LEGISLATURE OF THE STATE OF IDAHO

Sixty-eighth Legislature

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First Regular Session - 2025

IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 91

BY HEALTH AND WELFARE COMMITTEE

AN ACT

RELATING TO THE DEPARTMENT OF HEALTH AND WELFARE; REPEALING SECTION 16-1640, IDAHO CODE, RELATING TO THE ADMINISTRATIVE PROCEDURE ACT; REPEALING SECTION 37-120, IDAHO CODE, RELATING TO THE REPORTING OF MINOR VIOLA-TIONS; REPEALING SECTION 37-132, IDAHO CODE, RELATING TO REGULATIONS BY THE BOARD; REPEALING SECTION 37-134, IDAHO CODE, RELATING TO PUBLI-CATIONS OF REPORTS BY THE DIRECTOR; REPEALING SECTION 37-2510, IDAHO CODE, RELATING TO THE PUBLICITY PENALTY FOR VIOLATIONS OF OIL LAWS; REPEALING SECTION 37-2749, IDAHO CODE, RELATING TO THE CONTINUATION OF EXISTING UNIFORMED CONTROLLED SUBSTANCE RULES; REPEALING CHAPTER 31, TITLE 37, IDAHO CODE, RELATING TO THE TREATMENT OF NARCOTIC DRUG AD-DICTS; REPEALING SECTION 39-251, IDAHO CODE, RELATING TO COMPENSATION OF LOCAL REGISTRARS; REPEALING SECTION 39-254, IDAHO CODE, RELATING TO PAYMENT OF FEES TO LOCAL REGISTRATION OFFICERS; REPEALING SECTION 39-601A, IDAHO CODE, RELATING TO THE POLICY ON EXPENDITURES FOR THE TESTING AND TREATMENT OF CERTAIN DISEASES; REPEALING SECTION 39-603, IDAHO CODE, RELATING TO THE EXAMINATION, TREATMENT, AND QUARANTINE OF PERSONS WITH VENEREAL DISEASES; REPEALING SECTION 39-606, IDAHO CODE, RELATING TO REPORTS OF PERSONS WITH VENEREAL DISEASES; REPEAL-ING SECTION 39-609, IDAHO CODE, RELATING TO THE DECLARATION OF POLICY REGARDING HUMAN IMMUNODEFICIENCY VIRUS; REPEALING SECTION 31-873, IDAHO CODE, RELATING TO REIMBURSEMENT FOR CERTAIN MEDICAL ASSISTANCE PAYMENTS; REPEALING SECTION 39-907, IDAHO CODE, RELATING TO CERTAIN BIRTH REPORTS; REPEALING SECTION 39-1212, IDAHO CODE, RELATING TO THE APPLICATION OF THE ADMINISTRATIVE PROCEDURES ACT; REPEALING SECTION 39-1223, IDAHO CODE, RELATING TO THE CONSTRUCTION OF THE ACT; REPEAL-ING SECTION 39-1308, IDAHO CODE, RELATING TO THE EFFECTIVE DATE OF REGULATIONS FOR HOSPITAL LICENSES AND INSPECTION; REPEALING SECTION 39-1314, IDAHO CODE, RELATING TO SEPARABILITY; REPEALING SECTIONS 39-1401 THROUGH 39-1417, IDAHO CODE, RELATING TO THE HEALTH FACILITIES CONSTRUCTION ACT; REPEALING SECTION 39-1802, IDAHO CODE, RELATING TO THE POSTING OF INFORMATION IN HOTEL ROOMS; REPEALING CHAPTER 32, TITLE 39, IDAHO CODE, RELATING TO THE IDAHO COMMUNITY HEALTH CENTER GRANT PROGRAM; REPEALING SECTION 39-3306, IDAHO CODE, RELATING TO STATE LI-CENSING SUPERSEDING LOCAL REGULATION FOR THE IDAHO RESIDENTIAL CARE OR ASSISTED LIVING ACT; REPEALING SECTION 39-3354, IDAHO CODE, RELATING TO A WAIVER OR VARIANCE; REPEALING SECTION 39-3354A, IDAHO CODE, RELATING TO A SPECIAL WAIVER PERMITTED; REPEALING SECTION 39-3355, IDAHO CODE, RELATING TO INSPECTIONS OF RESIDENTIAL CARE OR ASSISTED LIVING FACILI-TIES; REPEALING SECTION 39-4607, IDAHO CODE, RELATING TO THE CONTINU-ATION OF EXISTING DEVELOPMENTAL DISABILITIES FACILITIES OR SERVICES; REPEALING SECTION 39-4805, IDAHO CODE, RELATING TO THE IDAHO CHILDHOOD IMMUNIZATION POLICY COMMISSION; REPEALING CHAPTER 49, TITLE 39, IDAHO CODE, RELATING TO THE IDAHO HEALTH PLANNING ACT; REPEALING CHAPTER 51, TITLE 39, IDAHO CODE, RELATING TO THE DEVELOPMENTAL DISABILITIES FAM-

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ILY SUPPORT AND IN-HOME ASSISTANCE ACT; REPEALING CHAPTER 56, TITLE 39, IDAHO CODE, RELATING TO MEDICAID AND PERSONAL ASSISTANCE SERVICES; REPEALING SECTION 39-8207, IDAHO CODE, RELATING TO A REPORT TO THE LEG-ISLATURE REGARDING THE IDAHO SAFE HAVEN ACT; REPEALING SECTION 56-104, IDAHO CODE, RELATING TO RECAPTURE OF DEPRECIATION; REPEALING SECTION 56-114, IDAHO CODE, RELATING TO FREESTANDING SPECIAL CARE FACILITIES; REPEALING SECTION 56-116, IDAHO CODE, RELATING TO NURSING FACILITY PAYMENT METHODOLOGY; REPEALING SECTION 56-118, IDAHO CODE, RELATING TO REIMBURSEMENT RATES FOR SKILLED AND INTERMEDIATE SERVICES; REPEALING SECTION 56-131, IDAHO CODE, RELATING TO MULTIPLE-USE PLANS FOR SKILLED AND INTERMEDIATE SERVICES; REPEALING SECTION 56-135, IDAHO CODE, RE-LATING TO THE ADOPTION OF RULES REGARDING SKILLED AND INTERMEDIATE SERVICES; REPEALING SECTION 56-206, IDAHO CODE, RELATING TO GENERAL PUBLIC ASSISTANCE; REPEALING SECTION 56-209, IDAHO CODE, RELATING TO ASSISTANCE TO FAMILIES WITH CHILDREN; REPEALING SECTION 56-209a, IDAHO CODE, RELATING TO AID TO THE DISABLED; REPEALING SECTION 56-209d, IDAHO CODE, RELATING TO THE MEDICAL ASSISTANCE PROGRAM; REPEALING SECTION 56-209e, IDAHO CODE, RELATING TO THE ELIGIBILITY OF MARRIED COUPLES FOR MEDICAL ASSISTANCE UNDER THE MEDICAID PROGRAM; REPEALING SECTION 56-209f, IDAHO CODE, RELATING TO THE STATE FINANCIAL ASSISTANCE PROGRAM FOR MEDICALLY INDIGENT RESIDENTS; REPEALING SECTION 56-214A, IDAHO CODE, RELATING TO AN AWARD OF PUBLIC ASSISTANCE RECIPIENT'S RIGHT OF FREE CHOICE; REPEALING SECTION 56-216, IDAHO CODE, RELATING TO AN AP-PEAL AND FAIR HEARING; REPEALING SECTION 56-217, IDAHO CODE, RELATING TO CERTAIN COOPERATIVE AGREEMENTS; REPEALING SECTION 56-220, IDAHO CODE, RELATING TO PAYMENT ON DEATH OF RECIPIENT AND APPOINTMENT OF THE ADMINISTRATOR OF PUBLIC ASSISTANCE; REPEALING SECTION 56-222, IDAHO CODE, RELATING TO THE MISUSE OF PUBLIC ASSISTANCE LISTS AND RECORDS; REPEALING SECTION 56-224, IDAHO CODE, RELATING TO RECOVERY OF CERTAIN PUBLIC ASSISTANCE FUNDS; REPEALING SECTION 56-225, IDAHO CODE, RELAT-ING TO A REQUEST FOR NOTICE OF TRANSFER OR ENCUMBRANCE OF REAL PROPERTY AND RULEMAKING; REPEALING SECTION 56-227D, IDAHO CODE, RELATING TO THE UNAUTHORIZED USE OF THE FEDERAL SUPPLEMENTAL NUTRITION ASSISTANCE PRO-GRAM; REPEALING SECTION 56-228, IDAHO CODE, RELATING TO THE LIMITATIONS OF THE ACT; REPEALING SECTION 56-229, IDAHO CODE, RELATING TO SEPARA-BILITY; REPEALING SECTION 56-233, IDAHO CODE, RELATING TO A PROCEDURE FOR DISBURSEMENT OF FUNDS TO RECIPIENTS; REPEALING SECTION 56-235E, IDAHO CODE, RELATING TO RULEMAKING AUTHORITY; REPEALING SECTION 56-252, IDAHO CODE, RELATING TO DEFINITIONS; REPEALING SECTION 56-262, IDAHO CODE, RELATING TO DEFINITIONS; REPEALING SECTION 56-264, IDAHO CODE, RELATING TO RULEMAKING AUTHORITY; REPEALING CHAPTER 3, TITLE 56, IDAHO CODE, RELATING TO COUNTY COUNCILS OF PUBLIC ASSISTANCE; REPEALING SECTION 56-1038, IDAHO CODE, RELATING TO COORDINATION WITH OTHER AGEN-CIES; REPEALING SECTION 56-1040, IDAHO CODE, RELATING TO RULEMAKING AUTHORITY; REPEALING SECTION 56-1054, IDAHO CODE, RELATING TO HEALTH QUALITY PLANNING; AMENDING SECTION 56-1403, IDAHO CODE, TO PROVIDE A CORRECT CODE REFERENCE AND TO REMOVE A CODE REFERENCE; AMENDING SEC-TION 56-1404, IDAHO CODE, TO REMOVE A CODE REFERENCE; REPEALING SECTION 56-1405, IDAHO CODE, RELATING TO REVIEW OF ANNUAL ASSESSMENT AMOUNT; REPEALING SECTION 56-1407, IDAHO CODE, RELATING TO TIMING OF PAYMENTS

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AND ASSESSMENTS; REPEALING SECTION 56-1410, IDAHO CODE, RELATING TO APPLICABILITY; REPEALING SECTION 56-1502, IDAHO CODE, RELATING TO LEG-ISLATIVE INTENT; AMENDING SECTION 56-1504, IDAHO CODE, TO REMOVE CODE REFERENCES; AMENDING SECTION 56-1505, IDAHO CODE, TO REMOVE OBSOLETE LANGUAGE; REPEALING SECTION 56-1506, IDAHO CODE, RELATING TO APPROVAL OF A STATE PLAN; REPEALING SECTION 56-1507, IDAHO CODE, RELATING TO MULTIFACILITY LOCATIONS; REPEALING SECTION 56-1508, IDAHO CODE, RE-LATING TO TERMINATION OF ASSESSMENT; REPEALING SECTION 56-1510, IDAHO CODE, RELATING TO RULEMAKING AUTHORITY; REPEALING SECTION 56-1511, IDAHO CODE, RELATING TO ANNUAL NURSING FACILITY ADJUSTMENT PAYMENTS; AMENDING SECTION 56-1603, IDAHO CODE, TO REMOVE A CODE REFERENCE; RE-PEALING SECTION 56-1605, IDAHO CODE, RELATING TO APPROVAL OF A STATE PLAN; REPEALING SECTION 56-1606, IDAHO CODE, RELATING TO MULTIFACILITY LOCATIONS; REPEALING SECTION 56-1607, IDAHO CODE, RELATING TO TERMI-NATION OF CERTAIN ASSESSMENTS; REPEALING SECTION 56-1609, IDAHO CODE, RELATING TO ANNUAL INTERMEDIATE CARE FACILITY ADJUSTMENT PAYMENTS; RE-PEALING SECTION 56-1610, IDAHO CODE, RELATING TO RULEMAKING AUTHORITY; REPEALING SECTION 66-409, IDAHO CODE, RELATING TO THE AUTHORITY TO AD-MIT DEVELOPMENTALLY DISABLED PERSONS; REPEALING SECTION 66-415, IDAHO CODE, RELATING TO THE RECEIPT AND ACCEPTANCE OF FOREIGN GUARDIANSHIP OR CONSERVATORSHIP; REPEALING SECTION 66-416, IDAHO CODE, RELATING TO THE TRANSFER OF GUARDIANSHIP OR CONSERVATORSHIP TO A FOREIGN JURISDIC-TION; REPEALING SECTION 66-417, IDAHO CODE, RELATING TO THE TEMPORARY RECOGNITION OF FOREIGN GUARDIANSHIP OR CONSERVATORSHIP OF A DEVELOP-MENTALLY DISABLED PERSON; REPEALING CHAPTER 14, TITLE 66, IDAHO CODE, RELATING TO THE SECURE TREATMENT FACILITY ACT; REPEALING CHAPTER 31, TITLE 67, IDAHO CODE, RELATING TO STATE GRANTS-IN-AID; REPEALING CHAP-TER 34, TITLE 67, IDAHO CODE, RELATING TO CHANGES IN STATE GOVERNMENT OFFICES; REPEALING SECTION 67-6905, IDAHO CODE, RELATING TO FOOD SER-VICE FACILITY CONTRACTS; AMENDING SECTION 18-217, IDAHO CODE, TO REMOVE CODE REFERENCES; AMENDING SECTION 31-874, IDAHO CODE, TO REMOVE A CODE REFERENCE; AMENDING SECTION 39-605, IDAHO CODE, TO REMOVE A CODE REFER-ENCE; AMENDING SECTION 39-610, IDAHO CODE, TO REMOVE CODE REFERENCES; AMENDING SECTION 39-1219, IDAHO CODE, TO PROVIDE A CORRECT CODE REFER-ENCE; AMENDING SECTION 39-1302, IDAHO CODE, TO PROVIDE A CORRECT CODE REFERENCE; AMENDING SECTION 39-1303, IDAHO CODE, TO PROVIDE A CORRECT CODE REFERENCE; AMENDING SECTION 39-1308, IDAHO CODE, TO PROVIDE A COR-RECT CODE REFERENCE; AMENDING SECTION 39-1312, IDAHO CODE, TO PROVIDE A CORRECT CODE REFERENCE; AMENDING SECTION 39-1313, IDAHO CODE, TO PRO-VIDE A CORRECT CODE REFERENCE; AMENDING SECTION 39-1392a, IDAHO CODE, TO PROVIDE A CORRECT CODE REFERENCE; AMENDING SECTION 39-2411, IDAHO CODE, TO REMOVE A CODE REFERENCE; AMENDING SECTION 39-3303, IDAHO CODE, TO REMOVE A CODE REFERENCE AND TO MAKE TECHNICAL CORRECTIONS; AMEND-ING SECTION 54-1704, IDAHO CODE, TO REMOVE A CODE REFERENCE; AMENDING SECTION 55-819, IDAHO CODE, TO REMOVE A CODE REFERENCE AND TO MAKE TECHNICAL CORRECTIONS; AMENDING SECTION 56-214, IDAHO CODE, TO REMOVE A CODE REFERENCE AND TO MAKE TECHNICAL CORRECTIONS; AMENDING SECTION 56-234A, IDAHO CODE, TO PROVIDE CORRECT CODE REFERENCES; AMENDING SEC-TION 56-1036, IDAHO CODE, TO PROVIDE A CORRECT CODE REFERENCE; AMENDING

- 1 SECTION 56-1037, IDAHO CODE, TO PROVIDE A CORRECT CODE REFERENCE; AND DECLARING AN EMERGENCY AND PROVIDING AN EFFECTIVE DATE.
- 3 Be It Enacted by the Legislature of the State of Idaho:
- SECTION 1. That Section $\underline{16-1640}$, Idaho Code, be, and the same is hereby repealed.
- SECTION 2. That Section 37-120, Idaho Code, be, and the same is hereby repealed.
- SECTION 3. That Section 37-132, Idaho Code, be, and the same is hereby repealed.
- SECTION 4. That Section 37-134, Idaho Code, be, and the same is hereby repealed.
- SECTION 5. That Section 37-2510, Idaho Code, be, and the same is hereby repealed.
- SECTION 6. That Section 37-2749, Idaho Code, be, and the same is hereby repealed.
- SECTION 7. That Chapter 31, Title 37, Idaho Code, be, and the same is hereby repealed.
- SECTION 8. That Section 39-251, Idaho Code, be, and the same is hereby repealed.
- SECTION 9. That Section 39-254, Idaho Code, be, and the same is hereby repealed.
- SECTION 10. That Section 39-601A, Idaho Code, be, and the same is hereby repealed.
- SECTION 11. That Section 39-603, Idaho Code, be, and the same is hereby repealed.
- SECTION 12. That Section 39-606, Idaho Code, be, and the same is hereby repealed.
- SECTION 13. That Section 39-609, Idaho Code, be, and the same is hereby repealed.
- SECTION 14. That Section 31-873, Idaho Code, be, and the same is hereby repealed.
- SECTION 15. That Section 39-907, Idaho Code, be, and the same is hereby repealed.
- SECTION 16. That Section 39-1212, Idaho Code, be, and the same is hereby repealed.

- SECTION 17. That Section 39-1223, Idaho Code, be, and the same is hereby repealed.
- 3 SECTION 18. That Section 39-1308, Idaho Code, be, and the same is hereby repealed.
- SECTION 19. That Section 39-1314, Idaho Code, be, and the same is hereby repealed.
- SECTION 20. That Sections 39-1401 through 39-1417, Idaho Code, be, and the same are hereby repealed.
- 9 SECTION 21. That Section 39-1802, Idaho Code, be, and the same is hereby 10 repealed.
- SECTION 22. That Chapter 32, Title 39, Idaho Code, be, and the same is hereby repealed.
- SECTION 23. That Section 39-3306, Idaho Code, be, and the same is hereby repealed.
- SECTION 24. That Section 39-3354, Idaho Code, be, and the same is hereby repealed.
- SECTION 25. That Section 39-3354A, Idaho Code, be, and the same is hereby repealed.
- SECTION 26. That Section 39-3355, Idaho Code, be, and the same is hereby repealed.
- SECTION 27. That Section 39-4607, Idaho Code, be, and the same is hereby repealed.
- SECTION 28. That Section 39-4805, Idaho Code, be, and the same is hereby repealed.
- SECTION 29. That Chapter 49, Title 39, Idaho Code, be, and the same is hereby repealed.
- SECTION 30. That Chapter 51, Title 39, Idaho Code, be, and the same is hereby repealed.
- SECTION 31. That Chapter 56, Title 39, Idaho Code, be, and the same is hereby repealed.
- SECTION 32. That Section 39-8207, Idaho Code, be, and the same is hereby repealed.
- 33 SECTION 33. That Section $\underline{56-104}$, Idaho Code, be, and the same is hereby 34 repealed.
- SECTION 34. That Section 56-114, Idaho Code, be, and the same is hereby repealed.

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SECTION 35. That Section 56-116, Idaho Code, be, and the same is hereby
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     repealed.
         SECTION 36. That Section 56-118, Idaho Code, be, and the same is hereby
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         SECTION 37. That Section 56-131, Idaho Code, be, and the same is hereby
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     repealed.
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         SECTION 38. That Section 56-135, Idaho Code, be, and the same is hereby
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     repealed.
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         SECTION 39. That Section 56-206, Idaho Code, be, and the same is hereby
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     repealed.
         SECTION 40. That Section 56-209, Idaho Code, be, and the same is hereby
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     repealed.
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         SECTION 41. That Section 56-209a, Idaho Code, be, and the same is hereby
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     repealed.
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         SECTION 42. That Section 56-209d, Idaho Code, be, and the same is hereby
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     repealed.
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         SECTION 43. That Section 56-209e, Idaho Code, be, and the same is hereby
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     repealed.
         SECTION 44. That Section 56-209f, Idaho Code, be, and the same is hereby
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     repealed.
         SECTION 45. That Section 56-214A, Idaho Code, be, and the same is hereby
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     repealed.
         SECTION 46. That Section 56-216, Idaho Code, be, and the same is hereby
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     repealed.
         SECTION 47. That Section 56-217, Idaho Code, be, and the same is hereby
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     repealed.
         SECTION 48. That Section 56-220, Idaho Code, be, and the same is hereby
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     repealed.
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         SECTION 49. That Section 56-222, Idaho Code, be, and the same is hereby
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         SECTION 50. That Section 56-224, Idaho Code, be, and the same is hereby
     repealed.
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         SECTION 51. That Section 56-225, Idaho Code, be, and the same is hereby
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     repealed.
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         SECTION 52. That Section 56-227D, Idaho Code, be, and the same is hereby
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repealed.

- SECTION 53. That Section $\underline{56-228}$, Idaho Code, be, and the same is hereby repealed.
- SECTION 54. That Section $\underline{56-229}$, Idaho Code, be, and the same is hereby repealed.
- SECTION 55. That Section $\underline{56-233}$, Idaho Code, be, and the same is hereby repealed.
- SECTION 56. That Section $\underline{56-235E}$, Idaho Code, be, and the same is hereby repealed.
- 9 SECTION 57. That Section $\underline{56-252}$, Idaho Code, be, and the same is hereby 10 repealed.
- SECTION 58. That Section $\underline{56-262}$, Idaho Code, be, and the same is hereby repealed.
- SECTION 59. That Section $\underline{56-264}$, Idaho Code, be, and the same is hereby repealed.
- SECTION 60. That Chapter 3, Title 56, Idaho Code, be, and the same is hereby repealed.
- SECTION 61. That Section 56-1038, Idaho Code, be, and the same is hereby repealed.
- SECTION 62. That Section 56-1040, Idaho Code, be, and the same is hereby repealed.
- SECTION 63. That Section 56-1054, Idaho Code, be, and the same is hereby repealed.
- SECTION 64. That Section 56-1403, Idaho Code, be, and the same is hereby amended to read as follows:
 - 56-1403. HOSPITAL ASSESSMENT FUND ESTABLISHED. (1) There is hereby created in the office of the state treasurer a dedicated fund to be known as the hospital assessment fund, hereinafter "fund," to be administered by the department of health and welfare, hereinafter "department." The state treasurer shall invest idle moneys in the fund and any interest received on those investments shall be returned to the fund.
 - (2) Moneys in the fund shall consist of:

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- (a) All moneys collected or received by the department from private hospital assessments required by this chapter;
- (b) All federal matching funds received by the department as a result of expenditures made by the department that are attributable to moneys deposited in the fund;
- (c) Any interest or penalties levied in conjunction with the administration of this chapter; and
- (d) Any appropriations, federal funds, donations, gifts or moneys from any other sources.

(3) The fund is created for the purpose of receiving moneys in accordance with this section and section 56-1404, Idaho Code. Moneys in the fund shall be distributed by the department subject to appropriation for the following purposes only:

- (a) Payments to private hospitals as required under Idaho's medical assistance program as set forth in sections 56-209b through 56-209d and 56-209c, Idaho Code;
- (b) Reimbursement of moneys collected by the department from private hospitals through error or mistake in performing the activities authorized under Idaho's medical assistance program;
- (c) Payments of administrative expenses incurred by the department or its agent in performing the activities authorized by this chapter;
- (d) Payments made to the federal government to repay excess payments made to private hospitals from the fund if the assessment plan is deemed out of compliance and after the state has appealed the findings. Hospitals shall refund the payments in question to the assessment fund. The state in turn shall return funds to both the federal government and hospital providers in the same proportion as the original financing. Individual hospitals shall be reimbursed based on the proportion of the individual hospital's assessment to the total assessment paid by all private hospitals. If a hospital is unable to refund payments, the state shall develop a payment plan and deduct moneys from future medicaid payments;
- (e) Transfers to any other fund in the state treasury, provided such transfers shall not exceed the amount transferred previously from that other fund into the hospital assessment fund; and
- (f) Making refunds to hospitals pursuant to section 56-1410, Idaho Code: and
- (g) (f) Offsetting general funding needed to support Idaho medicaid.

SECTION 65. That Section 56-1404, Idaho Code, be, and the same is hereby amended to read as follows:

- 56-1404. ASSESSMENTS. (1) All private hospitals, except those exempted under section 56-1408, Idaho Code, shall make payments to the fund in accordance with this chapter. Subject to section 56-1410, Idaho Code, an An annual assessment on both inpatient and outpatient services is determined for each qualifying hospital for each state fiscal year in an amount calculated by multiplying the rate, as set forth in subsections (2) (c) and (3) (b) of this section, by the assessment base, as set forth in subsection (5) of this section.
 - (2) (a) The department shall calculate the private hospital upper payment limit gap for both inpatient and outpatient services. The upper payment limit gap is the difference between the maximum allowable payments eligible for federal match, less medicaid payments not financed using hospital assessment funds. The upper payment limit gap shall be calculated separately for hospital inpatient and outpatient services. Medicaid disproportionate share payments shall be excluded from the calculation.
 - (b) Idaho medicaid will start work toward approval by the centers for medicare and medicaid services (CMS) of an updated upper payment limit

 calculation methodology no later than July 1, 2022. This change is needed due to the change reflected in section 56-265, Idaho Code, in reimbursement from retrospective cost settlements to prospective payment systems.

- (c) The department shall calculate the upper payment limit assessment rate for each state fiscal year to be the percentage that, when multiplied by the assessment base as defined in subsection (5) of this section, equals the upper payment limit payment.
- (d) Beginning July 1, 2022, or upon approval by CMS, whichever is later, the assessment rate referenced in paragraph (c) of this subsection will increase to the amount needed to attain an increased supplemental upper payment limit payment. This payment amount is subject to CMS approval of the updated upper payment limit methodology described in paragraph (a) of this subsection and legislative appropriation.
- (e) Beginning July 1, 2023, an additional amount will be assessed at thirty percent (30%) of the upper payment limit payment to be utilized for general fund medicaid needs.
- (f) If CMS does not approve the updated upper payment limit methodology described in paragraph (b) of this subsection, then the additional assessment described in paragraph (e) of this subsection shall not be implemented.
- (g) The assessment described in paragraph (e) of this subsection shall be assessed only if the upper payment limit payment is greater than the total assessment.
- (3) (a) The department shall calculate the disproportionate share allotment amount to be paid to private in-state hospitals.
- (b) The department shall calculate the disproportionate share assessment rate for private in-state hospitals to be the percentage that, when multiplied by the assessment base as defined in subsection (5) of this section, equals the amount of state funding necessary to pay the private in-state hospital disproportionate share allotment determined in paragraph (a) of this subsection.
- (4) For private in-state hospitals, the assessments calculated pursuant to subsections (2) and (3) of this section shall not be greater than the federal limit as referenced in 42 CFR 433.68 of the assessment base as defined in subsection (5) of this section.
- (5) The assessment base shall be the hospital's net patient revenue for the applicable period. Net patient revenue, beginning with state fiscal year 2023, shall be determined using each hospital's fiscal year 2021 medicare cost report on file with the department, without regard to any subsequent adjustments or changes to such data. If the 2021 cost report has not been filed, the prior year's cost report will be used. Net patient revenue for each state fiscal year thereafter shall be determined in the same manner using a rolling yearly schedule for each hospital's fiscal year medicare cost report.

SECTION 66. That Section $\underline{56-1405}$, Idaho Code, be, and the same is hereby repealed.

SECTION 67. That Section $\underline{56-1407}$, Idaho Code, be, and the same is hereby repealed.

SECTION 68. That Section $\underline{56-1410}$, Idaho Code, be, and the same is hereby repealed.

SECTION 69. That Section $\underline{56-1502}$, Idaho Code, be, and the same is hereby repealed.

SECTION 70. That Section 56-1504, Idaho Code, be, and the same is hereby amended to read as follows:

56-1504. NURSING FACILITY ASSESSMENT FUND. (1) There is hereby created in the office of the state treasurer a dedicated fund to be known as the nursing facility assessment fund, hereinafter the "fund," to be administered by the department. The state treasurer shall invest idle moneys in the fund and any interest received on those investments shall be returned to the fund.

(2) Moneys in the fund shall consist of:

- (a) All moneys collected or received by the department from nursing facility assessments required pursuant to this chapter;
- (b) All federal matching funds received by the department as a result of expenditures made by the department that are attributable to moneys deposited in the fund;
- (c) Any interest or penalties levied in conjunction with the administration of this chapter; and
- (d) Any appropriations, federal funds, donations, gifts or moneys from any other sources.
- (3) The fund is created for the purpose of receiving moneys in accordance with this section and section 56-1511, Idaho Code. Collected assessment funds shall be used to secure federal matching funds available through the state medicaid plan, which funds shall be used to make medicaid payments for nursing facility services that equal or exceed the amount of nursing facility medicaid rates, in the aggregate, as calculated in accordance with the approved state medicaid plan in effect on June 30, 2009. The fund shall be used exclusively for the following purposes:
 - (a) To pay administrative expenses incurred by the department or its agent in performing the activities authorized pursuant to this chapter, provided that such expenses shall not exceed a total of one percent (1%) of the aggregate assessment funds collected for the prior fiscal year.
 - (b) To reimburse the medicaid share of the assessment in accordance with IDAPA 16.03.10.264.
 - (c) To provide financial incentives for nursing facilities to improve quality to be implemented as value-based purchasing payments in state fiscal year 2021 based on performance data from the prior state fiscal year, in accordance with section 56-1511, Idaho Code.
 - (d) To increase nursing facility payments to fund covered services to medicaid beneficiaries within medicare upper payment limits, as negotiated with the department.
 - (e) To repay the federal government any excess payments made to nursing facilities if the state plan, once approved by CMS, is subsequently disapproved for any reason, and after the state has appealed the findings. Nursing facilities shall refund the excess payments in question to the assessment fund. The state, in turn, shall return funds to both the

 federal government and nursing facility providers in the same proportion as the original financing. Individual nursing facilities shall be reimbursed based on the proportion of the individual nursing facility's assessment to the total assessment paid by nursing facilities. If a nursing facility is unable to refund payments, the state shall develop a payment plan and deduct moneys from future medicaid payments. The state will refund the federal government for the federal share of these overpayments.

(f) To make refunds to nursing facilities pursuant to section 56-1507, Idaho Code.

SECTION 71. That Section 56-1505, Idaho Code, be, and the same is hereby amended to read as follows:

- 56-1505. NURSING FACILITY ASSESSMENTS. (1) Nursing facilities shall pay the nursing facility assessment to the fund in accordance with the provisions of this chapter, with the exception of state and county-owned facilities, which are not required to contribute.
- (2) The aggregated amount of assessments for all nursing facilities, during a fiscal year, shall be an amount not exceeding the maximum percentage allowed under federal law of the total aggregate net patient service revenue of assessed facilities from each provider's prior fiscal year. The department shall determine the assessment rate prospectively for the applicable fiscal year on a per-resident-day basis, exclusive of medicare part A resident days. The per-resident-day assessment rate shall be uniform. The department shall notify nursing facilities of the assessment rate applicable to the fiscal year by August 30 of that fiscal year.
- (3) The department shall collect, and each nursing facility shall pay, the nursing facility assessment on an annual basis subject to the terms of this subsection. The nursing facility assessment shall be due annually, with the initial payment due within sixty (60) days after the state plan has been approved by CMS. Subsequent annual payments are due no later than thirty (30) days after receipt of the department invoice.
- (4) Nursing facilities may increase their charges to other payers to incorporate the assessment but shall not create a separate line-item charge on the bill reflecting the assessment.
 - (5) (a) For state fiscal years 2020 and 2021, the department shall adjust assessments and payments for privately owned nursing facilities as follows. The department shall:
 - (i) Increase nursing facility assessments by an amount adequate to reduce state general fund needs by one million seven hundred eighty-six thousand dollars (\$1,786,000) in state fiscal year 2020 and five million dollars (\$5,000,000) in state fiscal year 2021; and
 - (ii) Support provider rate adjustments that will offset the medicaid share of the assessment increase.
 - (b) The department shall work with nursing facility providers to collect the increased assessments on a schedule to support state budget needs and provider rate adjustments.

1 (c) Provider rate adjustments for state fiscal years 2020 and 2021 2 shall not be considered or carried forward for payments established 3 under section 56-116, Idaho Code.

SECTION 72. That Section $\underline{56-1506}$, Idaho Code, be, and the same is hereby repealed.

SECTION 73. That Section $\underline{56-1507}$, Idaho Code, be, and the same is hereby repealed.

SECTION 74. That Section $\underline{56-1508}$, Idaho Code, be, and the same is hereby repealed.

SECTION 75. That Section $\underline{56-1510}$, Idaho Code, be, and the same is hereby repealed.

SECTION 76. That Section $\underline{56-1511}$, Idaho Code, be, and the same is hereby repealed.

SECTION 77. That Section 56-1603, Idaho Code, be, and the same is hereby amended to read as follows:

56-1603. INTERMEDIATE CARE FACILITY ASSESSMENT FUND. (1) There is hereby created in the office of the state treasurer a dedicated fund to be known as the ICF assessment fund to be administered by the department. The state treasurer shall invest idle moneys in the fund, and any interest received on those investments shall be returned to the fund.

(2) Moneys in the fund shall consist of:

- (a) All moneys collected or received by the department from ICF assessments required pursuant to this chapter;
- (b) All federal matching funds received by the department as a result of expenditures made by the department that are attributable to moneys deposited in the fund;
- (c) Any interest or penalties levied in conjunction with the administration of this chapter; and
- (d) Any appropriation or federal funds.
- (3) The fund is created for the purpose of receiving moneys in accordance with the provisions of this section and section 56-1604, Idaho Code. The fund shall not be used to replace any moneys appropriated to the Idaho medical assistance program by the legislature. Moneys in the fund, which are deemed to be perpetually appropriated, shall be used exclusively for the following purposes:
 - (a) To pay administrative expenses incurred by the department or its agent in performing the activities authorized pursuant to this chapter, provided that such expenses shall not exceed a total of one percent (1%) of the aggregate assessment funds collected for the prior fiscal year.
 - (b) To reimburse the medicaid share of the assessment as a pass-through.
 - (c) To secure federal matching funds available through the state medicaid plan, which funds shall be used to make medicaid payments for ICF services that equal or exceed the amount of ICF medicaid rates, in the

aggregate, as calculated in accordance with the approved state medicaid plan in effect on July 1, 2011.

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- (d) To increase ICF payments to fund covered services to medicaid beneficiaries within medicare upper payment limits.
 - (e) To make refunds to ICFs pursuant to section 56-1607, Idaho Code. If an ICF is unable to refund payments, the state shall develop a payment plan and deduct moneys from future medicaid payments. The state will refund the federal government for the federal share of these overpayments.
- (f) To make transfers to any other fund in the state treasury, provided such transfers shall not exceed the amount transferred previously from that other fund into the ICF assessment fund.
- SECTION 78. That Section $\underline{56-1605}$, Idaho Code, be, and the same is hereby repealed.
- SECTION 79. That Section $\underline{56-1606}$, Idaho Code, be, and the same is hereby repealed.
- SECTION 80. That Section $\underline{56-1607}$, Idaho Code, be, and the same is hereby repealed.
- SECTION 81. That Section 56-1609, Idaho Code, be, and the same is hereby repealed.
- SECTION 82. That Section 56-1610, Idaho Code, be, and the same is hereby repealed.
- SECTION 83. That Section 66-409, Idaho Code, be, and the same is hereby repealed.
- 25 SECTION 84. That Section $\underline{66-415}$, Idaho Code, be, and the same is hereby 26 repealed.
- SECTION 85. That Section $\underline{66-416}$, Idaho Code, be, and the same is hereby repealed.
- SECTION 86. That Section $\underline{66-417}$, Idaho Code, be, and the same is hereby repealed.
- SECTION 87. That Chapter 14, Title 66, Idaho Code, be, and the same is hereby repealed.
- 33 SECTION 88. That Chapter 31, Title 67, Idaho Code, be, and the same is 34 hereby repealed.
- 35 SECTION 89. That Chapter 34, Title 67, Idaho Code, be, and the same is hereby repealed.
- SECTION 90. That Section 67-6905, Idaho Code, be, and the same is hereby repealed.

SECTION 91. That Section 18-217, Idaho Code, be, and the same is hereby amended to read as follows:

- 18-217. MENTAL HEALTH RECORDS OF OFFENDERS. (1) For purposes of care, treatment or normal health care operations, records of mental health evaluation, care and treatment shall be provided upon request to and from the mental health professionals of a governmental entity and another entity providing care or treatment for any person who is:
 - (a) Under court commitment to a state agency pursuant to section 18-212(4), Idaho Code;
 - (b) A pretrial detainee;

- (c) Awaiting sentencing;
- (d) In the care, custody or supervision of any correctional facility as defined in section 18-101A, Idaho Code;
- (e) On probation or parole;
- (f) Being supervised as part of a drug court, mental health court, juvenile detention program, work release program, or similar court program; or
- (g) Applying for mental health services after release from a correctional facility.
- (2) No court order or authorization from the offender to transfer the records shall be required except for records of substance abuse treatment as provided by pursuant to 42 CFR part 2_{τ} and sections 37-3102 and 39-308, Idaho Code.
- SECTION 92. That Section 31-874, Idaho Code, be, and the same is hereby amended to read as follows:
- 31-874. PROCEEDINGS AND RECORDS OF MEDICAL INDIGENTS. All proceedings and records related to medical indigency pursuant to the provisions of section 31-873, Idaho Code, and chapters 34 and 35, title 31, Idaho Code, shall be subject to disclosure according to chapter 1, title 74, Idaho Code, and shall not be subject to the provisions of chapter 2, title 74, Idaho Code.
- SECTION 93. That Section 39-605, Idaho Code, be, and the same is hereby amended to read as follows:
- 39-605. RULES FOR CARRYING OUT LAW. The state board of health and welfare is hereby empowered and directed to make such rules as shall, in its judgment, be necessary for the carrying out of the provisions of this chapter, including rules providing for the control and treatment of persons isolated or quarantined under the provisions of section 39-603, Idaho Code, and such other rules, not in conflict with provisions of this chapter, concerning the control of venereal diseases, and concerning the care, treatment and quarantine of persons infected therewith, as it may from time to time deem advisable. All such rules so made shall be of force and binding upon all county and municipal health officers and other persons affected by this chapter, and shall have the force and effect of law. Such rules may be amended from time to time by the state board of health and welfare. All rules must be entered on the minutes of the state board of health and welfare and copies shall be furnished to all county and municipal health officers and to

anyone else who may apply for same. Such rules shall be adopted and become effective in accordance with the provisions of chapter 52, title 67, Idaho Code.

SECTION 94. That Section 39-610, Idaho Code, be, and the same is hereby amended to read as follows:

- 39-610. DISCLOSURE OF HIV AND HBV REPORTING INFORMATION. (1) Confidential public health record as described in section 39-606, Idaho Code, shall be subject to disclosure according to chapter 1, title 74, Idaho Code, shall not be discoverable, and shall not be compelled to be produced in any civil or administrative hearing.
- $\frac{(2)}{(1)}$ State or local health authorities may contact and advise those persons who, in the judgment of health authorities, have been exposed to the HIV (human immunodeficiency virus) or hepatitis B (HBV) infections.
- (3) (2) The department of health and welfare shall, in a manner established by rules and regulations, accept from persons involved in providing emergency or medical services reports of significant exposures to the blood or body fluids of a patient or deceased person. The department of health and welfare shall promulgate rules and regulations defining the term "significant exposure" as used in this section. Upon receipt of a report made pursuant to section 39-602, Idaho Code, confirming the presence of HIV or HBV virus in a patient or a deceased person, the director of the department of health and welfare, or his designee, shall immediately contact and advise any and all persons who, on the basis of information then or thereafter reported to the department, have had a significant exposure to the blood or body fluids of that infected patient or deceased person. The significantly exposed person shall be informed only that he may have been exposed to HIV or HBV, as the case may be, and thereafter advised of whatever prophylactic and testing procedures are appropriate. The significantly exposed person shall not be informed of the name of the infected patient or deceased person. Additionally, the department of health and welfare shall, to the greatest extent consistent with public health requirements, maintain the confidentiality of the identity of the significantly exposed person.
- (4) (3) Public health authorities may disclose personally identifying information in public health records, as described in section 39-606, Idaho Code, to other local or state public health agencies when the confidential information is necessary to carry out the duties of the agency in the investigation, control and surveillance of disease, as determined by the state board of health and welfare, or as otherwise authorized by law.
- $\frac{(5)}{(4)}$ Nothing in this chapter imposes liability or criminal sanction for disclosure or nondisclosure of the results of a blood test to detect HIV or HBV virus in accordance with any reporting requirements of the department of health and welfare.
- SECTION 95. That Section 39-1219, Idaho Code, be, and the same is hereby amended to read as follows:
- 39-1219. APPEAL FROM DECISION OF DIRECTOR. If an applicant or licensee feels aggrieved by a decision rendered as a result of a hearing, as provided in section 39-1218, Idaho Code, appeal may be taken to the district court of

the county in which the group or foster home, facility, program or agency is located, in the manner and form as provided in section 39-1212, chapter 52, title 67, Idaho Code, provided, however, the filing of notice of appeal shall not, unless otherwise ordered, stay the proceedings of the director.

 SECTION 96. That Section 39-1302, Idaho Code, be, and the same is hereby amended to read as follows:

39-1302. PURPOSE. The purpose of sections 39-1301—39-1314 through 39-1313, Idaho Code, is to provide for the development, establishment and enforcement of standards (1) for the care and treatment of individuals in facilities or by agencies as defined, and (2) for the construction, maintenance and operation of facilities or agencies as defined which, in the light of advancing knowledge, will promote safe and adequate treatment of such individuals in facilities or by agencies as defined.

SECTION 97. That Section 39-1303, Idaho Code, be, and the same is hereby amended to read as follows:

39-1303. LICENSURE. After January 1, 1948, no person or governmental unit, acting severally or jointly with any other person or governmental unit shall establish, conduct or maintain a facility or agency, as defined, in this state without a license under sections 39-1301—39-1314 through 39-1313, Idaho Code.

SECTION 98. That Section 39-1308, Idaho Code, be, and the same is hereby amended to read as follows:

39-1308. EFFECTIVE DATE OF REGULATIONS. Any facility or agency as defined, which is in operation at the time of promulgation of any applicable rules or regulations or minimum standards under sections $39-1301\frac{}{-39-1314}$ through 39-1313, Idaho Code, shall be given a reasonable time, not to exceed two (2) years from the date of such promulgation, within which to comply with such rules and regulations and minimum standards, except for those conditions which present an imminent hazard to the health and safety of patients housed therein.

SECTION 99. That Section 39-1312, Idaho Code, be, and the same is hereby amended to read as follows:

39-1312. PENALTY FOR OPERATING A FACILITY OR AGENCY WITHOUT LICENSE. (1) Any person establishing, conducting, managing, or operating any facility or agency as defined, without a license under sections 39-1301-39-1314 through 39-1313, Idaho Code, shall be guilty of a misdemeanor punishable by imprisonment in a county jail for a period of time not exceeding six (6) months, or by a fine not exceeding three hundred dollars (\$300), or by both, and each day of continuing violations shall constitute a separate offense.

(2) In the event that the county attorney in the county where the alleged violation occurred fails or refuses to act within sixty (60) days of

notification of the violation, the attorney general is authorized to prosecute violations under this act.

SECTION 100. That Section 39-1313, Idaho Code, be, and the same is hereby amended to read as follows:

- 39-1313. INJUNCTION TO PREVENT OPERATION WITHOUT LICENSE. (1) Notwithstanding the existence or pursuit of any other remedy, the licensing agency may in the manner provided by law maintain an action in the name of the state for injunction or other process against any person or governmental unit to restrain or prevent the establishment, conduct, management or operation of a facility or agency as defined, without a license under sections 39-1301—39-1314 through 39-1313, Idaho Code.
- $\underline{\text{(2)}}$ The licensing agency shall be represented by the county prosecutor of the county in which the violation occurs or by the office of the attorney general.
- SECTION 101. That Section 39-1392a, Idaho Code, be, and the same is hereby amended to read as follows:
- 39-1392a. DEFINITIONS. The following terms shall have the following meanings when used in this section:
- (1) "Emergency medical services personnel" means emergency medical services providers certified by the department of health and welfare pursuant to section 56-1011 et seq., Idaho Code, and ambulance-based clinicians as defined in the rules governing emergency medical services as promulgated by the department of health and welfare.
- (2) "Group medical practice" means a partnership, corporation, limited liability company, or other association formed for the purpose of offering health care services through physicians and other licensed or otherwise authorized health care providers who are partners, shareholders, members, employees, or contractors of such group medical practice.
- (3) "Health care organization" means a hospital, in-hospital medical staff committee, medical society, managed care organization, licensed emergency medical service, group medical practice, residential care facility or skilled nursing facility.
- (4) "Hospital" means a facility in Idaho licensed under sections 39-1301 through 39-1314 39-1313, Idaho Code, and defined in section 39-1301(a)(1), Idaho Code.
- (5) "In-hospital medical staff committees" means any individual doctor who is a hospital staff member, or any hospital employee, or any group of such doctors and/or hospital employees, who are duly designated a committee by hospital staff bylaws, by action of an organized hospital staff, or by action of the board of directors of a hospital, and which committee is authorized by said bylaws, staff or board of directors, to conduct research or study of hospital patient cases, or of medical questions or problems using data and information from hospital patient cases.
- (6) "Licensed emergency medical service" means an ambulance service or a nontransport service licensed by the department of health and welfare pursuant to section 56-1011 et seq., Idaho Code.

(7) "Managed care organization" means a public or private person or organization which offers a managed care plan.

- (8) "Managed care plan" means a contract of coverage given to an individual, family or group of covered individuals pursuant to which a member is entitled to receive a defined set of health care benefits through an organized system of health care providers in exchange for defined consideration and which requires the member to use, or creates financial incentives for the member to use, health care providers owned, managed, employed by or under contract with the managed care organization.
- (9) "Medical society" means any duly constituted, authorized and recognized professional society or entity made up of physicians licensed to practice medicine in Idaho, having as its purpose the maintenance of high quality in the standards of health care provided in Idaho or any region or segment of the state, operating with the approval of the Idaho state board of medicine, or any official committee appointed by the Idaho state board of medicine.
- (10) "Patient care records" means written or otherwise recorded, preserved and maintained records of the medical or surgical diagnostic, clinical, or therapeutic care of any patient treated by or under the direction of licensed professional personnel, including emergency medical services personnel, in every health care organization subject to this act, whether as an inpatient or outpatient of the health care organization.
- (11) "Peer review" means the collection, interpretation and analysis of data by a health care organization for the purpose of bettering the system of delivery of health care or to improve the provision of health care or to otherwise reduce patient morbidity and mortality and improve the quality of patient care. Peer review activities by a health care organization include, without limitation:
 - (a) Credentialing, privileging or affiliating of health care providers as members of, or providers for, a health care organization;
 - (b) Quality assurance and improvement, patient safety investigations and analysis, patient adverse outcome reviews, and root-cause analysis and investigation activities by a health care organization; and
 - (c) Professional review action, meaning an action or recommendation of a health care organization which is taken or made in the conduct of peer review, that is based on the competence or professional conduct of an individual physician or emergency medical services personnel where such conduct adversely affects or could adversely affect the health or welfare of a patient or the physician's privileges, employment or membership in the health care organization or in the case of emergency medical services personnel, the emergency medical services personnel's scope of practice, employment or membership in the health care organization.
- (12) "Peer review records" means all evidence of interviews, reports, statements, minutes, memoranda, notes, investigative graphs and compilations and the contents thereof, and all physical materials relating to peer review of any health care organization. "Peer review records" does not mean or include patient care records; provided however, that the records relating to the identification of which particular patient care records were selected for, or reviewed, examined or discussed in peer review by a health care or-

- ganization and the methodology used for selecting such records shall be considered peer review records.
 - (13) "Skilled nursing facility" means a facility licensed under chapter 13, title 39, Idaho Code, to provide skilled care to recipients.
 - SECTION 102. That Section 39-2411, Idaho Code, be, and the same is hereby amended to read as follows:
 - 39-2411. PERSONS, ACTIVITIES OR ENTITIES NOT SUBJECT TO REGULATION UNDER THIS CHAPTER. The following are not subject to regulation for the purposes of this chapter:
 - (1) A family member;

- (2) An organization that provides only meal service in a person's residence;
- (3) Entities furnishing durable medical equipment that does not involve the delivery of professional services beyond those necessary to set up and monitor the proper functioning of the equipment and educate the user on its proper use;
- (4) A professional licensed person who independently provides services in the home;
- (5) An employee or volunteer of an agency who provides nonprofessional services only as an employee or volunteer;
- (6) Facilities and institutions including, but not limited to, nursing homes, hospitals, boarding homes, developmental disability residential programs, or other facilities and institutions, only when providing services to persons residing within the facility or institution if the delivery of the services is regulated by the state;
- (7) Nursing homes, hospitals, or other institutions, agencies, organizations, or persons that contract with licensed home health, hospice, or home care agencies for the delivery of services;
- (8) In-home assessments by licensed professionals of an ill, disabled, or infirm person's ability to adapt to the home environment that does not result in regular ongoing care at home by that licensed professional;
- (9) Services conducted by and for the adherents of a church or religious denomination that rely upon spiritual means alone through prayer for healing in accordance with the tenets' beliefs genuinely held by such adherents;
- (10) A medicare approved dialysis center operating a medicare approved home dialysis program;
- (11) Case management services which do not include the direct delivery of home health, hospice, or home care services;
 - (12) A medicare certified hospice agency; and
- (13) A state authorized personal assistance agency or personal assistant as defined in chapter 56, title 39, Idaho Code.
- SECTION 103. That Section 39-3303, Idaho Code, be, and the same is hereby amended to read as follows:
 - 39-3303. PAYMENT LEVELS.
 - (1) (a) Clients of the department who are receiving financial aid as set out in sections $56-207_{\tau}$ and 56-208 and 56-209a, Idaho Code, seeking placement in a residential care or assisted living facility will be

assessed by the department regarding their need for specific types of services and supports. This assessment will determine the reimbursement rate to the service provider.

- (b) Eligible participants must be allowed to choose the facility or services that are appropriate to meet their medical needs and financial ability to pay. The department shall promulgate rules outlining the payment policy and calculations for clients of the department through negotiated rulemaking.
- (2) Residents who are not clients of the department shall:
- (a) Be assessed by the facility regarding their need for specific types of services and supports. This assessment, and the individual negotiated service agreement, shall determine the rate charged to the resident.
- (b) Receive a full description of services provided by the facility and associated costs upon admission, according to facility policies and procedures. A thirty (30) day notice must be provided prior to a change in facility billing practices or policies. Billing practices shall be transparent and understandable.
- (c) Be charged for the use of furnishings, equipment, supplies and basic services as agreed upon in the negotiated service agreement or as identified in the admission agreement.

SECTION 104. That Section 54-1704, Idaho Code, be, and the same is hereby amended to read as follows:

54-1704. DEFINITIONS. In this chapter:

- (1) "Accredited school or college of pharmacy" means a school or college that meets the minimum standards of the accreditation council for pharmacy education and appears on its list of accredited schools or colleges of pharmacy.
- (2) "Board of pharmacy" or "board" means the Idaho state board of pharmacy.
- (3) "Certificate" means a license or registration issued by the board unless specifically stated.
- (4) "Chain pharmacy warehouse" means a physical location for prescription drugs that acts as a central warehouse and performs intracompany sales or transfers of such drugs to a group of chain pharmacies that have the same common ownership and control.
- (5) "Colicensed partner or product" means an instance where two (2) or more parties have the right to engage in the manufacturing or marketing of a prescription drug, consistent with the federal food and drug administration's implementation of the prescription drug marketing act.
- (6) "Collaborative pharmacy practice" means a pharmacy practice where one (1) or more pharmacists or pharmacies jointly agree to work under a protocol authorized by one (1) or more prescribers to provide patient care and drug therapy management services not otherwise permitted to be performed by a pharmacist under specified conditions.
- (7) "Compounding" means the practice in which a pharmacist, a prescriber, or, in the case of an outsourcing facility, a person under the supervision of a pharmacist combines, mixes or alters ingredients of a drug to create a medication tailored to the needs of an individual patient.

- (8) "Counseling" or "counsel" means the effective communication by the pharmacist of information, as set out in this chapter, to the patient or caregiver in order to improve therapeutic outcomes by maximizing proper use of prescription drugs and devices.
- (9) "Deliver" or "delivery" means the actual, constructive or attempted transfer of a drug or device from one person to another, whether or not for a consideration.
- (10) "Device" means an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent or other similar related article, including any component part or accessory that is:
 - (a) Recognized in the official United States Pharmacopoeia or official National Formulary, other drug compendia or any supplement to them;
 - (b) Intended for use in the diagnosis of disease or other conditions or the cure, mitigation, treatment or prevention of disease in man or other animal;
 - (c) Intended to affect the structure or any function of the body of man or other animal, does not achieve any of its principal intended purposes through chemical action within or on the body of man or other animal, and is not dependent upon being metabolized for the achievement of any of its principal intended purposes.
- (11) "Dispense" or "dispensing" means the preparation and delivery of a drug pursuant to a lawful prescription drug order of a practitioner in a suitable container appropriately labeled for subsequent administration to or use by a patient or other individual entitled to receive the prescription.
- (12) "Distribute" means the delivery of a drug other than by administering or dispensing.
- (13) "Distributor" means a supplier of drugs manufactured, produced, or prepared by others to persons other than the ultimate consumer.
 - (14) "Donation repository" means:
 - (a) A community health center as defined in section 39-3203, Idaho Code;
 - (b) A free medical clinic as defined in section 39-7702, Idaho Code;
 - (c) A designated regional behavioral health center as described in chapter 31, title 39, Idaho Code;
 - (d) A state charitable institution as described in chapter 1, title 66, Idaho Code; or
 - (e) A drug outlet as defined in this section.
 - (15) "Drug" means:

- (a) Articles recognized as drugs in the official United States Pharmacopoeia, official National Formulary, official Homeopathic Pharmacopoeia, other drug compendia or any supplement to any of them;
- (b) Articles intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in man or other animal;
- (c) Articles, other than food, intended to affect the structure or any function of the body of man or other animal; and
- (d) Articles intended for use as a component of any articles specified in paragraph (a), (b) or (c) of this subsection.
- (16) "Drug outlet" means a resident or nonresident pharmacy, business entity or other facility subject to registration by the board, pursuant to section 54-1729, Idaho Code, where employees or personnel are engaged in the

practice of pharmacy, in the provision of pharmaceutical care, or in the dispensing, delivering, distributing or manufacturing of drugs or devices in or into Idaho.

- (17) "Drug therapy management" means selecting, initiating, or modifying drug treatment pursuant to a collaborative pharmacy practice agreement.
- (18) "Epinephrine auto-injector" means a single-use device for the automatic injection of a premeasured dose of epinephrine into the human body.
- (19) "Institutional drug order" means a prescription drug order issued in the unique form and manner permitted for a patient or resident of an institutional facility or as permitted for other purposes as defined in rule. Unless specifically differentiated, state law applicable to a prescription drug order is also applicable to an institutional drug order.
- (20) "Institutional facility" means a facility whose primary purpose is to provide a physical environment for patients to obtain health care services and in which patients spend a majority of their time, as may be further defined by board rule.
- (21) "Internship" means a practical experience program under the supervision of a preceptor.
- (22) "Investigational or new drug" means any drug limited by state or federal law to use under professional supervision of a practitioner authorized by law to prescribe or administer such drug.
- (23) "Labeling" means the process of preparing and affixing a label to any drug container, exclusive however of the labeling by a manufacturer, packer or distributor of a nonprescription drug or commercially packaged legend drug or device. Any such label shall include all information required by federal and state law.
- (24) "Manufacture" means the production, preparation, propagation, compounding, conversion or processing of a device or a drug, either directly or indirectly by extraction from substances of natural origin or independently by means of chemical synthesis or by a combination of extraction and chemical synthesis, and includes any packaging or repackaging of the substance or labeling or relabeling of its container, except that this term does not include the preparation or compounding of a drug by an individual for his own use or the preparation, compounding, packaging or labeling of a drug:
 - (a) By a pharmacist or practitioner as an incident to his administering, dispensing or, as authorized by board rule, distributing of a drug in the course of his professional practice; or
 - (b) By a practitioner or by his authorization under his supervision for the purpose of or as an incident to research, teaching, or chemical analysis and not for sale.
- (25) "Manufacturer" means a person who is licensed or approved by the federal food and drug administration to engage in the manufacture of drugs, including a colicensed partner or affiliate of that person, who compounds, cultivates, derives, harvests, mixes, or by other process produces or prepares legend drugs and includes persons who prepare such drugs in dosage forms by mixing, compounding, encapsulating, entableting, or other process, or who packages or repackages such drugs, but does not include pharmacists or practitioners in the practice of their profession.
 - (26) "Medically indigent patient" means a resident of Idaho who:
 - (a) Is not eligible for medicaid or medicare;

(b) Cannot afford private prescription drug insurance; or

- (c) Does not have income and other resources available sufficient to pay for a legend drug.
- (27) "Multistate license" means a license, registration, or other credential for the practice of pharmacy issued by the pharmacy licensing agency of a state.
- (28) "Multistate licensee" means a multistate pharmacist, multistate pharmacist intern, or multistate technician.
- (29) "Multistate pharmacist" means a nonresident pharmacist who is licensed by a party state and is not otherwise licensed by the board.
- (30) "Multistate pharmacist intern" means a nonresident pharmacist intern who is registered by a party state and is not otherwise licensed by the board.
- (31) "Multistate practice of pharmacy" means the practice of pharmacy in or into Idaho for a patient located in Idaho by a multistate licensee pursuant to the requirements of this section and the terms of a mutual recognition agreement.
- (32) "Multistate technician" means a nonresident technician who is licensed by a party state and is not otherwise registered by the board.
- (33) "Mutual recognition agreement" means a written agreement entered into between the board and a party state allowing for the multistate practice of pharmacy, subject to the requirements of this section and any other reasonable and supplemental contract terms negotiated by the board and the party state.
- (34) "Nonprescription drugs" means medicines or drugs that may be sold without a prescription drug order and that are prepackaged for use by the consumer and labeled in accordance with state and federal law.
- (35) "Nonresident" means a person or business entity located in the District of Columbia or a state or territory other than Idaho that practices pharmacy including, but not limited to, pharmaceutical care services into Idaho.
- (36) "Off-site pharmacy services" means services provided by a central drug outlet or an off-site pharmacist or technician. Services may include, but are not limited to: processing a request from another pharmacy to fill, refill or dispense a prescription drug order; performance of processing functions; or providing cognitive or pharmaceutical care services. Each function may be performed by the same or different persons and at the same or different locations.
- (37) "Opioid antagonist" means naloxone hydrochloride or any other similarly acting and equally safe drug approved by the federal food and drug administration for the treatment of drug overdose.
- (38) "Outsourcing facility" means a pharmacy or facility that is registered by the federal food and drug administration pursuant to 21 U.S.C. 353b and either registered or endorsed by the board.
- (39) "Party state" means any pharmacy licensing agency of a state that has entered into a mutual recognition agreement with the board.
- (40) "Person" means an individual, corporation, partnership, association or any other legal entity.
- (41) "Person in charge" or "PIC" means a person whose qualifications, responsibilities, and reporting requirements are defined in rule.

(42) "Pharmaceutical care" means drug therapy and other pharmaceutical patient care services intended to achieve outcomes related to the cure or prevention of a disease, elimination or reduction of a patient's symptoms, or arresting or slowing of a disease process as defined in the rules of the board.

- (43) "Pharmacist" means an individual licensed by this state to engage in the practice of pharmacy or a pharmacist registered by this state who is located in another state, territory or the District of Columbia and is engaged in the practice of pharmacy into Idaho, unless exempted.
- (44) "Pharmacist intern" means a person who is enrolled in or who has completed a course of study at an accredited school or college of pharmacy and is registered with the board as a pharmacist intern prior to commencement of an internship.
- (45) "Pharmacy" means any drug outlet, facility, department, or other place where prescription drug orders are filled or compounded and where prescriptions are sold, dispensed, offered, or displayed for sale and that has, as its principal purpose, the dispensing of drug and health supplies intended for the general health, welfare, and safety of the public.
- (46) "Practice of pharmacy" means the safe interpretation, evaluation, compounding, administration, and dispensing of prescription drug orders, patient counseling, collaborative pharmacy practice, provision of pharmaceutical care services, proper storage of drugs and devices, and prescribing of drugs and devices as may be further defined in this chapter.
- (47) "Practitioner" means a person licensed in this state and permitted by such license to dispense, conduct research with respect to or administer drugs in the course of professional practice or research in this state.
- (48) "Preceptor" means a pharmacist or other health professional licensed and in good standing who supervises the internship training of a registered pharmacist intern.
- (49) "Precursor" means a substance, other than a legend drug, that is an immediate chemical intermediate that can be processed or synthesized into a legend drug and is used or produced primarily for use in the manufacture of a legend drug.
- (50) "Prepackaging" means the act of transferring a drug, manually or using an automated system, from a manufacturer's original container to another container prior to receiving a prescription drug order.
- (51) "Prescriber" means an individual currently licensed, registered or otherwise authorized to prescribe and administer drugs in the course of professional practice.
- (52) "Prescriber drug outlet" means a drug outlet in which prescription drugs or devices are dispensed directly to patients under the supervision of a prescriber, except where delivery is accomplished only through on-site administration or the provision of drug samples, patient assistance program drugs, or investigational drugs as permitted in chapter 94, title 39, Idaho Code.
- (53) "Prescription drug or legend drug" means a drug that under federal law is required, prior to being dispensed or delivered, to be labeled with one (1) of the following statements:
 - (a) "Caution: Federal law prohibits dispensing without a prescription"; or

(b) "Rx Only"; or

(c) "Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian";

or a drug that is required by any applicable federal or state law or rule to be dispensed on prescription drug order only or is restricted to use by practitioners only.

- (54) "Prescription drug order" means a valid order of a prescriber for a drug or device for an ultimate user of the drug or device.
- (55) "Primary state of residence" means the multistate licensee's declared primary state of residence as evidenced by a valid state or federal identification card with a home address or another form of identification accepted by the board.
- (56) "Prospective drug review" includes, but is not limited to, the following activities:
 - (a) Evaluation of the prescription drug order for known allergies, rational therapy contraindications, reasonable dose and route of administration, and reasonable directions for use;
 - (b) Evaluation of the prescription drug order for duplication of therapy;
 - (c) Evaluation of the prescription drug order for drug, food, or disease interactions; and
 - (d) Evaluation of the prescription drug order for proper utilization.
 - (57) "Qualified donor" means:
 - (a) Any entity that meets the definition of "donation repository" as provided in this section; or
 - (b) Any member of the public in accordance with section 54-1762, Idaho Code.
- (58) "Record" means all papers, letters, memoranda, notes, prescriptions, drug orders, invoices, statements, patient medication charts or files, computerized records or other written indicia, documents or objects that are used in any way in connection with the purchase, sale or handling of any drug or device.
- (59) "Repackage" means repackaging or otherwise changing the container, wrapper, or labeling to further the distribution of a prescription drug, excluding such actions when completed by the pharmacist responsible for dispensing product to the patient.
- (60) "Reverse distributor" means a drug outlet that receives nonsalable prescription drugs from persons or their agents, who may lawfully possess prescription drugs without being issued a valid prescription drug order, and that processes for credit or disposes of such prescription drugs.
 - (61) "Sale" means every sale and includes:
 - (a) Manufacturing, processing, transporting, handling, packaging or any other production, preparation or repackaging;
 - (b) Exposure, offer, or any other proffer;
 - (c) Holding, storing or any other possession;
 - (d) Dispensing, giving, delivering or any other supplying; and
 - (e) Applying, administering or any other usage.
- (62) "Technician" means an individual authorized by registration with the board to perform pharmacy support services under the direction of a pharmacist.

- (63) "Ultimate user" means a person who lawfully possesses a drug for his own use or for the use of a member of his household or for administering to an animal owned by him or by a member of his household.
 - (64) "USP" means United States pharmacopoeia.

- (65) "Veterinary drug outlet" means a prescriber drug outlet that dispenses drugs or devices intended for animal patients.
- (66) "Wholesale distribution" means distribution of prescription drugs to persons other than a consumer or patient, but does not include:
 - (a) Drug returns, when conducted by a hospital, health care entity, or charitable institution in accordance with 21 CFR 203.23;
 - (b) The sale, purchase, or trade of a drug, an offer to sell, purchase, or trade a drug, or the dispensing of a drug pursuant to a prescription;
 - (c) The delivery of, or offer to deliver, a prescription drug by a common carrier solely in the common carrier's usual course of business of transporting prescription drugs when such common carrier does not store, warehouse, or take legal ownership of the prescription drug; or
 - (d) The sale or transfer from a community pharmacy or chain pharmacy warehouse of expired, damaged, mispicked, returned, or recalled prescription drugs to the original manufacturer, original wholesaler, or third-party returns processor, including a reverse distributor.
- (67) "Wholesaler" means a person who, in the usual course of business, lawfully distributes drugs or devices in or into Idaho to persons other than the ultimate user.

SECTION 105. That Section 55-819, Idaho Code, be, and the same is hereby amended to read as follows:

- 55-819. REQUIREMENTS REGARDING A REQUEST FOR NOTICE OF TRANSFER OR ENCUMBRANCE -- RULEMAKING. (1) If the department of health and welfare has recorded a request for notice of transfer or encumbrance pursuant to section 56-225, Idaho Code:
 - (a) When a title insurance company or agent discovers the presence of a request for notice of transfer or encumbrance recorded in the real property records in the county in which the property described in such notice is located while performing a title search on such property and any individual identified in such notice is the record owner of such property, the title insurance company or agent shall disclose the presence of the request for notice of transfer or encumbrance in any commitment to offer to issue a title insurance product to insure title to such real property; and
 - (b) If, after the date of the recording the request for notice of transfer or encumbrance described in subsection (1) paragraph (a) of this <u>sub</u>section, the individual identified in such request for notice transfers or encumbers real property described in such filling, such individual, his agent or family member shall provide the department of health and welfare with a notice of transfer or encumbrance within ten (10) days after the date of the transfer or encumbrance. For the purposes of this <u>subsection (1)(b) paragraph</u>, a title insurance company or agent shall not be deemed or appointed an agent of the individual identified in the request for notice of transfer or encumbrance. The department of health and welfare shall adopt by rule a model form for

 notice of transfer or encumbrance to be used by said individual when notifying the department.

- (2) If the department of health and welfare has caused to be recorded a termination of request for notice of transfer or encumbrance in the grants and conveyances records pursuant to section 56-225, Idaho Code, or if no individual identified in the request for notice of transfer or encumbrance is the record owner of the real property described therein, the title insurance company or agent is not required to disclose the notice of transfer or encumbrance as required by subsection (1)(a) of this section, and an individual transferring or encumbering the real property after the date of such recording is not required to provide the notice of transfer or encumbrance required by subsection (1)(b) of this section.
- (3) The notice of transfer or encumbrance described in subsection (1)(a) of this section is personal to the individual named therein and shall not constitute a lien or encumbrance on, or prevent the transfer or encumbrance of, the property described therein. A title insurance company or agent shall have no liability to the department of health and welfare or any person or entity for failing to discover, or for disclosing, the request for notice of transfer or encumbrance as required by subsection (1)(a) of this section.

SECTION 106. That Section 56-214, Idaho Code, be, and the same is hereby amended to read as follows:

- 56-214. AWARD OF PUBLIC ASSISTANCE -- INELIGIBILITY UPON TRANSFER OF PROPERTY. (1) Upon the completion of the investigation, the state department shall determine whether the applicant is eligible for public assistance under the provisions of this act, the type and amount of public assistance he shall receive, and the date upon which such public assistance shall begin. Public assistance shall be paid in the manner prescribed by the state department.
- (1) (2) Assistance to families with children shall not be granted under this act to any person who within six (6) months prior to applying for or at any time during which such assistance is received, has either made an assignment or transfer of property for the purpose of rendering himself eligible for assistance under this act, or who has divested himself of any interest in property without adequate consideration which interest or proceeds therefrom could reasonably be expected to contribute to the support and maintenance of such person and his family, except that any person who is ineligible for public assistance due solely to such assignment or transfer shall become eligible provided:
 - (a) There is a showing that such person has caused such property to be assigned or transferred back to him; or
 - (b) There is a showing that the person to whom such property is assigned or transferred has, subsequent to such assignment or transfer, met subsistence and medical care costs exclusive of any obligation for support, of such person or family, according to the department's assistance standard, equal to, or in excess of, the market value of the property so assigned or transferred; or
 - (c) There is a showing that the subsistence and medical care costs of such person, according to the department's assistance standard, subse-

quent to such assignment or transfer, equal or exceed the market value of the property so assigned or transferred.

 $\frac{(2)}{(3)}$ Eligibility for old age assistance under section 56-207, Idaho Code, or aid to the blind under section 56-208, Idaho Code, or aid to the disabled under section 56-209a, Idaho Code, shall be determined by continuing to consider as available any resource that was transferred prior to July 1, 1988, until such resource is fully accounted for under the provisions of section 1613(c) of the social security act as such section read on June 30, 1988.

- (3) (4) Eligibility for medical assistance under section 56-209b, Idaho Code, shall continue to apply the rules of the director of the department of health and welfare concerning transfer of property as such rules read on October 29, 1988, to transfers that occur prior to July 1, 1989, to persons other than to the spouse of the person receiving or applying for medical assistance, and to interspousal transfers that occur prior to October 1, 1989.
- 4) (5) The provisions of section 1917(c) of the social security act as amended by public law 100-360 and further amended by public law 100-485 and as hereafter amended shall apply as of July 1, 1989, to transfers of assets other than to the spouse, and as of October 1, 1989, to transfers between spouses, except that such provisions shall not apply either to transfers that occurred before July 1, 1988, or to transfers that have been fully accounted for under subsection (3) (4) of this section. Notwithstanding the foregoing, any transfer of assets not otherwise specifically permitted by federal law or rule of the department not for fair market value is presumed to be for the purpose of sheltering assets to qualify for medical assistance. Such assets transferred shall be counted as available in determining eligibility, and will subject the applicant to penalties prescribed by the director, unless the applicant for assistance can demonstrate by clear and convincing evidence that the transfer was intended for another purpose.
- (5) (6) Any funds, securities, accounts, contracts and all other property held in or transferred to a special needs trust as provided in chapter 14, title 68, Idaho Code, section 15-5-409, Idaho Code, and section 15-5-409a, Idaho Code, shall not be considered by the state department in determining whether the applicant is eligible for public assistance under the provisions of this act, so long as the action is permitted under the provisions of section 1917 (c) and (d) of the social security act, as amended.
- $\frac{(6)}{(7)}$ If any provision of this section or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect other provisions or applications of the section that can be given effect without the invalid provisions or applications, and to this end the provisions of this section are severable.
- SECTION 107. That Section 56-234A, Idaho Code, be, and the same is hereby amended to read as follows:
- 56-234A. DEFINITIONS. As used in sections 56-234 through $\frac{56-235E}{56-235D}$, Idaho Code:
- (1) "Admission-discharge committee" means an interdisciplinary team of at least three (3) individuals designated by the director to evaluate persons as required by the provisions of sections 56-234 through 66-235E 66-235D, Idaho Code. Each committee member must be specially qualified by

training and experience in the diagnosis and treatment of persons with a developmental disability.

- (2) "Certified family home" means a family home as defined in section 39-3502, Idaho Code.
- (3) "Community facility" means a privately owned or operated nursing facility, intermediate care facility for persons with intellectual disabilities, licensed residential or assisted living facility, other organization licensed, recognized, or certified by the department to provide care or treatment to persons with developmental disabilities, or a publicly owned or operated facility licensed for eight (8) beds or less as an intermediate care facility for persons with intellectual disabilities.
 - (4) "Department" means the Idaho department of health and welfare.
- (5) "Developmental disabilities" means a chronic disability of a person as defined in section 66-402, Idaho Code.
- (6) "Director" means the director of the Idaho department of health and welfare or his designee.
- (7) "Discharge" means an admission-discharge committee has determined that there is an available community facility or private residence that is least restrictive, appropriate and consistent with the needs of the individual.
- (8) "Medically fragile" means an individual with a developmental disability and a chronic medical condition that is characterized by periods of acute exacerbation or potentially life-threatening episodes and that may require frequent hospitalizations or prolonged recuperation periods and ongoing monitoring and assistance by a licensed registered nurse.
- (9) "Private residence" means a certified family home or a single family dwelling or apartment in a multiple dwelling or apartment complex that is used by an individual as a place of abode and that is not used for commercial purposes.
- (10) "Resident" means an individual who is admitted to or resides at the southwest Idaho treatment center.
- (11) "Transfer" means relocating and moving a person who is a resident of the southwest Idaho treatment center from that institution to a community facility or private residence or from one (1) community facility or private residence to another. Transfer does not include relocating or moving a resident of the southwest Idaho treatment center between rooms or beds within the southwest Idaho treatment center.
- SECTION 108. That Section 56-1036, Idaho Code, be, and the same is hereby amended to read as follows:
- 56-1036. LEGISLATIVE INTENT. (1) The legislature finds that accidental poisoning is a serious public health problem in the state of Idaho and is a problem that disproportionately affects Idaho's children. It further finds that a significant reduction in the morbidity and mortality resulting from such accidental poisonings has occurred as a result of the services provided by the poison control center.
- (2) The purpose of sections 56-1036 through 56-1040 $\underline{56-1039}$, Idaho Code, is to declare legislative support for the important work of the poison control center and to assure, by statute, the continued existence of the poison control center.

(3) The legislature finds that the poison control center has saved lives and reduced suffering associated with poisoning by providing emergency telephone assistance and treatment referral to victims of such incidents, by providing immediate treatment information to health care professionals, and by providing public education and prevention programs.

- (4) The legislature recognizes that enhanced cooperation between the emergency medical system and poison control centers will aid in responding to emergencies resulting from exposure to poisons and that, by providing telephone assistance to individuals with possible exposure to poisons, the need for emergency room and professional office visits will be reduced. As a result, the cost of health care to those who may have been poisoned will be avoided or reduced and appropriate treatment will be assured.
- SECTION 109. That Section 56-1037, Idaho Code, be, and the same is hereby amended to read as follows:
- 56-1037. POISON CONTROL CENTER ESTABLISHED -- SERVICES OFFERED. The director of the department of health and welfare (for purposes of sections 56-1036 through 56-1040 56-1039, Idaho Code, "director") shall establish, and provide support in a manner consistent with sections 56-1036 through 56-1039, Idaho Code, a statewide poison control center. The poison control center shall offer the following services:
- (1) Provide twenty-four (24) hour emergency telephone management and treatment referral of victims of poisoning to include determining whether treatment can be accomplished at the scene of the incident or transport to an emergency treatment or other facility is required, and carrying out telephone follow-up to families and other individuals to assure that adequate care is provided;
- (2) Provide information to health professionals involved in management of poisoning and overdose victims; and
- (3) Provide coordination and development of community education programs designed to inform the public and members of the health professions of poison prevention and treatment methods and to improve awareness of poisoning problems, occupational risks and environmental exposures.

SECTION 110. An emergency existing therefor, which emergency is hereby declared to exist, this act shall be in full force and effect on and after July 1, 2025.