.M.**  
**Room EW20**  
**Wednesday, March 04, 2020**

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#"><u>H 342aaS</u></a>	Telehealth Services	Rep. Megan Blanksma
Docket No. <a href="#"><u>16-0000-1900F</u></a> IDAPA 16.02.08	Vital Statistics Rules	Elke Shaw-Tulloch, Department of Health & Welfare
<a href="#"><u>H 577</u></a>	Youth Athletes - Concussions	Rep. Bryan Zollinger

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

**COMMITTEE MEMBERS**

Chairman Wood                                  Rep Christensen  
Vice Chairman Wagoner                        Rep Lickley  
Rep Vander Woude                              Rep Remington  
Rep Gibbs                                        Rep Chew  
Rep Blanksma                                    Rep Rubel  
Rep Kingsley                                    Rep Davis  
Rep Zollinger

**COMMITTEE SECRETARY**

Irene Moore  
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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

<b>DATE:</b>	Wednesday, March 04, 2020
<b>TIME:</b>	8:00 A.M.
<b>PLACE:</b>	Room EW20
<b>MEMBERS:</b>	Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Lickley, Remington, Chew, Rubel, Davis
<b>ABSENT/ EXCUSED:</b>	None
<b>GUESTS:</b>	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.  <b>Chairman Wood</b> called the meeting to order at 8:05 a.m.
<b>MOTION:</b>	<b>Rep. Christensen</b> made a motion to approve the minutes of the February 26 and 27, 2020, meetings. <b>Motion carried by voice vote.</b>
<b>H 342aaS:</b>	<b>Rep. Blanksma</b> , District 23, presented <b>H 342aaS</b> . The Senate amendment removes a portion of 54-5705(1) regarding general sufficient technology with "use of two-way audio and audio-visual interaction." Although this terminology is not broad enough to cover existing and future rapid technology changes, Rep. Blanksma recommended the committee concur with the amendment.
<b>MOTION:</b>	<b>Rep. Gibbs</b> made a motion to concur with the amendments made in the Senate to <b>H 342aaS</b> . <b>Motion carried by voice vote.</b> <b>Chairman Wood</b> will report on the floor.
<b>DOCKET NO. 16-0000-1900F IDAPA 16.02.08:</b>	<b>Elke Shaw Tulloch</b> , Administrator, Department of Health & Welfare (DHW), presented <b>IDAPA 16.02.08</b> of <b>Docket No. 16-0000-1900F</b> , which was presented January 9, 2020, and held for separate discussion. The chapter provides guidance related to vital records, forms, registration requirements, amendments, reporting, and outlining associated fees.
<b>MOTION:</b>	<b>Rep. Vander Woude</b> made a motion to approve <b>Docket No 16-0000-1900F, IDAPA 16.02.08 with the exception of Section 201, Subsection 06.</b>  <b>Kathy Griesmyer</b> , Policy Director, American Civil Liberties Union Idaho, testified <b>in support of IDAPA 16.02.08</b> . The existing birth certificate gender marker affirms gender expression, reduces harassment, eliminates discrimination, and addresses public safety concerns. Over 100 adults and fifteen minors have successfully applied to make this change, which does not jeopardize the veracity of state documents.  <b>Chairman Wood</b> requested a letter from <b>Lambda Legal</b> stating they are <b>in support of IDAPA 16.02.08</b> be entered into the committee minutes. (See attachment 1)  <b>Emilie Jackson Edney</b> , Idaho Citizen, testified <b>in support of IDAPA 16.02.08</b> . She complimented the DHW vital statistics department for being professional and proficient when changing her vital statistics records. Because all of her identity documents are now congruent with her name and marker, her individual liberty, autonomy, and dignity are preserved. Her original birth certificate is still public record.  For the record, no one else indicated their desire to testify.
<b>SUBSTITUTE MOTION:</b>	<b>Rep. Davis</b> made a substitute motion to approve <b>Docket No. 16-0000-1900F, IDAPA 16.02.08</b> in its entirety.

Commenting to her motion, **Rep. Davis** stated approval in full is in compliance with legal rulings and shows all Idahoans they are valid.

**Rep. Vander Woude** reminded the committee recent legislation covering this topic has passed the House and is the reason to not approve the entire section.

**VOTE ON  
SUBSTITUTE  
MOTION:**

**VOTE ON  
ORIGINAL  
MOTION:**

**H 577:**

**Chairman Wood** called for a vote on the substitute motion to approve **Docket No. 16-0000-1900F, IDAPA 16.02.08** in its entirety. **Motion failed by voice vote.**

**Chairman Wood** called for a vote on the original motion to approve **Docket No. 16-0000-1900F, IDAPA 16.02.08 with the exception of Section 201, Subsection 06. Motion carried by voice vote.** **Reps. Davis and Rubel** requested they be recorded as voting **NAY**.

**Rep. Brian Zollinger**, District 33, presented **H 577**, which is a reiteration of previous legislation to add chiropractic physicians to the list of medical professionals who can return an athlete under 18 years of age to play after a concussion. An educational piece has been added to more clearly define what education chiropractic physicians need to be proficient and assure the athletes are safe to return to play. This is more important in rural areas where there is a lack of access to qualified physicians, leaving the coaches to make the decisions.

**Caroline Merritt**, Idaho Association of Chiropractic Physicians, testified **in support** of **H 577**. This will bring the chiropractic scope of practice in line with athletic trainers, who they supervise. She gave an overview of the education acquired by chiropractic physicians, including specialized additional education.

**Matt Kaiserman**, Self, testified **in opposition** to **H 577**. He shared his concern regarding the lack of input from youth sports stakeholders. Because this is a complex injury, which takes up to 24 hours for symptoms to fully manifest, returning to athletes play too quickly can have a variety of consequences, including death. This legislation, rather than provide a resource to return athletes to play, needs to focus on providing the time and appropriate care for recovery.

**Dr. Kurt Nilsson**, Team Physician, the College of Idaho, the US Ski Team, and the US Soccer Federation, Medical Director, St. Luke's Concussion Clinic and Applied Research, testified **in opposition** to **H 577**. Concussions, which are traumatic brain injuries, may require long term care for neurologic recovery. Identifying the appropriate concussion providers is important. Chiropractic training does not intersect with the other medical professionals who constitute the team treating a brain injury. He shared concern regarding the existing training program and the ability of the Chiropractic Board to judge the quality of any training program.

**Luke Bahnmaier**, Vice President, Idaho Athletic Trainers Association, testified **in opposition** to **H 577**. This legislation requires trainer competencies, which cannot be learned in a continuing education one-hour course or weekend workshop. The language does not identify how chiropractic physicians will be certified or recognized upon completion of the mandates. The American Board of Chiropractic Sports Physicians has a list of providers who have passed the athletic exam and are current with their course. No one in Idaho is on the registry. A more collaborative manner is needed.

**Dr. Spencer Zimmerman**, Doctor of Chiropractic, licensed Nurse Practitioner, testified **in support** of **H 577**. He has treated individuals with concussions, both acute and chronic, and agrees with the importance of immediate treatment. Chiropractic training includes the cervical spine, which is often missed in concussion evaluations. Chiropractors excel in evaluating function, which is important with this invisible injury. These injuries impact the growing number of athlete suicides. Answering a question, Dr. Zimmerman explained the right imaging has to be done to assure the student has actually recovered.

**Dr. Tim Klena**, Chiropractic Physician, testified **in support** of **H 577**. This legislation increases their education further to appease their licensing board and align with other professionals. Referrals to other professionals are not always available in rural areas.

**Dr. Rob Sanders**, Chiropractic Physician, testified **in support** of **H 577**. As a recent graduate, he shared his training, which included the SCAT5 protocol along with simulated concussion evaluation and treatment. As physicians, any time a referral is needed, they must comply.

**Anne Lawler**, Executive Director, Idaho Board of Medicine, which also has the Board of Athletic Trainers, testified **without an opinion** regarding **H 577**. They worked with the legislation's sponsor to assure all authorized parties have had adequate education in all aspects of concussion and brain injury management. In response to a question, Ms. Lawler said the proposed language was paraphrased from the Standards 76 section of The Standards for Accreditation of Professional Athletic Training Programs.

For the record, no one else indicated their desire to testify.

**MOTION:**

**Vice Chairman Wagoner** made a motion to send **H 577** to the floor with a **DO PASS** recommendation.

**Kelley Packer**, Bureau Chief, Bureau of Occupational Licenses (BOL), was invited to answer a question. If **H 577** is passed, the BOL will take on the standards of negotiated rule making, with input from stakeholders, to determine authority and course requirements. The resulting rules will be brought to the Legislature next year for approval prior to implementing the certification process.

Committee discussion included giving rural Idaho a chance to benefit from this added support professional, concern surrounding long term concussion implications, and the need for a team of medical practitioners.

**VOTE ON  
MOTION:**

**Chairman Wood** called for a vote on the motion to send **H 577** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Lickley** requested she be recorded as voting **NAY**. **Rep. Zollinger** will sponsor the bill on the floor.

**ADJOURN:**

There being no further business to come before the committee, the meeting adjourned at 9:23 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary



March 4, 2020

Via Email

Idaho State Senate Health & Welfare Committee  
Idaho House of Representatives Health & Welfare Committee  
P.O. Box 83720  
Boise, ID 83720-0081

Re: Statement for the Record on Rules Governing Completion and Correction of Certificates; Vital Statistics Rules 16.02.08

Dear Chairman Wood, Chairman Martin, and Committee Members,

As members of the legal team that represented the Plaintiffs in *F.V. v. Barron*, 286 F. Supp. 3d 1131 (D. Idaho 2018), we write to submit a statement for record regarding the rules governing the Completion and Correction of Certificates. We write in support of these rules, which were a direct response to, and in compliance with, the U.S. District Court’s March 5, 2018 decision in *F.V.* ordering the Idaho Department of Health and Welfare (IDHW) to accept applications made by transgender people for the purpose of correcting their gender markers to reflect their gender identity.

These rules are a straightforward means for IDHW to comply with the Court’s order: they replace the previous, unconstitutional policy with a new, constitutionally sound procedure for amendment of birth certificates. In invalidating the previous policy as violating the equal protection clause of the U.S. Constitution, the Court noted the “potential implications of restrictions and restraints IDHW may place on the ability of transgender people to . . . change the sex listed on their birth certificates” and cautioned that “any new rule must not subject one class of people to any more onerous burdens than the burdens placed on others without constitutionally-appropriate justification.” *Id.* at 1141-1142. The Court also explained that “any constitutionally sound rule must not include the revision history as to sex or name.” *Id.* at 1135. Finally, the Court chose as its remedy to permanently enjoin the Department from enforcing the prior unconstitutional policy, and to order the Department to “begin accepting applications made by transgender people . . . through a constitutionally-sound approval process.” *Id.* at 1146.

These rules are a direct response to the Court’s order in *F.V.* They allow a transgender person to apply to have the gender marker on their birth certificate corrected in order to reflect their gender identity, and require that the amended certificate will not include any indication of amendment or revision history. In doing so, the rules comply with the order in *F.V.* without imposing burdens on transgender people in violation of the equal protection clause. *Id.* at 1141.

Indeed, in the nearly two years since these rules first took effect in April of 2018, transgender people with Idaho birth certificates have been able to correct their gender designation without issue. These rules are *necessary* to alleviate the immense harm and risk to the health and safety of transgender people who are not able to correct the gender designation on their birth certificate. Transgender people are at intense risk for discrimination, including verbal harassment and physical assault, especially when they are perceived or identified as transgender.<sup>1</sup>

In particular, transgender people with identity documents that do not match their gender identity are frequently publicly identified as transgender, exposing them to harassment and discrimination.<sup>2</sup> These numbers are even worse in Idaho—thirty-six percent of transgender Idahoans who showed identity documents that did not match their presentation were verbally harassed, denied benefits or services, asked to leave an establishment, or assaulted.<sup>3</sup>

Additionally, in the two years since implementation of these rules, nothing has transpired whatsoever to suggest that the rules pose any risk of confusion, fraud, or any other conceivable harm to an identifiable public interest. The status quo, upon which transgender people born in Idaho have already relied for nearly two years, should be maintained. To ensure continued compliance with the Court’s order, and in the interest of protecting the safety and well-being of all transgender people born in Idaho, we urge that these rules remain in place as a

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<sup>1</sup> About half of all transgender people surveyed in the landmark 2015 U.S. Transgender Survey reported that they had been verbally harassed due to their gender identity, and nearly one in ten had been physically assaulted due to their gender identity. James, et al., *The Report of the 2015 U.S. Transgender Survey*, 198 (2016),

<https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>.

<sup>2</sup> Overall, about a third of transgender respondents who have shown IDs with a name or gender that did not match their presentation reported negative experiences, with about a quarter reporting verbal harassment. *Id.* at 89.

<sup>3</sup> Nat’l Ctr. For Transgender Equality, *2015 U.S. Transgender Survey: Idaho State Report* 3 (2017),

<http://www.transequality.org/sites/default/files/docs/usts/USTSIDStateReport%281017%29.pdf>.

March 4, 2020

Page 3

constitutionally required remedy to the previous, unconstitutional policy which prevented transgender people from correcting their Idaho birth certificates.

We appreciate the opportunity to provide comment on these important rules and to help ensure the health and safety of all Idahoans, including those who are transgender.

Sincerely,

Peter C. Renn  
Counsel

Kara Ingelhart  
Staff Attorney

Nora Huppert  
Renberg Fellow

**AMENDED AGENDA #1**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**8:00 A.M.**  
**Room EW20**  
**Friday, March 06, 2020**

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#"><u>RS27849C2</u></a>	Tobacco Products and Electronic Cigarettes	Rep. John Vander Woude
<a href="#"><u>H 600</u></a>	Medicaid Expansion - Counties	Rep. Britt Raybould

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

COMMITTEE MEMBERS

Chairman Wood                                  Rep Christensen  
Vice Chairman Wagoner                        Rep Lickley  
Rep Vander Woude                              Rep Remington  
Rep Gibbs                                        Rep Chew  
Rep Blanksma                                    Rep Rubel  
Rep Kingsley                                    Rep Davis  
Rep Zollinger

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
Email: [hhel@house.idaho.gov](mailto:hhel@house.idaho.gov)

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

<b>DATE:</b>	Friday, March 06, 2020
<b>TIME:</b>	8:00 A.M.
<b>PLACE:</b>	Room EW20
<b>MEMBERS:</b>	Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Lickley, Remington, Chew, Rubel, Davis
<b>ABSENT/ EXCUSED:</b>	None
<b>GUESTS:</b>	Liz Woodruff, IVC; K. Scott, AAUW; SethGrigg, IAC; Alacia Handy, IDHW <b>Chairman Wood</b> called the meeting to order at 8:00 a.m.
<b>RS 27849C2:</b>	<b>Rep. John Vander Woude</b> , District 22, presented <b>RS 27849C2</b> , proposed legislation for statewide uniform for tobacco products and electronic cigarettes laws which prevent implementation of varying regulations by local authorities. This would not interfere or limit any local unit of government from regulating public use or planning and zoning of these products.
<b>MOTION:</b>	<b>Vice Chairman Wagoner</b> made a motion to introduce <b>RS 27849C2. Motion carried by voice vote.</b>
<b>H 600:</b>	<b>Rep. Britt Raybould</b> , District 34, presented <b>H 600</b> . This legislation has three primary sections: the County Medical Indigency Program, the Catastrophic Fund Program (CAT), and the county Medicaid cost share.  The County Medical Indigency Program is increased to 133% of the federal poverty level (FPL). Six months after <b>H 600</b> is enacted, the counties would stop accepting applications and resolve existing applications. Six months later, one year after enactment, the counties would finalize all outstanding applications, with determinations of what and how much to pay. At that point the County Medical Indigency Program would end.  Answering questions, <b>Rep. Raybould</b> said the current application process takes 45 days. The counties determined the time frame would halt the majority of applications without impacting someone who had received care and had their application already in process.  Upon enactment, the CAT Program eligibility would also change to 133% FPL. Acceptance of applications would cease in one year to allow processing of existing applications. At the hard cut-off date of June 30, 2021, the CAT program would adjudicate all remaining applications and the CAT Board would be suspended. The lengthy time frame takes into account third party payers. The board's suspension allows reconvening to review any claims which cannot be adjudicated by June 30, 2021.  <b>Rep. Raybould</b> , in response to questions, explained the next legislative session could determine what to do with the board. The Department of Health and Welfare (DHW) budget includes administrative costs for ongoing payments and repayments by individuals who received assistance from the CAT program. Also part of the consideration is the Obama Care court case determination, which may present options within eighteen months. Current law does not allow individuals who are eligible for Medicaid to apply for these programs.

The DHW would determine the county quarterly portion by multiplying the quarterly Medicaid statewide enrollee count by the Medicaid annual member cost, which is then multiplied by the county share of 30%. This total would be divided by four.

The formula results would be sent to the Tax Commission who, starting December 31, 2020, would subtract the county quarterly cost share from the county's sales tax revenue share. Quarterly share funds, seat belt fines, and reversions from the previous year would go into a stabilization fund.

Because the data collection date inserts a nine-month ongoing delay. After the original count, the first 2020 FY payment would occur December 31, 2020. The delay provides enough time for the Tax Commission to assure the numbers are calculated correctly and the counties understand the calculations. This method would provide a more sustainable and diversified funding source for ongoing costs and potential fluctuations.

In response to committee questions, **Rep. Raybould** explained the changes in this legislation address the counties' comfort level with explicit references to Medicaid rate reimbursements. The cost share was increased from 23% to 30% after reviewing the final budget offsets and the full program cost. The repealed sections are those related to the administration of the County Medical Indigency Program. The per member, per year cost is a forecasted number because there is only three months of data available. The \$452 per person per year amount could decrease if the anticipated 90,000 participation number is not reached. The funding silo provides financial management accountability in the event the expansion is considered unconstitutional.

**Seth Griggs**, Executive Director, Idaho Association of Counties, testified the association is taking no formal position on **H 600**. Upon passage of this legislation, anyone eligible for Medicaid expansion would be ineligible for the county program. Their application base includes individuals above the 138% FPL who have not purchased insurance. After the program is terminated these individuals and the hospitals will have to determine how the expenses are paid. The counties have 100% expense responsibility for involuntary commitments until the individual is released from payment or transferred out of custody. The counties are seeing expenses for this group increasing.

The county program is not an insurance program and requires repayment. Some counties will see a net savings if the critical IMD waiver is granted. The most negative impact is expected in eastern and northern Idaho. Diversion of revenue sharing for justice related services remains an issue, although the charity levy can be broadened for these and other services. Smaller counties use one employee to process applications along with their other duties. Larger counties, with specialized staff, could experience employee cost savings.

For the record, no one else indicated their desire to testify.

**MOTION:**

**Rep. Zollinger** made a motion to **HOLD H 600** in committee for time certain, Friday, March 13, 2020.

**SUBSTITUTE  
MOTION:**

**Rep. Vander Woude** made a substitute motion to send **H 600** to the floor with a **DO PASS** recommendation.

Committee discussion included the complexity of the subject, the existence of multiple methods, the calculations indicating no county would suffer a loss when the charity levy was included, the helpfulness of more review time, the possibility of the Senate shutting down their committees, and the fate of the Medicaid appropriations bill if there is no county funding.

**VOTE ON  
SUBSTITUTE  
MOTION:**

**Chairman Wood** called for a vote on the substitute motion to send **H 600** to the floor with a **DO PASS** recommendation. **Motion failed by voice vote.**

**VOTE ON  
ORIGINAL  
MOTION:**

**Chairman Wood** called for a vote on the original motion to **HOLD H 600** in committee until time certain, Friday, March 13, 2020. **Motion carried by voice vote.** **Rep. Vander Woude** requested he be recorded as voting NAY.

**ADJOURN:**

There being no further business to come before the committee, the meeting adjourned at 9:01 a.m.

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Representative Wood

Chair

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Irene Moore

Secretary

**AMENDED AGENDA #1**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Monday, March 09, 2020**

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<u>RS27790</u>	Medical Assistance - Health Districts	Rep. Fred Wood
<u>RS27941</u>	Medical Assistance - Eligibility	Rep. Fred Wood
<u>RS27921</u>	Advance Care Directive	Brian Whitlock, Idaho Hospital Association
<u>H 611</u>	Tobacco, Cigarettes - Regulation	Rep. John Vander Woude

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

COMMITTEE MEMBERS

Chairman Wood                                  Rep Christensen  
Vice Chairman Wagoner                        Rep Lickley  
Rep Vander Woude                              Rep Remington  
Rep Gibbs                                        Rep Chew  
Rep Blanksma                                    Rep Rubel  
Rep Kingsley                                    Rep Davis  
Rep Zollinger

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
Email: hhel@house.idaho.gov

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

<b>DATE:</b>	Monday, March 09, 2020
<b>TIME:</b>	9:00 A.M.
<b>PLACE:</b>	Room EW20
<b>MEMBERS:</b>	Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Lickley, Remington, Chew, Rubel, Davis
<b>ABSENT/ EXCUSED:</b>	Representative(s) Zollinger
<b>GUESTS:</b>	Toni Lawson, IHA; Theresa Vawter, ACS CAN; Melinda Merrill, NW Grocery Assoc.; Pam Eaton, Id Retailers Assn.; Elke Shaw-Tulloch, IDHW; Jayme Sullivan, City of Boise; Suzanne Budge, IPM&CSANFIB
<b>RS 27921:</b>	<p><b>Chairman Wood</b> called the meeting to order at 9:00 a.m.</p> <p><b>Chairman Wood</b> stated the sponsors have requested <b>RS 27790</b> and <b>RS 27941</b> be removed from committee consideration today.</p> <p><b>Brian Whitlock</b>, President, Idaho Hospital Association, presented <b>RS 27921</b>, proposed legislation based on <b>H 436</b> with changes to address concerns expressed in committee and on the House floor. He shared the Secretary of State's letter recommending the registry move. (See attachment 1.) The changes include instruction to the Department of Health &amp; Welfare (DHW) to create and maintain the registry. The fiscal note includes one-time costs for the requests for proposal (RFPs), license purchases, and personnel. The listed ongoing costs will maintain the personnel and software licenses.</p>
<b>MOTION:</b>	<p><b>Rep. Blanksma</b> made a motion to introduce <b>RS 27921</b>. Motion carried by voice vote.</p>
<b>H 611:</b>	<p><b>Rep. John Vander Woude</b>, District 22, presented <b>H 611</b>. This legislation stipulates local units of government may not adopt or enforce any more restrictive than state law requirements for the regulation, marketing, or sale of tobacco products or electronic cigarettes. This does not preclude the local units of government from regulation of zoning and land use laws.</p>
<b>MOTION:</b>	<p><b>Rep. Blanksma</b> made a motion to send <b>H 611</b> to the floor with a <b>DO PASS</b> recommendation.</p>
<b>SUBSTITUTE MOTION:</b>	<p><b>Rep. Rubel</b> made a substitute motion to <b>HOLD H 611</b> in committee.</p> <p>Commenting to her motion, <b>Rep. Rubel</b> said the Clean Indoor Air Law exists for smoking. Any vaping in public areas regulation would have to be at the local level. The public use reference could be construed to include public parks.</p> <p><b>Chairman Wood</b> turned the gavel over to <b>Vice Chairman Wagoner</b>.</p> <p><b>Pam Eaton</b>, President, CEO, Idaho Retailers Association, testified <b>in support</b> of <b>H 611</b>. This legislation does not prevent any public use of tobacco products or electronic cigarettes and does not interfere with local regulation for zoning and land use, which is part of the Clean Indoor Air Law. This maintains the uniform retailer laws which provide consistency across Idaho. Answering a question, she said this legislation does not repeal any of the Clean Indoor Air Law.</p>

**Theresa Vawter**, Idaho Government Relations Director, American Cancer Society, Cancer Action Network testified **in opposition** to **H 611**. Localities need to assure healthier living for their residents by addressing evolving trends and their unique community needs. The electronic cigarette industry is changing rapidly and localities must respond throughout the year, not just during the legislative session.

For the record, no one else indicated their desire to testify.

**VOTE ON  
SUBSTITUTE  
MOTION:**

**Chairman Wood** called for a vote on the substitute motion to **HOLD H 611** in committee. **Motion failed by voice vote.**

**VOTE ON  
ORIGINAL  
MOTION:**

**Chairman Wood** called for a vote on the original motion to send **H 611** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Reps. Davis, Rubel, and Chew** requested they be recorded as voting **NAY. Rep. Vander Woude** will sponsor the bill on the floor..

**ADJOURN:**

There being no further business to come before the committee, the meeting adjourned at 9:25 a.m.

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Representative Wagoner  
Chair

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Irene Moore  
Secretary



MEMO for Review  
2/24/2020

RE: Health Care Directives Bill H0436  
Idaho Secretary of State's office

Rep. Youngblood,

Thank you for your work on the Health Care Directives Bill H0436. This memo is intended to provide context and background from the office of the Idaho Secretary of State for the "Health Care Directive Registry", (in accordance with 39-4515, Idaho Code, a portion of the MEDICAL CONSENT AND NATURAL DEATH ACT. We at the Secretary of State's office believe this is one program that should be transferred to the Department of Health and Welfare for better synergy and potential to drastically improve the program.

As we are sure you are well aware, a *Health Care Directive*, also known as a *Living Will and Durable Power of Attorney*, expresses an individual's desire for the application of life sustaining measures in an end-of-life scenario.

**IT IS OUR VIEW that the time and environment under which this system was originally implemented - and the environment in which it operates today – are two completely different worlds.**

- I.C. §39-4515 added the HCDR to the jurisdiction of the SOS in 2005, and originally established a continuously appropriated fund under 39-4515-3, Idaho Code, for the operation of the registry. The fund initially received a grant from Medicaid for \$10,000, a contribution of \$1,000 from Blue Cross and Blue Shield, and the Secretary of State transferred \$35,000 from his budget into the Health Care Directive Fund. There was no appropriation from the legislature. There was an additional contribution from the Idaho Hospital Association in 2007 of \$1000.00. Most expenses incurred to present have come from that fund, and the current balance is approximately \$28,000
- Records show that the fund expenses range from \$1000 to \$5000 per year, based on current usage levels. This varies because supplies have often been purchased with IDSOS general funds for items such as a card printer that was used by multiple programs (Address confidentiality program)
- In 2016 there were only approximately 25000 registrants in the program. Since 2016, local hospitals (St. Lukes/St. Al's) have significantly increased in soliciting registrations. This has led to an increase in the consistent flow of applications received weekly by IDSOS and an overall program size approaching or exceeding 43000 registrations.
- IDSOS historically HAS NOT and currently DOES NOT charge for this service, though a fee of "up to \$10" has been authorized by statute under 39-4515. In general, ongoing expenses, except for the purchase of replacement equipment and supplies, have been absorbed into the Secretary of State's budget.

- The HCDR Registry has ALSO become a potential repository option for those with a POST, though at present I cannot see a specific directive for doing so. This may be in conflict with the duty to inspect established by 39-4512C, as it requires a login for a physician to access the system (which can only be obtained from the patient.)

This system was conceived over 15 years ago. We've only had an electronic medical records system for the last 7-8 years. Before that, the patient would carry x-rays and medical charts from doctor to doctor and pay to keep a copy for themselves. The statewide electronic medical records repository has changed that. **It is time for these documents to undergo a similar transformation. Our position is the Secretary of State's office should not continue to be involved in this now expanded and expanding program. It seems that the citizens and the end users (hospitals, physicians) would better be served by a new solution in a new location.**

It would seem to us that DHW is the appropriate home for such a program, as they have the single largest group of reasons for ownership:

- They currently operate and secure data under HIPPA regulation. We do not.
- They have existing contact with hospitals, emergency providers, and first responder communities. We do not.
- The DHW is an agency under the purview of the governor's office for both compliance review (hosting, federal HIPPA regulations, etc.) and procurement oversight. We are a constitutional office.
- It is estimated that there (are/will be) 480,000 Idahoans enrolled in the state Medicaid program. This is a potentially huge initial user base to whom they have authority to communicate this tool's availability and value. We, again, do not.
  - Currently, those WITHOUT an HCD/Living Will and for whom life-sustaining measures are not a desire would subject the state to additional expense AGAINST their unexpressed desires and at taxpayer expense.
  - *This approach, however, would make it virtually impossible for the SOS to process the sheer volume of potential registrations within the current system and under current staffing levels.*

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### **It is our recommendation and request that:**

**DHW take over the HCD Registry as soon as immediately possible by the passage of H0436, with a plan to improve statewide access for physicians and hospitals in a bi-directional manner similar to how electronic medical records are handled, and with similar access.**

In the absence of a new approach and new solution to this rapidly growing problem, the office of the Secretary of State would need to request both additional funds for programming development and possibly an additional FTP to service this program in FY 2022, plus consider the implementation of the \$10 filing fee for each submission (allowing for contracting of services), to continue to service the obligation placed on this office by existing statute.



WE DO NOT BELIEVE THAT TO BE THE MOST PRUDENT APPROACH OVERALL, however we foresee an inability meet our statutory and constitutional obligations otherwise.

Thank you,

Chad Houck, Chief Deputy Sec of State  
cc: Lawerence Denney, ID Sec of State

**AGENDA**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Tuesday, March 10, 2020**

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<u>S 1305</u>	Psychologists - Prescription Authority	Kris Ellis, Idaho Psychological Association
<u>S 1295</u>	Teledentistry	Elizabeth Criner, Idaho State Dental Association

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

**COMMITTEE MEMBERS**

Chairman Wood                                  Rep Christensen  
Vice Chairman Wagoner                        Rep Lickley  
Rep Vander Woude                              Rep Remington  
Rep Gibbs                                        Rep Chew  
Rep Blanksma                                    Rep Rubel  
Rep Kingsley                                    Rep Davis  
Rep Zollinger

**COMMITTEE SECRETARY**

Irene Moore  
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Phone: 332-1138  
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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Tuesday, March 10, 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:** Dr. Laura Lineberry, Elizabeth Criner, John C. Matunas, Linda Swanstrom, Jessica Oliver, Steve Bruce, and Dr. Kathleen Beaudry, ISDA; John Foster, OSP; Michael McGrane, IDHA Dental Hygienists; Kate Haas, Kestrel West; David Lehman, Primus Policy  
**Chairman Wood** called the meeting to order at 9:01 a.m.  
**S 1305:** **Kris Ellis**, Idaho Psychological Association, presented **S 1305**. Supervisors for prescribing psychology students, which are required in their second year, are hard to find. This legislation adds family practice physicians to the supervisors list. The requirement for specialized medication training, which does not exist for physicians, has been replaced with a minimum experience requirement of two years.  
For the record, no one indicated their desire to testify.  
**MOTION:** **Rep. Vander Woude** made a motion to send **S 1305** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Gibbs** will sponsor the bill on the floor.  
**S 1295:** **Elizabeth Criner**, Idaho State Dental Association, presented **S 1295** to amend the Dental Practice Act in two sections. Language is added to assure telehealth dentistry is in accordance with both the community standard of care and the Telehealth Practice Act. Dentists are required to provide patients with licensure and contact information and advise them regarding the possible need for in-person care. The dentist has the option to provide a referral or instruct the patient to locate a dentist.  
Dentists authorizing or performing corrective malposition procedures must do so in accordance with the community standard of care. Some Idahoans have experienced serious oral health issues with direct-to-consumer aligners when the dentist did not have adequate knowledge or images to determine what was going on below the gum line.  
This legislation also ensures dentists cannot represent, contract with, or be employed by an entity which limits the patient's right to file a complaint with the Board of Dentistry.

**Dr. Laura Lineberry**, Idaho State Dental Association, testified **in support of S 1295**. In her practice Dr. Lineberry strives to keep up with rapid technological changes to assure the best possible patient care. Use of aligner treatments require the doctor and patient to agree on the appropriate plan. She described cases where the consumer's health was threatened due to improper fit, poor quality images, lack of x-rays, and no in-person exam. Clinical exams are more extensive, include the person's full health, and can reveal issues indicating the individual is not a good candidate for aligners. Consumers may not be able to contact the remote dentist or orthodontist directly to address issues. Full transparency and community standard of care are important for the care Idahoans deserve.

**John Foster**, Contract Lobbyist, Kestral West, Opportunities Solution Project, testified **in opposition to S 1295**. Requiring x-rays and an office visit before a person can avail themselves of teledentistry creates a barrier not in alignment with Idaho's low regulatory goal. Teledentistry providers are meeting a demand and providing free market opportunities. Alignments are less critical than extraction surgeries, which do not require prior x-rays or dentist visits.

**Dr. Steve Bruce**, Dentist, State Dental Association, testified **in support of S 1295**. When at a national meeting, he shared concern regarding the inability for a standard of care defense without an examination.

**Dr. Blaine Leeds**, Dentist, Nashville, TN, Teledentistry Practitioner in Nine States, testified **in opposition to S 1295**. He was the first dentist trained to do Invisalign paraligners. There are five teledental providers in Idaho. He described the three to six month process of minor orthodontic tooth movements using paraligners. Obtaining and returning the aligners comprise the majority of complaints.

Answering committee questions, **Dr. Leeds** said a very detailed medical history is required, along with a release form stating they have a regular dental team who has prescribed them as healthy. Upon receipt of their first aligners, the patients are encouraged to contact the support team to provide photos and feedback on the progression of their case. He speaks to his patients on a routine basis to discuss their progress. Any complaints are addressed as soon as possible. They use iTero scanners which are also used by board certified orthodontists for high definition images. Any patient can submit existing dental record information.

**Dr. Leeds**, answering further questions, stated **S 1295** requires patients have a referral relationship prior to starting any procedure. It also requires the patient submit their records, causing a delay and defeating the efficiency of teledentistry. Patients experiencing issues are re-scanned. Some consumers cannot and should not be treated.

**Kate Haas**, Smile Direct Club, testified **in opposition to S 1295**. Almost all of the Idaho teledentists contracting with Smile Direct Club have brick and mortar practices. The vague terminology creates interpretation issues for referring dentists. Referrals usually happen when a problem arises, not before a service occurs. An informed consent is already included in the Telehealth Access Act. Most problematic is the telehealth malposition requirements, including community standard of care, within the punitive section. Brick and mortar dentists use their knowledge to provide the appropriate treatment without any regulatory or Board of Dentistry intervention.

**Ms. Haas**, in response to committee questions, said the Board of Dentistry, as with other professional boards, provides oversight of licensure and public protection. According to her client, this is a market decision consumers are making after seeing their regular dentists.

**David Lehman**, Primus Policy Group, American Teledentistry Association, testified in support of S 1295. The Board of Dentistry has the clear statute authority to handle this issue and the Dental Hygienist Association wants to collaborate with the board. This is a reasonable approach to the issue and the committee needs to allow the telehealth statute, not legislation, to regulate the practice with adjudication by the regulatory board.

**Dr. Kathleen Beaudry**, Board Certified Periodontist, State Dental Association, testified in support of S 1295, sharing an example of her patient, who was not a good candidate, who used direct-to-consumer aligners, without a direct exam, no dentist or orthodontist information, and experienced severe issues as a consequence. The prescribing dentist needed to be better informed and have diagnostic radiographs. There could be few complaints because most patients do not know they have a problem until months or years after they undergo the process. This will better insure patients are more appropriately evaluated and not sold a harmful device.

**MOTION:**

**Rep. Lickley** made a motion to send S 1295 to the floor with a **DO PASS** recommendation.

**Michael McGrane**, Idaho Dental Hygienist Association, testified in support of S 1295. This legislation provides patient protection and does not prevent teledentists. Hygienists see the results and the problems.

In closing remarks, **Elizabeth Criner** stated the legislation supports online telehealth models and assures patients who should not get aligners are protected. Dental records are readily attainable within five days and the patient can ask the online system to retrieve the records. A prescribing dentist's review will insure the oral health of the patient is right for this type of service.

Answering questions, **Ms. Criner** said the American Association of Dental Boards released guidance for this type of legislation for all states. (See attachment 1) Even the provider testifying today supports the AADB recommendation. (See attachment 2) Many border communities have dentists licensed in multiple states and all teledental rules respect cross-partner communities. The community standard of care is established by those within the profession.

**Dr. Steve Bruce**, Dentist, State Dental Association, was invited to answer a committee question. The standard of care is the care which would be provided by any prudent dentist in their community. The American Dental Association has no written standard of care for every procedure. If challenged, a court would determine the standard of care.

Answering a question, **Elizabeth Criner** stated the board is the authority for implementation and management.

**SUBSTITUTE MOTION:**

**Rep. Remington** made a substitute motion to send S 1295 to General Orders.

**AMENDED SUBSTITUTE MOTION:**

**Rep. Zollinger** made an amended substitute motion to **HOLD S 1295** in committee.

**UNANIMOUS CONSENT REQUEST:**

**Rep. Zollinger** made a unanimous consent request to withdraw the amended substitute motion. There being no objection, the request was granted.

**AMENDED SUBSTITUTE MOTION:**

**Rep. Zollinger** made an amended substitute motion to **HOLD S 1295** in committee for time certain, Friday, March 13, 2020.

**ROLL CALL VOTE:** Roll call vote was requested. **Amended substitute motion failed by a vote of 6 AYE, 7 NAY.** Voting in favor of the motion: Reps. Vander Woude, Blanksma, Kingsley, Zollinger, Christensen, Remington. Voting in opposition to the motion: Reps. Wood, Wagoner, Gibbs, Lickley, Chew, Rubel, Davis.

**ROLL CALL VOTE:** Roll call vote was requested. **Substitute motion failed by a vote of 6 AYE, 7 NAY.** Voting in favor of the motion: Reps. Vander Woude, Blanksma, Kingsley, Zollinger, Christensen, Remington. Voting in opposition to the motion: Reps. Wood, Wagoner, Gibbs, Lickley, Chew, Rubel, Davis.

**VOTE ON ORIGINAL MOTION:** Chairman Wood called for a vote on the original motion to send **S 1295** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** Reps. Blanksma, Christensen, Remington, and Kingsley requested they be recorded as voting **NAY**. Rep. Wagoner will sponsor the bill on the floor.

**ADJOURN:** There being no further business to come before the committee, the meeting adjourned at 10:21 a.m.

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Representative Wood

Chair

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Irene Moore

Secretary

# AADB DIRECTIVE

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## TELEHEALTH

In accordance with our objective

*To provide counsel and guidance to Agencies in amending, revising, and enforcing the dental practice acts of each State in the interest of the public welfare (American Association of Dental Boards Bylaws, Section 4, 2016)*

we are introducing the following information relative to Teledentistry Statutes and Regulations. The following documents are examples of proposed legislation by some of our States that are cognizant of increasing access to care for patients but also help Boards in regulating Providers.

### **Generic Regulations for Teledentistry Example 1**

RELATES TO: XXX

STATUTORY AUTHORITY: XXX

NECESSITY, FUNCTION, AND CONFORMITY: XXX authorizes the board to exercise all administrative functions of the Commonwealth in the regulation of the profession of dentistry, and to promulgate administrative regulations to carry out the provisions of the chapter. XXX and XXX require the board to promulgate administrative regulations to provide for the practice of teledentistry in the Commonwealth of XXX. This administrative regulation establishes requirements and procedures for the practice of teledentistry.

Section 1. Definition. "Teledentistry" means the use of electronic and digital communications to provide and deliver dentistry and dental hygiene-related information and services.

Section 2. Practice of Teledentistry. (1) To deliver teledentistry services in XXX, one must hold a current, valid dental or dental hygiene license issued by the Board of Dentistry. The practice of dentistry occurs where the patient is located at the time teledentistry services are initiated.

(2) This administrative regulation shall not be construed to alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not authorized by law. Licensees delivering teledentistry services shall comply with all rules of professional conduct and state and federal statutes relevant to dentistry and dental hygiene. Teledentistry encounters shall be held to the same standard of care as a traditional in-person patient encounter.

(3) A patient may be treated via teledentistry by:

(a) A XXX licensed dentist; or

(b) A XXX licensed dental hygienist who is supervised by, and has delegated authority from, a XXX licensed dentist.

(c) Any individual may provide any photography and/or digital imaging to a XXX licensed dentist or XXX licensed dental hygienist for the sole and limited purpose of screening, assessment and/or examination. Anyone providing such photography and/or digital imaging to a XXX licensed dentist or XXX licensed dental hygienist must follow the same standards required for the recording of such photography and/or digital imaging and are limited by XXX.

(4) A licensee using teledentistry services in the provision of dental services to a patient shall take appropriate steps to establish the licensee-patient relationship and conduct all appropriate evaluations and history of the patient.

Section 3. Informed Consent. A licensee shall, to the extent possible:

(1) Confirm the identity of the requesting patient;

(2) Collect the patient's health history;

(3) Disclose the licensee's identity, applicable credentials, and contact information including a current phone number.

(4) Obtain an appropriate informed consent from the requesting patient after disclosures have been made regarding the delivery models and treatment methods and limitations, to include any special informed consents regarding the use of teledentistry services. At a minimum, the informed consent shall inform the patient or legal guardian and document acknowledgment of the 1 risk and limitations of:

(a) The use of electronic and communications in the provision of care;

(b) The potential for breach of confidentiality, or inadvertent access, of protected health information using electronic and digital communication in the provision of care;

(c) The potential disruption of electronic and digital communication in the use of teledentistry;

(d) The types of activities permitted using teledentistry services;

(6) The patient or legal guardian's understanding that it is the role of the licensee to determine whether the condition being diagnosed or treated is appropriate for a teledentistry

encounter;

- (7) A requirement for explicit patient or legal guardian consent to forward patient-identifiable information to a third party; and

Section 4. Confidentiality. The licensee shall ensure that any electronic and digital communication used in the practice of teledentistry is secure to maintain confidentiality of the patient's medical information as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all other applicable laws, administrative regulations, and guidance. Confidentiality shall be maintained through appropriate processes, practices and technology, including the disposal of electronic and digital equipment and data.

Section 5. Dental Records. (1) Any dental record made through teledentistry shall be held to the same record retention standards as a record made through a traditional in-person dental encounter.

(2) An informed consent obtained in connection with teledentistry services shall be filed in the patient's dental record.

(3) The patient record established during the use of teledentistry services shall be accessible to both the licensee and the patient or legal guardian, consistent with all established laws and administrative regulations governing patient healthcare records.

(4) The licensee shall document or record in the file:

- (a) The patient's presenting problem;
- (b) The licensee's chief concern;
- (c) The patient's diagnosis;
- (d) The patient's treatment plan; and
- (e) A description of all services provided by teledentistry.

Section 6. Prescribing. (1) The indication, appropriateness, and safety considerations for each prescription for medication, laboratory services, or dental laboratory services provided through the use of teledentistry services shall be evaluated by the licensee in accordance with applicable law and current standards of care, including those for appropriate documentation. A licensee's use of teledentistry carries the same professional accountability as a prescription issued in connection with an in-person encounter.

(2) A licensee who prescribes any kind of analgesic or pain medication as part of the provision of teledentistry services shall comply with all applicable KASPER requirements.

Section 7. Representation of Services. A licensee using teledentistry to deliver dental services or who practices teledentistry shall not:

- (a) Directly or indirectly engage in false, misleading, or deceptive advertising of teledentistry services; or
- (b) Allow fee-splitting for the use of teledentistry services.

## **Generic Regulations for Teledentistry Example 2**

§XXXXXXX. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Appliance" means a permanent or removable device used in a plan of dental care, including crowns, fillings, bridges, braces, dentures, orthodontic aligners, and sleep apnea devices.

"Board" means the Board of Dentistry.

"Dental hygiene" means duties related to patient assessment and the rendering of educational, preventive, and therapeutic dental services specified in regulations of the Board and not otherwise restricted to the practice of dentistry.

"Dental hygienist" means a person who is licensed by the Board to practice dental hygiene.

"Dentist" means a person who has been awarded a degree in and is licensed by the Board to practice dentistry.

"Dentistry" means the evaluation, diagnosis, prevention, and treatment, through surgical, nonsurgical, or related procedures, of diseases, disorders, and conditions of the oral cavity and the maxillofacial, adjacent, and associated structures and their impact on the human body.

"Digital scan" means digital technology that creates a computer-generated replica of the hard and soft tissues of the oral cavity using enhanced digital photography.

"Digital scan technician" means a person who has completed a training program approved by the Board to take digital scans of intraoral and extraoral hard and soft tissues for use in teledentistry.

"Digital work order" means the digital equivalent of a written dental laboratory work order used in the construction or repair of an appliance.

"License" means the document issued to an applicant upon completion of requirements for admission to practice dentistry or dental hygiene in XXXX or upon registration for renewal of license to continue the practice of dentistry or dental hygiene in XXXX.

"License to practice dentistry" means any license to practice dentistry issued by the Board.

"Maxillofacial" means pertaining to the jaws and face, particularly with reference to specialized surgery of this region.

"Oral and maxillofacial surgeon" means a person who has successfully completed an oral and maxillofacial residency program, approved by the Commission on Dental Accreditation of the American Dental Association, and who holds a valid license from the Board.

"Store-and-forward technologies" means the technologies that allow for the electronic transmission of dental and health information, including images, photographs, documents, and health histories, through a secure communication system.

"Teledentistry" means the delivery of dentistry between a patient and a dentist who holds a license to practice dentistry issued by the Board through the use of telehealth systems and electronic technologies or media, including interactive, two-way audio or video.

§XXXXX. Digital scans for use in the practice of dentistry; practice of digital scan technicians.

A. No person other than a dentist, dental hygienist, dental assistant I, dental assistant II, digital scan technician, or other person under the direction of a dentist shall obtain dental scans for use in the practice of dentistry.

B. A digital scan technician who obtains dental scans for use in the practice of teledentistry shall work under the direction of a dentist who is (i) licensed by the Board to practice dentistry in XXX, (ii) accessible and available for communication and consultation with the digital scan technician at all times during the patient interaction, and (iii) responsible for ensuring that the digital scan technician has a program of training approved by the Board for such purpose. All protocols and procedures for the performance of digital scans by digital scan technicians and evidence that a digital scan technician has complied with the training requirements of the Board shall be made available to the Board upon request.

§XXX. Practice of dentistry.

A. Any person shall be deemed to be practicing dentistry who (i) uses the words dentist, or dental surgeon, the letters D.D.S., D.M.D., or any letters or title in connection with his name, which in any way represents him as engaged in the practice of dentistry; (ii) holds himself out, advertises, or permits to be advertised that he can or will perform dental operations of any kind; (iii) diagnoses, treats, or professes to diagnose or treat any of the diseases or lesions of the oral cavity, its contents, or contiguous structures; or (iv) extracts teeth, corrects malpositions of the teeth or jaws, takes or causes to be taken

digital scans or impressions for the fabrication of appliances or dental prosthesis, supplies or repairs artificial teeth as substitutes for natural teeth, or places in the mouth and adjusts such substitutes. Taking impressions for mouth guards that may be self-fabricated or obtained over-the-counter does not constitute the practice of dentistry.

B. No person shall practice dentistry unless a bona fide dentist-patient relationship is established in person or through teledentistry. A bona fide dentist-patient relationship shall exist if the dentist has (i) obtained or caused to be obtained a health and dental history of the patient; (ii) performed or caused to be performed an appropriate examination of the patient, either physically, through use of instrumentation and diagnostic equipment through which digital scans, photographs, images, and dental records are able to be transmitted electronically, or through use of face-to-face interactive two-way real-time communications services or store-and-forward technologies; (iii) provided information to the patient about the services to be performed; and (iv) initiated additional diagnostic tests or referrals as needed. In cases in which a dentist is providing teledentistry, the examination required by clause (ii) shall not be required if the patient has been examined in person by a dentist licensed by the Board within the six months prior to the initiation of teledentistry and the patient's dental records of such examination have been reviewed by the dentist providing teledentistry.

C. No person shall deliver dental services through teledentistry unless he holds a license to practice dentistry in XXXX, issued by the Board and has established written or electronic protocols for the practice of teledentistry that include (i) methods to ensure that patients are fully informed about services provided through the use of teledentistry, including obtaining informed consent; (ii) safeguards to ensure compliance with all state and federal laws and regulations related to the privacy of health information; (iii) documentation of all dental services provided to a patient through teledentistry, including the full name, address, telephone number, and State license number of the dentist providing such dental services; (iv) procedures for providing in-person services or for the referral of patients requiring dental services that cannot be provided by teledentistry to another dentist licensed to practice dentistry in XXXX who actually practices dentistry in an area of XXXX the patient can readily access; (v) provisions for the use of appropriate encryption when transmitting patient health information via teledentistry; and (vi) any other provisions required by the Board. A dentist who delivers dental services using teledentistry shall, upon request of the patient, provide health records to the patient or a dentist of record in a timely manner in accordance with § XXXXX and any other applicable federal or state laws or regulations. All patients receiving dental services through

teledentistry shall have the right to speak or communicate with the dentist providing such services upon request.

D. Dental services delivered through use of teledentistry shall (i) be consistent with the standard of care as set forth in §XXXXX, including when the standard of care requires the use of diagnostic testing or performance of a physical examination, and (ii) comply with the requirements of this chapter and the regulations of the Board.

E. In cases in which teledentistry is provided to a patient who has a dentist of record but has not had a dental wellness examination in the six months prior to the initiation of teledentistry, the dentist providing teledentistry shall recommend that the patient schedule a dental wellness examination. If a patient to whom teledentistry is provided does not have a dentist of record, the dentist shall provide or cause to be provided to the patient options for referrals for obtaining a dental wellness examination.

F. No dentist shall be supervised within the scope of the practice of dentistry by any person who is not a licensed dentist. 111 § XXXXX. Persons engaged in construction and repair of appliances.

A. Licensed dentists may employ or engage the services of any person, firm, or corporation to construct or repair an appliance, extraorally, prosthetic dentures, bridges, or other replacements for a part of a tooth, a tooth, or teeth in accordance with a written or digital work order. Any appliance constructed or repaired by a person, firm, or corporation pursuant to this section shall be evaluated and reviewed by the licensed dentist who submitted the written or digital work order, or a licensed dentist in the same dental practice. A person, firm, or corporation so employed or engaged shall not be considered to be practicing dentistry. No such person, firm, or corporation shall perform any direct dental service for a patient, but they may assist a dentist in the selection of shades for the matching of prosthetic devices when the dentist sends the patient to them with a written or digital work order.

B. Any licensed dentist who employs the services of any person, firm, or corporation not working in a dental office under the dentist's direct supervision to construct or repair, an appliance extraorally, prosthetic dentures, bridges, replacements, or orthodontic appliances for a part of a tooth, a tooth, or teeth, shall furnish such person, firm, or corporation with a written or digital work order on forms prescribed by the Board, which shall, at minimum, contain: (i) the name and address of the person, firm, or corporation; (ii) the patient's name or initials or an identification number; (iii) the date the work order was written; (iv) a description of the work to be done, including diagrams, if necessary; (v) specification of the type and quality of materials to be used; and (vi) the signature and address of the dentist.

The person, firm, or corporation shall retain the original written work order or an electronic copy of

a digital work order, and the dentist shall retain a duplicate of the written work order or an electronic copy of a digital work order, for three years.

C. If the person, firm, or corporation receiving receives a written or digital work order from a licensed dentist engages a subcontractor to perform services relative to the work order, a written disclosure and subwork order shall be furnished to the dentist on forms prescribed by the Board, which shall, at minimum, contain: (i) the name and address of the person, firm, or corporation and subcontractor; (ii) a number identifying the subwork order with the original work order; (iii) the date the any subwork order was written; (iv) a description of the work to be done and the work to be done by the subcontractor, including diagrams or digital files, if necessary; (v) a specification of the type and quality of materials to be used; and (vi) the signature of the person issuing the disclosure and subwork order.

The subcontractor shall retain the subwork order, and the issuer shall retain a duplicate of the subwork order, which shall be attached to the work order received from the licensed dentist, for three years.

D. No person, firm, or corporation engaged in the construction or repair of appliances shall refuse to allow the Board or its agents to inspect the files of work orders or subwork orders during ordinary business hours.

The provisions of this section shall not apply to a work order for the construction, reproduction, or repair, extraorally, of prosthetic dentures, bridges, or other replacements for a part of a tooth, a tooth, or teeth, done by a person, firm or corporation pursuant to a written work order received from a licensed dentist who is residing and practicing in another state.

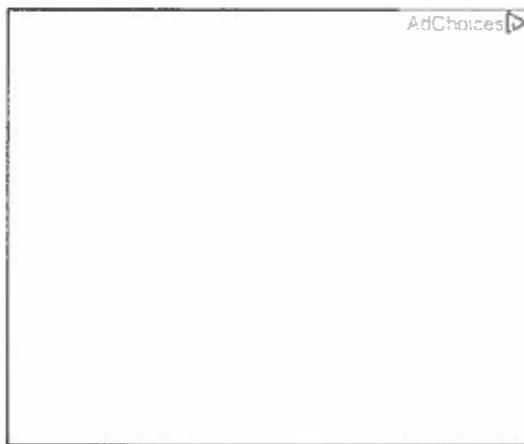
# Smile Direct Club Applauds American Association of Dental Boards' Advocating Suggested Regulations for Teledentistry

GlobeNewswire • March 4, 2020, 9:09 am

## New State-Level Models Align With Teledentistry Pioneer's Access to Care Mission

NASHVILLE, Tenn., March 04, 2020 (GLOBE NEWSWIRE) -- SmileDirectClub reports that the American Association of Dental Boards has established state-level examples for Teledentistry regulations, including provisions that establish consumers' right to know the necessary information about their treating doctor, their right to access clear aligner therapy via remote platforms and their right to access care without prohibitive office visits and mandatory radiographs. The suggested examples, at the same time, assure transparency and accountability to State Dental Boards by Teledentistry Providers. In response, SmileDirectClub Chief Executive Officer David Katzman made the following statement:

"SmileDirectClub is grateful to the American Association of Dental Boards ("AADB") for proposing language for Teledentistry that prioritizes the patient and access to care. Today's consumer struggles to access orthodontic care due to cost, limited time and limited access to a doctor's office, and telemedicine has been proven to be a safe and efficacious means for delivering teeth straightening solutions. The AADB's mission is to assist State Dental Boards in protecting the public. Similarly, SmileDirectClub's mission is to help consumers receive safe, affordable and convenient oral care. We have worked with the AADB and dozens of State Dental Boards across the country for years to discuss doctor-directed Teledentistry and how it benefits both the patient and the provider. Today, we applaud the AADB's progressive steps to present sample legislation that will help State Dental Boards regulate oral healthcare and increase patient access to a better quality of life."



## About SmileDirectClub

SmileDirectClub, Inc. (SDC) ("SmileDirectClub") is an oral care company and creator of the first direct-to-consumer medtech platform for teeth straightening, now also offered directly via dentist and orthodontists' offices. Through our cutting-edge teledentistry technology and vertically integrated model, we are revolutionizing the oral care industry, from clear aligner therapy to our affordable, premium oral care product line. SmileDirectClub's mission is to democratize access to affordable and convenient care, unleashing the power of a person's smile to positively impact their place in the world. SmileDirectClub is headquartered in Nashville, Tennessee and operates in the U.S., Canada, Australia, New Zealand, United Kingdom, Ireland, Germany and Hong Kong. For more information, please visit [SmileDirectClub.com](https://SmileDirectClub.com).

2 Reactions

**AGENDA**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**8:00 A.M.**  
**Room EW20**  
**Wednesday, March 11, 2020**

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<u>S 1332</u>	Ambulance Service Districts	Rep. Terry Gestrin
<u>H 616</u>	Health Care Directive Registry	Brian Whitlock, Idaho Hospital Association
<u>S 1348</u>	Drug History Review	Rep. Mike Kingsley

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

COMMITTEE MEMBERS

Chairman Wood                                  Rep Christensen  
Vice Chairman Wagoner                        Rep Lickley  
Rep Vander Woude                              Rep Remington  
Rep Gibbs                                        Rep Chew  
Rep Blanksma                                    Rep Rubel  
Rep Kingsley                                    Rep Davis  
Rep Zollinger

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
Email: [hhel@house.idaho.gov](mailto:hhel@house.idaho.gov)

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

<b>DATE:</b>	Wednesday, March 11, 2020
<b>TIME:</b>	8:00 A.M.
<b>PLACE:</b>	Room EW20
<b>MEMBERS:</b>	Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Lickley, Remington, Chew, Rubel, Davis
<b>ABSENT/ EXCUSED:</b>	Representative(s) Blanksma, Christensen
<b>GUESTS:</b>	Matthew Conde, AAA; Wayne Denny, EMS/DHW; Brian Whitlock and Toni Lawson, IHA; Corey Surber, Saint Alphonsus; Elke Shaw-Tulloch, IDHW; Melinda Smyser, ODP
<b>MOTION:</b>	<b>Chairman Wood</b> called the meeting to order at 8:03 a.m.
<b>S 1332:</b>	<b>Rep. Lickley</b> made a motion to approve the minutes of the March 2 and 3, 2020, meetings. <b>Motion carried by voice vote.</b>
<b>MOTION:</b>	<b>Rep. Terry Gestrin</b> , District 8, presented <b>S 1332</b> . This legislation creates a new ambulance service district funding mechanism and a better option for communities on county lines. Residents would vote for any new districts during the May or November election dates. Governance by the Board of County Commissioners is replaced by an independent commission. This legislation's effective date is July 1, 2020. A maximum 4.04% levy rate will be used for the funding mechanism, with a higher rate only by the vote of the people.
<b>MOTION:</b>	<b>Rep. Gibbs</b> made a motion to send <b>S 1332</b> to the floor with a <b>DO PASS</b> recommendation.
<b>VOTE ON MOTION:</b>	<b>Wayne Denny</b> , Bureau Chief, Bureau of Emergency Medical Services and Preparedness, responded to committee questions. Adams county has two separate ambulance districts. The current law allows a city to remove itself from the ambulance district, without relieving the citizens from paying the tax. This creates questions regarding who provides what service where. This legislation allows cities to opt in for the formation of a new district.
<b>H 616:</b>	For the record, no one indicated their desire to testify.
<b>Chairman Wood</b> called for a vote on the motion to send <b>S 1332</b> to the floor with a <b>DO PASS</b> recommendation. <b>Motion carried by voice vote.</b> <b>Rep. Gestrin</b> will sponsor the bill on the floor.	
<b>Brian Whitlock</b> , President, Idaho Hospital Association, presented <b>H 616</b> . There is general agreement in the value of a statewide health care registry with immediate access and easy updates. These legal documents share medical care wishes when an individual is incapacitated and unable to communicate. Moving the existing registry to the Department of Health and Welfare (DHW) provides a single HIPAA (Health Insurance Portability and Accountability Act) compliant technology platform, increases the number of documents available within the registry, and allows easy retrieval by providers. The one-time budget request of \$350k will allow purchase and set up of the new system. The \$150k annual cost request includes software license renewals and personnel.	
	For the record, no one indicated their desire to testify.

**MOTION:** **Rep. Lickley** made a motion to send **H 616** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Vander Woude** will sponsor the bill on the floor.

**S 1348** **Rep. Mike Kingsley**, District 6, presented **S 1348**. This legislation increases the Prescription Management Program's (PMP's) effectiveness to combat opioid misuse by requiring a review of a patient's prescription drug history prior to prescribing opioid analgesic or benzodiazepine. Exempted patients are those in inpatient settings, emergency scenes, ambulances, hospice care, or a skilled nursing home care facility.

Invited to answer a question, **Nate Fisher**, Office of the Governor, said the October 1, 2020, start date aligns with the federal requirement.

**Matthew Conde**, AAA Idaho, testified **in support** of **S 1348**. It is important individuals taking prescriptions are aware of how they impact operating a motor vehicle. Seniors take seven or more medications for their quality of life. The PMP allows doctors to quarterback their patients to assure medication usage is safe.

For the record, no one else indicated their desire to testify.

**MOTION:** **Rep. Davis** made a motion to send **S 1348** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Kingsley** will sponsor the bill on the floor.

**ADJOURN:** There being no further business to come before the committee, the meeting adjourned at 8:29 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

AGENDA  
**HOUSE HEALTH & WELFARE COMMITTEE**  
8:00 A.M.  
Room EW20  
Thursday, March 12, 2020

SUBJECT	DESCRIPTION	PRESENTER
<a href="#"><u>S 1354</u></a>	Hospitals Certified by Medicare	Sen. Mark Harris
<a href="#"><u>S 1331</u></a>	Chiropractic Physicians - Prescribing Authority	Caroline Merritt, Idaho Association of Chiropractic Physicians

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

COMMITTEE MEMBERS

Chairman Wood                                  Rep Christensen  
Vice Chairman Wagoner                        Rep Lickley  
Rep Vander Woude                              Rep Remington  
Rep Gibbs                                        Rep Chew  
Rep Blanksma                                    Rep Rubel  
Rep Kingsley                                    Rep Davis  
Rep Zollinger

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
Email: hhel@house.idaho.gov

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

<b>DATE:</b>	Thursday, March 12, 2020
<b>TIME:</b>	8:00 A.M.
<b>PLACE:</b>	Room EW20
<b>MEMBERS:</b>	Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Lickley, Remington, Chew, Rubel, Davis
<b>ABSENT/ EXCUSED:</b>	Representative(s) Blanksma, Christensen
<b>GUESTS:</b>	Toni Lawson, Id. Hospital Assoc.; Kelley Packer, IBOL, Corey Matthew, not shown; Adrienne Frazier, Dylan Smith, Carissa Amicle, and Emylie Patten, St. Luke's; Jen Misajet, St. Alphonsus; Lupe Wissel, AARP
<b>S 1354:</b>	<p><b>Chairman Wood</b> called the meeting to order at 8:02 a.m.</p> <p><b>Sen. Mark Harris</b>, District 32, presented <b>S 1354</b>. Most Idaho Medicare accepting hospitals are subject to both Idaho's Rules and Minimum Standards for Hospitals and the Centers for Medicare and Medicaid Services' (CMS') Conditions of Participation. This legislation addresses regulatory inconsistency and confusion among providers by stipulating IDAPA Title 39, Chapter 13, when more restrictive than federal guidelines, shall not apply to hospitals certified by CMS through accreditation, survey, or otherwise.</p> <p><b>Toni Lawson</b>, Idaho Hospital Association, testified <b>in support</b> of <b>S 1354</b>. This legislation decreases duplication and confusion. She gave an example regarding the use of restraints and the difference between the IDAPA requirement and the CMS requirement. The confusion has negatively impacted staffing.</p> <p><b>Rep. Gibbs</b> made a motion to send <b>S 1354</b> to the floor with a <b>DO PASS</b> recommendation.</p> <p>Answering questions, <b>Ms. Lawson</b> said corrections during the rules review process involved many sections and rejecting any section would detrimentally impact non-Medicaid accredited hospitals. The few hospitals not Medicaid certified are licensed psychiatric facilities who do not take Medicare or Medicaid patients.</p> <p><b>Adrienne Frazier</b> testified <b>in support</b> of <b>S 1354</b> and returned to her seat.</p> <p><b>Emylie Patten</b> testified <b>in support</b> of <b>S 1354</b> and returned to her seat.</p> <p><b>Jennifer Misajet</b>, Chief Nurse, St. Alphonsus Health System, testified <b>in support</b> of <b>S 1354</b>. She shared how a 25% increase in required observation hours, which are directly related to the state requirements, have led to hiring sixty patient safety attendants.</p> <p>For the record, no one else indicated their desire to testify.</p> <p><b>Chairman Wood</b> called for a vote on the motion to send <b>S 1354</b> to the floor with a <b>DO PASS</b> recommendation. <b>Motion carried by voice vote</b>. <b>Rep. Gibbs</b> will sponsor the bill on the floor.</p>
<b>VOTE ON MOTION:</b>	

- S 1331:** **Caroline Merritt**, Idaho Association of Chiropractic Physicians, presented **S 1331**. Under current law, chiropractic physicians certified in clinical nutrition must use an outsourcing facility or a 503B pharmacy to obtain the products they may administer. This legislation allows a chiropractic physician to obtain patient-specific prescription for office use from a licensed Idaho compounding pharmacy. There is no expansion of the prescription drugs list. With only one 503B Idaho facility, the current legislation is cost prohibitive and cumbersome. Requests to order from out-of-state facilities have been denied.
- MOTION:** **Vice Chairman Wagoner** made a motion to send **S 1331** to the floor with a **DO PASS** recommendation.
- Dr. Cory Matthews**, Boise Practitioner, testified **in support of S 1331**. He explained the issues surrounding the practicality and cost effectiveness of getting the product to his patients. Such products are used for overall wellness and can be a simple vitamin compound. Because the products have to be made in large batches, there are often long waits for the product and practitioners have to go in together to purchase them.
- Answering questions, **Dr. Matthews** explained administering at a doctor's office provides quality control. He would like to use 503A pharmacies as well as the one 503B pharmacy to meet his patients' needs.
- For the record, no one else indicated their desire to testify.
- VOTE ON MOTION:** **Chairman Wood** called for a vote on the motion to send **S 1331** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Chairman Wood** will sponsor the bill on the floor.
- ADJOURN:** There being no further business to come before the committee, the meeting adjourned at 8:35 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

**AMENDED AGENDA #1**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Friday, March 13, 2020**

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<u>H 600</u>	Medicaid Expansion - County Share <i>Held 3/06/20 For Time Certain - No Testimony</i>	Rep. Britt Raybould
<u>RS27979</u>	Medical Assistance - Health Districts	Rep. Fred Wood

COMMITTEE MEMBERS

Chairman Wood                                  Rep Christensen  
Vice Chairman Wagoner                        Rep Lickley  
Rep Vander Woude                              Rep Remington  
Rep Gibbs                                        Rep Chew  
Rep Blanksma                                    Rep Rubel  
Rep Kingsley                                    Rep Davis  
Rep Zollinger

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
Email: [hhel@house.idaho.gov](mailto:hhel@house.idaho.gov)

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Friday, March 13, 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:** Representative(s) Zollinger  
**GUESTS:** None  
**MOTION:** **Chairman Wood** called the meeting to order at 9:02 a.m.  
**H 600:** **Rep. Davis** made a motion to approve the March 4, 6, and 9, 2020, meeting minutes. **Motion carried by voice vote.**  
**MOTION:** **Chairman Wood** returned **H 600** to the committee for consideration, which was held for time certain from the meeting of Friday, March 6, 2020.  
**RS 27979:** **Rep. Blanksma** made a motion to **HOLD H 600** in committee. **Motion carried by voice vote.**  
**ADJOURN:** **Chairman Wood** stated **RS 27979** has been removed by the proposed legislation's sponsor.  
**Chairman Wood** and the committee thanked our page, **Asher Dixon**, for his work for the committee during the second half of the session.  
**Chairman Wood** and the committee thanked our page, **Asher Dixon**, for his work for the committee during the second half of the session.  
**ADJOURN:** There being no further business to come before the committee, the meeting adjourned at 9:07 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

AGENDA  
**HOUSE HEALTH & WELFARE COMMITTEE**  
Upon Recess  
Room EW20  
**Friday, March 13, 2020**

SUBJECT	DESCRIPTION	PRESENTER
<a href="#"><u>RS27998</u></a>	Medicaid - County Medical Assistance	Rep. Fred Wood

COMMITTEE MEMBERS

Chairman Wood    Rep Christensen  
Vice Chairman Wagoner                                Rep Lickley  
Rep Vander Woude                                      Rep Remington  
Rep Gibbs    Rep Chew  
Rep Blanksma    Rep Rubel  
Rep Kingsley    Rep Davis  
Rep Zollinger

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Friday, March 13, 2020  
**TIME:** Upon Recess  
**PLACE:** Room EW20  
**MEMBERS:** Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Lickley, Remington, Chew, Rubel, Davis  
**ABSENT/  
EXCUSED:** Representative(s) Christensen, Lickley  
**GUESTS:** Russell Wendworth, Coast Guard  
  
**Chairman Wood** called the meeting to order at 2:52 p.m.  
**Chairman Wood** turned the gavel over to Vice Chairman Wagoner  
  
**RS 27998:** **Rep. Fred Wood**, District 27, presented **RS 27998**. This proposed legislation does three things. It limits the County Indigency Program eligibility. It reassigned approximately \$12M of county revenue sharing to the Medicaid Expansion Program. It creates the Medicaid Expansion Account for the reassigned monies. It provides for the continued use of charity levy funds for the Justice Fund Programs.  
  
**MOTION:** **Rep. Vander Woude** made a motion to introduce **RS 27998. Motion carried by voice vote.**  
  
**Vice Chairman Wagoner** turned the gavel over to **Chairman Wood**.  
  
**ADJOURN:** There being no further business to come before the committee, the meeting adjourned at 2:56 p.m.

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Representative Wagoner  
Chair

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Irene Moore  
Secretary

AGENDA  
**HOUSE HEALTH & WELFARE COMMITTEE**  
1:00 P.M.  
Room EW20  
**Monday, March 16, 2020**

**Note Time Change**

SUBJECT	DESCRIPTION	PRESENTER
<a href="#"><u>H 642</u></a>	Medicaid - County Medical Assistance	Rep. Fred Wood

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

COMMITTEE MEMBERS

Chairman Wood                                  Rep Christensen  
Vice Chairman Wagoner                        Rep Lickley  
Rep Vander Woude                              Rep Remington  
Rep Gibbs                                        Rep Chew  
Rep Blanksma                                    Rep Rubel  
Rep Kingsley                                    Rep Davis  
Rep Zollinger

COMMITTEE SECRETARY

Irene Moore  
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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

<b>DATE:</b>	Monday, March 16, 2020
<b>TIME:</b>	1:00 P.M.
<b>PLACE:</b>	Room EW20
<b>MEMBERS:</b>	Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Lickley, Remington, Chew, Rubel, Davis
<b>ABSENT/ EXCUSED:</b>	Representative(s) Blanksma
<b>GUESTS:</b>	Seth Grigg, IAC
	<b>Chairman Wood</b> called the meeting to order at 1:02 p.m.
<b>MOTION:</b>	<b>Rep. Davis</b> made a motion to approve the minutes of the March 10, 11, 12, 13 a.m. and 13 p.m., 2020, meetings. <b>Motion carried by voice vote.</b>
	<b>Chairman Wood</b> turned the gavel over to <b>Vice Chairman Wagoner</b> .
<b>H 642:</b>	<b>Rep. Fred Wood</b> , District 27, presented <b>H 642</b> . This legislation does four things. It limits the County Indigency Program eligibility. It reassigns the first \$12M, approximately, of county revenue sharing to the Medicaid Expansion Program. It creates the Medicaid Expansion Account for these funds. It provides for the use of the charity levy funds for the Justice Fund Programs. Stipulation is made to prevent fund comingling with the Co-op Usage Funds. The sales tax county distribution is 28.2% for fiscal year 2021. The requested \$12M, approximately, equals 17% of that distribution amount and does not impact the indigency program administrative costs.  <b>Seth Grigg</b> , Executive Director, Idaho Association of Counties (IAC), testified in opposition to <b>H 642</b> . The amendments for justice related purchases codifies what they have been working toward for some time. Ten counties do not have the justice levy and two counties do not have the charity levy. Charity levies also pay for indigent burials and jail medical expenses.  Trying to assess the actual county fiscal impact prior to the IMD waiver approval is difficult because individuals at IMD facilities continue to have counties pay their expenses.  The Governor has recommended the counties pay \$8.5M for the Medicaid Expansion costs. This legislation has been developed without the knowledge of the full expansion program cost and its impact on the indigent program. The IAC requests a one-year wait to better assess what is needed for a county funding strategy.  Answering a question, <b>Mr. Griggs</b> said they have determined the litigious nature of some hospital claims to be one reason for the differences in the individual county indigent costs. They know this is not the whole story.  For the record, no one else indicated their desire to testify.  In closing remarks <b>Rep. Wood</b> said for several years the counties have been spending \$20M for their indigent program, including \$7M to \$8M for administrative costs. This is a simple, straight forward method to determine the county participation for this gordian knot of a problem. This asks for a little over 50% of what the counties have been paying. The IMD waiver is a facilities Medicaid billing allowance waiver and has nothing to do with Medicaid eligibility.

- MOTION:** **Rep. Vander Woude** made a motion to send **H 642** to the floor with a **DO PASS** recommendation. Committee discussion included how a delay would impact county budget setting in October, the need to wait until the work requirement waiver secondary gap population size is determined, the eligibility change impact on hospitals, the impact on taxpayers and emergency services during this health crisis, the need for action during this session.
- VOTE ON MOTION:** **Vice Chairman Wagoner** called for a vote on the motion to send **H 642** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Reps. Rubel, Davis, Chew, Christensen, and Gibbs** requested they be recorded as voting **NAY.** **Rep. Wood** will sponsor the bill on the floor.
- Vice Chairman Wagoner** turned the gavel over to **Chairman Wood.**
- ADJOURN:** There being no further business to come before the committee, the meeting adjourned at 1:35 p.m.

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Representative Wagoner  
Chair

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Irene Moore  
Secretary