

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, February 24, 2021

TIME: 3:00 P.M.

PLACE: Room WW54

MEMBERS PRESENT: Chairman Martin, Vice Chairman Riggs, Senators Heider, Lee, Agenbroad, Zito, Stennett, and Wintrow

ABSENT/ EXCUSED: Senator Harris

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 3:03 p.m.

MINUTES APPROVAL: **Senator Lee** moved to approve the Minutes of February 10, 2021. **Vice Chairman Riggs** seconded the motion. The motion carried by **voice vote**.

H 115 **Relating to Hospitals. Representative Rod Furniss** introduced himself to the Committee. **Representative Furniss** advised he brought **H 115** at the request of several hospitals due to concerns about conflicts of interest with hospital district boards of trustees and difficulty in finding candidates to fill vacant trustee positions. He reviewed the proposed legislative changes addressing those issues, and he added the bill clarifies terminology for consistency with the Idaho Constitution and other provisions of Idaho Code.

DISCUSSION: **Senator Agenbroad** inquired whether the language on page 2, lines 6 through 7, would restrict a health district trustee from also serving on a facility's board of directors. He said he does not read that verbiage and asked if a board restriction was included elsewhere in the bill.

Josh Scholer, representing the Idaho Hospital Association (IHA), introduced himself to the Committee to respond to Senator Agenbroad's question. **Mr. Scholer** confirmed Senator Agenbroad's reading of the bill is correct, and he stated the bill does not restrict a trustee from serving on a competing facility's board of directors.

TESTIMONY: **Mr. Scholer** testified in support of **H 115** and said the IHA fully supports the legislation. He briefly restated the proposed changes to Idaho Code and thanked Representative Furniss for his presentation of the bill.

Daniel Rose, representing himself, testified in opposition to **H 115**. **Mr. Rose** opined that the bill would allow private hospitals to be unlawfully funded with tax dollars. He suggested adding a prohibition against corporate officers and directors serving on a hospital district board of trustees and explained his rationale for the suggested revision.

Mr. Scholer remarked that the bill does not address how tax dollars may be used, it merely prohibits competitors in the same service area from serving on a hospital district board of trustees.

MOTION: **Senator Lee** moved to send **H 115** to the floor with a **do pass** recommendation. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

S 1126

Relating to Virtual Care Access. **Rick Soderquist**, Senate intern for Chairman Martin, introduced himself to the Committee. **Mr. Soderquist** stated that the bill is the result of work done by the Idaho Department of Health and Welfare's Telehealth Task Force (TTF) to revise the Idaho Telehealth Access Act (Act). **Mr. Soderquist** explained the bill changes the term "telehealth" to "virtual care" throughout the Act to incorporate technological advances and create consistency among providers. He said the legislation establishes a virtual care advisory board (VCAB) to increase utilization of virtual care in Idaho.

Senator Agenbroad asked if the term "telehealth" exists elsewhere in Idaho Code, and if so, how the terminology change would affect other statutes. **Mr. Soderquist** responded that the definition of "telehealth" will not change and will be included under the definition of "virtual care."

Krista Stadler, Senior Director, Telehealth and Virtual Care Services, St. Luke's Health System, introduced herself to the Committee on behalf of the TTF. **Ms. Stadler** listed the entities and community members represented on the TTF who served as subject matter experts. The TTF created an action plan to improve adoption and utilization of telehealth in Idaho, she said. **Ms. Stadler** explained that, in addition to changing terminology to "virtual care" and creating the VCAB, the bill clarifies provider-patient relationships, requirements for virtual prescribing, and enforcement and discipline of licensees. **Ms. Stadler** related several stories of positive patient health outcomes resulting from virtual care and provided statistics demonstrating its benefits.

Chairman Martin asked about the increase in Idaho usage of virtual care in the last year. **Ms. Stadler** answered that the statistics show a 3,000 to 6,000 percent increase in virtual care. **Chairman Martin** thanked Ms. Stadler for her work on the TTF.

TESTIMONY: **Tammy Payne**, representing Right to Life of Idaho, testified in opposition to **S 1126**. **Ms. Payne** commented her husband benefited from telehealth services during the pandemic. She said her group opposes the bill because it would allow virtual prescribing of abortifacients due to their classification as contraceptives. **Ms. Payne** asked that the bill be revised to prohibit prescription of abortifacients.

DISCUSSION: **Senator Lee** asked if Right to Life Idaho opposes contraceptives. **Ms. Payne** responded that her group does not take a position on contraceptives, just abortifacients. **Senator Lee** inquired whether Right to Life of Idaho considers birth control pills to be abortifacients. **Ms. Payne** answered no.

Senator Stennett remarked that she appreciates hearing real-life stories of the benefits of telehealth. She asked if telehealth benefited Ms. Payne's family. **Ms. Payne** replied that it was helpful to her husband during the pandemic.

Senator Wintrow requested clarification that Right to Life of Idaho takes no position on contraception. **Ms. Payne** confirmed that is correct and added that her group did not oppose other contraception-related legislation.

TESTIMONY: **Susan Keller**, Chief Executive Officer, Idaho Medical Association, testified in support of **S 1126**. **Ms. Keller** commented she served on the TTF with other stakeholders to conduct a comprehensive review of Idaho telehealth policy. She mentioned her records reflect the pandemic resulted in a 17,000 percent increase in telehealth usage over one year. **Ms. Keller** said the bill will help maintain and expand use of virtual care and ensure patient safety.

Mike Reynoldson, representing Blue Cross of Idaho (BCI), testified in support of **S 1126** with the exception of the section related to the VCAB. **Mr. Reynoldson** expressed concern that insurers are not included in the list of required VCAB members. He provided statistics on the number of telehealth claims processed by BCI since March 2020. **Mr. Reynoldson** stated BCI presently facilitates coordination and outreach related to telehealth, and he opined a new government board is unnecessary. He suggested the bill be revised to delete the language specifying VCAB membership.

DISCUSSION: **Chairman Martin** asked for clarification on why BCI considers the VCAB unnecessary. **Mr. Reynoldson** answered that government sometimes gets in the way of advancing technology. He commented that the original statutory definition of "telehealth" delayed its adoption in Idaho. **Chairman Martin** inquired if it would be helpful to have insurance providers specified as members of the VCAB to allow for further improvements to the Act. **Mr. Reynoldson** replied that it would be helpful. **Chairman Martin** mentioned the members of the TTF were strictly prescribed, and the goal of **S 1126** was to broaden membership in the VCAB. He added the language might be too broad.

Senator Wintrow asked if the increase in virtual care impacted reimbursement rates. **Mr. Reynoldson** responded that, because of the pandemic, BCI does not presently require a copay for virtual care visits. He added that BCI pays providers at the same rate for a telehealth visit as an in-office visit. **Mr. Reynoldson** advised that BCI does not want to be mandated to pay providers the same rate for a telehealth visit as an in-person visit. He commented that use of technology could lower the cost of health care. **Senator Wintrow** asked how insurers will develop virtual care reimbursement rates for health care providers to compensate for their time and office overhead expenses. **Mr. Reynoldson** answered that is a big issue because emerging technologies are disrupting present practices, and the future is unknown.

Senator Zito inquired if a market-driven system could handle telehealth issues if there is no VCAB. **Mr. Reynoldson** replied that market forces would continue without the VCAB. **Senator Zito** asked whether safety regulations and precautions would ensure patient safety without a VCAB. She added she supports virtual care. **Mr. Reynoldson** answered that the medical industry is heavily regulated and the VCAB will not change that fact. He remarked the bill refers to the community standard of care, which is an important component. **Senator Zito** asked if there is any advantage to having the VCAB. **Mr. Reynoldson** replied that he believes any topics discussed by the VCAB would be adequately addressed in other venues.

Senator Agenbroad advised he supports telehealth, and he mentioned the bill repeals the definition of "telehealth." He asked whether Idaho Code should include that definition. **Mr. Reynoldson** responded that the change in terminology is not problematic, and he does not have a strong opinion about the need to define "telehealth" in Idaho Code.

TESTIMONY: **Dr. Brooke Fukuoka**, representing herself and the Idaho State Dental Association, testified in support of **S 1126**. **Dr. Fukuoka** said the bill sets forth clear guidelines and establishes jurisdiction over virtual care in Idaho. She opined the VCAB will be an excellent tool for collaboration with other practice areas. **Dr. Fukuoka** commented she provides asynchronous telehealth services but does not charge for them because they are presently not reimbursed. She approved of the revisions to the Act regarding the standard of care and stated that compensation for her services should be the same whether conducted in person or virtually.

Dr. Scott Dunn, representing the Idaho Academy of Family Physicians, testified in support of **S 1126**. **Dr. Dunn** commented his family practice telehealth usage expanded dramatically since the onset of the pandemic. He reported that technology is advancing quickly, and he stated the bill will allow for flexibility and an arena for practitioner collaboration free from antitrust issues. **Dr. Dunn** remarked he must provide the same level of care for in-person and telehealth services, and his medical records and office requirements are unchanged despite increased usage of virtual care.

Dr. Bessie Katsilometes, representing the American Association of Retired Persons-Idaho, testified in support of **S 1126**. **Dr. Katsilometes** highlighted the importance of telehealth to older Idahoans and their family caregivers during the pandemic. She added the bill will increase virtual care opportunities. **Dr. Katsilometes** expressed concern that a patient advocate is not identified in the list of required members of the VCAB.

Dr. Boyd Southwick, representing himself, testified in support of **S 1126**. **Dr. Southwick** explained the pandemic was the catalyst for him to begin providing health care through telemedicine. He remarked that telehealth is especially helpful for his elderly patients with mobility issues. **Dr. Southwick** advised that certain mental health conditions lend themselves to telehealth treatment. He stated his approval of the VCAB.

Dr. Chad Yates, representing the Idaho Counseling Association, testified in support of **S 1126**. **Dr. Yates** gave an overview of his professional background and experience providing telehealth services. He advised that telehealth counseling is equivalent to in-person office visits. **Dr. Yates** remarked that the VCAB is necessary to advocate for virtual care and advance best practices while ensuring patient safety.

Dr. Michelle Anderson, representing Nurse Practitioners of Idaho, testified in support of **S 1126**. **Dr. Anderson** stated the bill will provide adequate patient safeguards and improve access to health care, especially in rural areas. She commented the proposed legislation will allow nurse practitioners to practice to the full extent of their licensure. **Dr. Anderson** expressed support for the VCAB and requested nurse practitioner representation on the VCAB.

Mr. Soderquist concluded by stating the bill carries a fiscal impact of \$21,250 for personnel costs and \$4,000 for operating costs to administer the VCAB.

DISCUSSION: **Chairman Martin** commented that patient advocates, nurse practitioners, and insurers asked to participate on the VCAB. He expressed his hope that these stakeholders will be included as VCAB members.

Senator Lee agreed that these stakeholders should be part of the VCAB. She added the Committee can signal this expectation to the Idaho Department of Health and Welfare. **Senator Lee** remarked the issue could be addressed in future legislation if necessary.

MOTION: **Senator Lee** moved to send **S 1126** to the floor with a **do pass** recommendation. **Senator Agenbroad** seconded the motion. The motion carried by **voice vote**. **Senator Zito** requested that she be recorded as voting nay.

ADJOURNED: There being no further business at this time, **Chairman Martin** adjourned the meeting at 4:20 p.m.

Senator Martin
Chair

Jeanne Jackson-Heim
Secretary