**Idaho Academy of Family Physicians**

**2019 Legislative Report**

**Week 13, April 1—April 5**

**Legislature Passes Medicaid “sideboards” bill:**

A heavily amended Medicaid bill was agreed to by the Senate on Friday and now goes to Governor Little’s desk.

Senate bill 1204, originally authored by Senator Fred Martin, had been amended by the Senate to the point Senator Martin voted against the amended version.  The House then amended the bill again and ultimately the Senate passed the oft-amended version.  By our count, this was the seventh iteration of a Medicaid bill.

The bill that passed includes:

•Require the expansion population to work, volunteer, or prove work training of at least 20 hours a week.

•In the instance the work requirements are not met, the individual will lose Medicaid benefits, BUT can reapply almost immediately.

•Instructs a federal waiver application to allow those between 100% and 138% of Federal Poverty Level to seek insurance through the Health Exchange rather than Medicaid.

•Requires patients get a referral from Primary Care Physician for family planning services from another provider.

•Ends Idaho expansion if Affordable Care Act is declared unconstitutional.

•Requires legislative review and re-evaluation of expansion in 2023 to decide whether it should continue.

**New Legislation This Week:**

Two more bills related to Medicaid expansion were introduced this week.  These are born out of a legislative desire to have Idaho’s hospitals pay a portion of the cost of Medicaid Expansion.  Neither will proceed this year but will be a point of discussion in the interim and into next legislative session.

[**H298:  Medicaid Expansion Fund**](https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2019/legislation/H0298.pdf)– by Rep. DeMordaunt

*Status:  Introduced on April 4, not expected to proceed.*

Repeals the sales tax exemption of all non-exempt hospitals except critical access hospitals.  Money generated would be deposited into a newly created Medicaid Expansion Dedicated Fund.

[**H299:  Hospital Assessment, Medicaid**](https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2019/legislation/H0299.pdf)**–**by Rep. DeMordaunt

*Status:  Introduced on April 4, not expected to proceed.*

Changes the maximum hospital assessment rate.  A portion of money generated by the assessment rate will be deposited into the Medicaid Expansion Dedicated Fund.

**Status of previous legislation:**

[**S1204aa: Medicaid “sideboards” bill**](https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2019/legislation/S1204aa.pdf) – by Senator Martin

*Status:  To the Governor.  Amended in the Senate on April 1 and sent to the House.  The House amended the bill again on Thursday April 4, the Senate agreed to House amendments and passed the bill 19-16.*

[**SCR117: Medicaid Study Committee**](https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2019/legislation/SCR117.pdf)– by Sen Brent Hill

*Status:  Passed the House on 4/2/19. Passed Senate unanimously on 3/28/19.*

Creates a Medicaid expansion study committee, the purpose of which is to review various options for funding Medicaid into the future.  Conceptually, the counties **MAY** in fact save money from their indigent care funds with Medicaid expansion.  It is unclear, however, if this is accurate, or the degree to which they might save money (that could be directed into Medicaid costs).  This committee is formed to study and understand the impact to counties with Medicaid expansion and inform future decisions by the Legislature.

[**H290:  Medicaid Payments**](https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2019/legislation/H0290.pdf)– by Rep. Fred Wood

*Status: Not likely to advance.  Introduced in House Health and Welfare on 3/22/19.*Would redirect money used for county indigent medical care to a fund to pay for Medicaid expansion.  He announced he had no intentions of advancing this bill, but wants it printed to spur further discussion about the concept prior to next year’s legislative session.

[**S1171 – Medicaid Appropriation**](https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2019/legislation/S1171.pdf)– by Joint Finance Committee

*Status:  passed Senate on March 11, with a vote of 31-3.  To the full House for action. This bill will likely be held until a Medicaid expansion solution is reached.*

This is the Department of Health and Welfare’s Division of Medicaid budget bill that includes, among other things, funding for Medicaid expansion.

**Bills signed into law:**

[**SB1165 – Medical Programs Appropriation**](https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2019/legislation/S1165.pdf)– by Joint Finance Committee

*Status:  LAW.  Signed by Governor on March 21.  Passed House 36-28 on March 15.  Passed Senate unanimously on March 11.  Congratulations to Ted Epperly and his team for getting this ball rolling along!*

This bill includes the next year of funding for the 10 Year GME Plan which is a gradual expansion of numbers of residents for FMRI, Eastern Idaho, Bingham and Boise Internal Medicine residencies, as well as an increase in the salary for those residents.  This appropriation also includes veterinary, dental and WWAMI, and the University of Utah Medical education.  For a breakdown of the costs, please view the link to [S1165.](https://legislature.idaho.gov/sessioninfo/2019/legislation/S1165/)

[**HB109 – Maternal Mortality Review Commission**](https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2019/legislation/H0109.pdf) – by the Idaho Medical Association:

*Status:  LAW.  Signed by the Governor on March 18.  Passed Senate on March 12, 30-3 to Governor.  It had previously passed the House 34-33.  Congratulations to Susie and the Idaho Medical Association team for getting this done.*

The bill would create a Maternal Mortality Review Committee, which is a multi-disciplinary peer-review committee to collect information, determine whether a death was preventable and, if so, plot a strategy for educating health care workers to address the issue.  The United States has a higher maternal mortality rate than other countries such as the UK, Germany, France, and Canada.

[**HB244 – Naturopathic Medicine (formerly H152, formerly HB196)**](https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2019/legislation/H0244.pdf) – by Idaho Chapter of Association of Naturopathic Physicians

*Status:  LAW.  Signed by Governor on 3-25-19.  Passed Senate on March 13, 32-2.  Passed House on March 8, 64-3.*

This is the second version of a bill introduced earlier.  It has been changed slightly to address some concerns by dietitians, and other naturopathic groups.

Would add a Naturopathic Licensure Advisory Board to Idaho Board of Medicine, the powers and duties to include licensing naturopathic physicians in Idaho.

[**HB182 – Pharmacists, Prescriptions**](https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2019/legislation/H0182.pdf) – by Rep. Zollinger, Sen. Martin

*Status:  LAW.  Signed by Governor on 3/21/19. Passed the Senate unanimously on March 12. House passed unanimously on March 4.*

Bill removes the requirement of the Board of Pharmacy to authorize which drugs may be prescribed by a pharmacist under certain circumstances.

This legislation will allow pharmacists to prescribe any medications they choose to treat any conditions that, in the pharmacist’s judgment:

·        Do not require a new diagnosis;

·        Are minor and generally self-limiting;

·        Have a test that is used to guide diagnosis or clinical decision-making and are waived under the federal clinical laboratory improvement amendments of 1988; or

·        Threaten the health or safety of the patient should the prescription not be immediately dispensed.

The bill says pharmacists must prescribe in accordance with FDA product labeling and may not prescribe controlled, compounded or biological drugs or products. The Board of Pharmacy will no longer be required to develop administrative rules to authorize specific drugs or conditions allowed for use or treatment by pharmacists.

NOTE:  The IAFP sent a letter to the committee asking them to oppose this bill.

[**SB1049 –Partial-birth Abortion**](https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2019/legislation/S1049.pdf)– by Senator Den Hartog:

*Status:  LAW.  Signed by Governor on March 7. Passed House on March 1, 50-11.  Passed Senate Feb 22, 29-6.*

Amends Idaho’s partial-birth abortion law to align with federal law and in response to US Supreme Court decision on the issue.

[**HB64 (formerly HB29)– Abortion Complications Reporting**](https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2019/legislation/H0064.pdf) – by Rep. Chaney

*Status:  LAW.  Signed by Governor on March 7. Passed the Senate 26-8. Passed the House earlier 56-14.*

This bill makes some wording and technical changes to sections of this law passed last year.  It appears that the law is not substantially changed from current.

[**HB 9 – Medical Practice Act**](https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2019/legislation/H0009.pdf)– by State Board of Medicine:

*Status:**LAW.  Signed into law by the Governor.*

This is a 28-page bill being promoted as a housekeeping or cleanup bill by the Board of Medicine.  It updates and modernizes provisions of the Medical Practice Act.  Among other provisions, it also would add a Physician Assistant to the Board of Medicine and adds a physician assistant and a public member to the Physician Assistant Advisory Committee.  It also removes the requirement that medical students be registered with the Board.

[**HB 10 – Pharmacy Practice Act**](https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2019/legislation/H0010.pdf)– by State Board of Pharmacy

*Status: LAW. Signed into law by the Governor.*

This is an 18-page bill updating and modernizing the Pharmacy Practice Act.  It also establishes a multistate pharmacy license to increase portability and mobility of practice across state lines.

[**HB11 – Uniform Controlled Substances Act**](https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2019/legislation/H0011.pdf)– by Board of Pharmacy

*Status: LAW. Signed into law by the Governor.*

Aligns DEA scheduling decisions by including synthetic opioids in Schedule I.

**Bills Dead for the year or not likely to advance:**

[**HB277: Medicaid “sideboards” bill (revised version of HB249)**](https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2019/legislation/H0277.pdf) – by Rep. Vander Woude

*Status:  HELD in Senate Health and Welfare Committee on 3-27-19.  Passed the House on March 20 by vote of 45-25.*

Changes from H249:

•changes work requirement from 30 hours to 20 hours/week.  Part time volunteering is acceptable.  20hrs/week based on minimum wage and to be calculated on monthly basis.

•Expands exemptions to the work requirement to include those over 59 years, and under 19 years; those attending secondary education; caretaker of a disabled child; and those in substance abuse treatment.

•aks for federal waiver to allow those between 100% and 138% of federal poverty level o purchase insurance from state insurance exchange.

•Instructs Dept of Health and Welfare to track substance abuse treatment exemption.

The new fiscal note for this bill indicates a total cost of $32 million.

[**HB249: Medicaid “sideboards” Bill**](https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2019/legislation/H0249.pdf)– by Rep. Vander Woude

*Status:  Replaced by H 277.*

Directs Department of Health and Welfare to seek federal waivers from Center for Medicare and Medicaid Services to do a number of things.

• add a 30-hour-a-week work or job training requirement for expansion enrollees.

• give those making between 100 percent and 138 percent of poverty level the option of getting insurance through Idaho’s health insurance exchange instead of Medicaid.

• limit retroactive Medicaid eligibility from 90 days to 30 days.

• use Medicaid funds to cover some behavioral health services.

The bill would also end Medicaid expansion in Idaho if the share of the costs paid by the federal government dips below 90 percent, and require the Legislative Health and Welfare Committees to review the program in 2023 and make recommendation as to whether to continue the expansion.

[**HB133 – Immunization Exemption**](https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2019/legislation/H0133.pdf) – by Rep. Giddings

*Status: Not likely to advance.  Passed full House 52-17 on Feb 25.  Senate Health and Welfare Chairman Fred Martin has been reported as saying he will not give this bill a hearing in his committee.*

Would require daycares and schools, when informing parents about immunizations, to also provide information regarding the exemption provision allowed by Idaho law.

Here is an interesting report from this week noting a significant decrease in Idaho’s childhood immunization rates:  <https://www.idahoednews.org/news/immunization-rates-drop-as-opt-out-numbers-surge/>

[**S1100 – Medicaid Expansion “sideboards”**](https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2019/legislation/S1100.pdf)– by Sen. Souza

*Status:  Dead for the year.  Still awaiting Senate Health and Welfare committee hearing.  Introduced on Feb 11.*

Authorizes an optional workforce development training program for population covered by expansion; Allows state to apply for Federal waiver for those over 100% of Federal Poverty Level to seek subsidized insurance on the Health Insurance Exchange; allows application of a Federal waiver to provide mental health treatment; Requires a legislative review of Medicaid expansion in 2023; voids Medicaid expansion if federal funding ratios change.

[**S1098 – Bone Marrow Donation**](https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2019/legislation/S1098.pdf)– by Sen. Heider

*Status: Dead for the year.  Still awaiting hearing in House Health and Welfare.  Passed Senate unanimously on Feb 21.*

Allows Primary Care Providers and Urgent Care Physicians to inquire of patients age 18-45 whether they are a bone marrow donor and provide educational material to those patients on the subject.  Directs Idaho Department of Health and Welfare to develop materials and information regarding bone marrow registry.

[**S1095 – Employment Health Assistance**](https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2019/legislation/S1095.pdf) – by Sen. Thayn

*Status: Not likely to advance.  Introduced in Senate Health and Welfare on Feb 11, awaiting full hearing.*

To help those transitioning of SNAP and Medicaid by providing $500 for medical and/or job training costs to be used over a six-month period if participant coordinates with a qualifying non-profit organization and follows a plan to get out of poverty.

Thank you to Neva and the IAFP for allowing us to assist you this legislative session.

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