

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE:	Tuesday, February 16, 2021
TIME:	3:00 P.M.
PLACE:	Room WW54
MEMBERS PRESENT:	Chairman Martin, Vice Chairman Riggs, Senators Heider, Lee, Harris, Zito, and Wintrow
ABSENT/EXCUSED:	Senators Agenbroad and Stennett
NOTE:	The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.
CONVENED:	Chairman Martin called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:00 p.m.
H 74	Relating to Cities. Senator Regina Bayer presented the bill to remove a city's authority to enforce quarantine orders for five miles beyond its corporate limits. Senator Bayer stated Idaho Code § 50-304 was written in 1967 when most cities abutted unincorporated areas, while today many city boundaries abut other cities. She said it is no longer necessary or advisable to extend a city's authority outside its own boundaries.
DISCUSSION:	Senator Harris asked about the history of the Code language. Senator Bayer answered that she is unaware of the history but the law has not changed since it was enacted in 1967. She remarked that five miles outside Boise City limits at that time was completely undeveloped land.
TESTIMONY:	Del Chapel , representing himself, testified in support of the bill. Mr. Chapel opined that it is necessary to change the definition of "quarantine," but he acknowledged that is not included in the bill before the Committee.
DISCUSSION:	Senator Zito commented that a sheriff in her district expressed concern that the current law infringes upon his power to enforce laws in the county. She thanked Senator Bayer for bringing the legislation.
MOTION:	Senator Zito moved to send H 74 to the floor with a do pass recommendation. Vice Chairman Riggs seconded the motion. The motion carried by voice vote .
S 1093	Relating to Physician Assistants. Kent Kunz , representing the Idaho Academy of Physician Assistants (IAPA), introduced himself to the Committee. Mr. Kunz described the role of a physician's assistant (PA) in providing health care. He provided information on the education and credentialing requirements to practice as a PA. Mr. Kunz explained the bill is needed because the requirement for a PA to have an agreement with a supervising physician is outdated and creates an unnecessary burden on PAs and health facilities. He commented the bill would replace the required delegation of services agreement with either a collaborative practice agreement between the PA and a facility or use of a facility's existing credentialing and privileging systems. Mr. Kunz remarked that the Idaho State Board of Medicine (BOM) would continue to license and supervise Idaho PAs. He reviewed other proposed legislative changes to remove obsolete language, specify the nature of collaboration and oversight requirements, and update locations where a PA can practice.

J. Nathan Thompson, President, IAPA, introduced himself to the Committee. **Mr. Thompson** stated **S 1093** would reduce unnecessary administrative and regulatory burdens on PAs, physicians, and health facilities while maintaining appropriate oversight of PAs. He said the bill will make it easier for hospitals and clinics to employ and credential PAs, and allow PAs to better meet the needs of patients. **Mr. Thompson** reported the bill would improve patient access to care, especially in rural and underserved areas of the State. He added the legislation was crafted through the efforts of multiple stakeholders.

DISCUSSION:

Senator Wintrow asked how PAs are presently supervised and what will change if the bill becomes law. **Mr. Thompson** answered that a PA undergoes the same vetting process as a physician. He said PAs joining a practice must undergo a criminal background check and a practice background check for complaints, lawsuits, and substance abuse history. **Mr. Thompson** added that a credentialing committee reviews the results of reference and background checks, and if approved, the committee closely monitors the PA for 90 days. Upon successful completion of the initial 90-day period, the PA is subject to ongoing practice evaluation for the remainder of his career, he said. **Mr. Thompson** reported he also has a delegation of services agreement with one supervising physician (SP), and the physician oversight is superfluous to the other required oversight mechanisms. He commented that nurse practitioners are not required to have a similar formal relationship with a(n) SP, and oversight of that profession by medical staff works well. **Mr. Thompson** commented the physicians with whom he works are supportive of this legislation.

Senator Wintrow inquired why the delegation agreement is unnecessary if the supervision requirements and standard of care would not change. **Mr. Thompson** responded that the present system was put into place prior to the emergence of large health systems. He added that in the past it benefitted the physician to hire a PA and provide all the oversight and compliance. **Mr. Thompson** advised that if both the SP and PA are employed by a single entity, the existing requirement imposes an extra unnecessary burden on the SP and acts as a disincentive for physicians to hire PAs. He remarked that the SP is also required to obtain and maintain additional SP licensure. **Mr. Thompson** commented the process is unwieldy if the SP is not available for some reason or if a PA moves among multiple sites.

TESTIMONY:

Jared Papa, representing IAPA, introduced himself to the Committee. **Mr. Papa** stated he is also the Program Director and Chair for the Idaho State University PA Studies Program. He has been a PA for 17 years, and in that time he has had a total of 20 SPs and alternate SPs, he said. **Mr. Papa** reported that almost every year he has a new SP, which requires new documentation to allow him to continue working in the same community for the same employers. He explained the paperwork is a burden on his employers and SPs. **Mr. Papa** advised the bill would allow him to provide continuity of care and collaborate with clinic physicians without completing new paperwork every time a change takes place. He remarked more than 165 PAs serve rural Idaho, and in some areas the PA is the only consistent health care provider. **Mr. Papa** noted that the loss of the SP could disrupt health care to the community, while the bill would allow a PA to collaborate with a group of doctors to eliminate that disruption.

Mr. Kunz commented that the bill is the result of several months of discussion among the Division of Occupational and Professional Licenses and other stakeholders. He thanked Anne Lawler, Executive Director, BOM, for her contributions to improving the bill. **Mr. Kunz** stated the bill will improve patient access to care, allow PAs to meet needs of patients without delays, and allow hospitals and clinics to use PAs within the facilities' existing oversight requirements.

- MOTION:** Senator Harris moved to send **S 1093** to the floor with a **do pass** recommendation. Senator Zito seconded the motion.
- DISCUSSION:** Senator Lee complimented the stakeholders involved in drafting the legislation for working out issues together. She expressed appreciation for their work to improve access to health care.
- Chairman Martin commented that the Committee has made progress over the last nine years to make health care more accessible to Idahoans by better utilizing PAs and pharmacists.
- VOICE VOTE:** The motion to send **S 1093** to the floor with a **do pass** recommendation carried by **voice vote**.
- ADJOURNED:** There being no further business at this time, Chairman Martin adjourned the meeting at 3:37 p.m.

Senator Martin
Chair

Jeanne Jackson-Heim
Secretary