

Idaho Academy of Family Physicians 2017 Legislative Update - Week 7

The Week Ending February 24, 2017

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As the Legislative Session speeds along, the number of bills impacting family doctors grows. As you can see from the list, there are several bills that will impact your practice. Please take a few minutes to become familiar with these important issues.

Allied Health Scope of Practice Expansion

In a somewhat disturbing trend through the House Health and Welfare Committee this year, a couple of new bills are being introduced and supported expanding the scope of practice for Chiropractors and Pharmacists.

Chiropractic “clinical nutrition”

A bill sponsored by the Idaho Association of Chiropractic Physicians was introduced this week (**H 195**) that, if adopted, would establish a set of standards and educational requirements for a chiropractic certification in clinical nutrition for those who wish to utilize vitamins and minerals, **via intravenous or injectable routes of administration**, in the treatment of their patients.

Despite testimony by the Idaho Medical Association opposing this legislation stating that the methods practiced under this legislation are not tested, peer reviewed, or established, evidence-based treatments and they are out of line with traditional chiropractic practice, the bill received a unanimous do pass from the Health and Welfare Committee and will be moving to the House floor for consideration early next week. Representative Christy Perry of Nampa is the sponsor.

Pharmacist prescribing authority

Additionally, a new bill expanding the types of drugs /situations in which a Pharmacist may “prescribe” a drug has been introduced (**H 191**), has passed the House Health and Welfare Committee and awaits action by the full House of Representatives. This bill allows the Board of Pharmacy to promulgate rules under which a Pharmacist can prescribe “drugs, drug categories, or devices that a) do not require a diagnosis, b) are minor, and generally, self-limiting, c) have a test that is used to guide diagnosis or clinical decision-making..., or c) in the professional judgement of the pharmacist, threaten the health and safety of the patient should the prescription not be immediately dispensed.” Additionally, “the (Pharmacy) Board shall not adopt any rules authorizing a pharmacist to prescribe a controlled drug, compound drug, or biologic product.”

This bill is being sponsored by the Idaho State Pharmacy Association with support from the Idaho Board of Pharmacy. It follows on the heels of a bill allowing pharmacists to prescribe smoking cessation products (**H 004**) – which passed the legislature nearly unanimously and was signed into law by the Governor on February 16.

Telehealth Reimbursement Parity

S1058 A bill geared toward gaining parity on reimbursement rates for telehealth medical consultations was introduced and heard in the Senate Commerce and Human Resources Committee beginning on Thursday. This proposal is the brain child of Dr. Scott Dunn, IAFP Board member and physician in Sandpoint. The bill would allow costs for telehealth services to be covered in the same manner, and to same extent as if the same services were delivered in person.

The Committee was unable to complete all the testimony that day and the hearing will continue on Tuesday May 28. Senator Shawn Keough did a great job of introducing the proposal. The bill received support from the Idaho Hospital Association and the Idaho Primary Care Association, and Dr. Ted Epperly did a superb job of helping the committee understand the broader issues surrounding the delivery of telehealth services.

The health insurance companies are opposed to this bill and have been working the committee fairly hard. More insurance company representatives will testify on Tuesday and the Committee will take action. I expect the committee will kill the bill. But this bill has certainly opened up a broader conversation about telehealth services and will start a more serious dialog amongst the parties about the use and proper reimbursement of telehealth services.

Legislation of interest:

H004 to add the prescribing of tobacco cessation products to the practice of pharmacy has now unanimously passed both houses and **has been signed into law by the governor.**

H005 to enhance the use of the Prescription Monitoring Program for controlled substances and allow greater access to the database by pharmacists. This bill also passed both houses unanimously and **has been signed into law by the governor.**

H006 Controlled Substances -- This bill aligns Idaho law with recent DEA changes, to provide conformance DEA schedules. Two additional products have been added to the schedule: eluxadoline and brivaracetam. Was signed by the governor on February 13th.

H81 "Health Care J-1 Visa Waiver Program" This proposal amends the current Idaho Conrad J-1 Visa Waiver Program (J-1 Program) that allows qualifying Idaho healthcare organizations to apply for the placement of a foreign trained physician in federally-designated shortage areas as a recruitment option of last resort. The amendments maintain the rural, primary care, and option of last resort focus of the J-1 Program while allowing no more than 10 of the 30 total waiver slots to be used annually for recruiting specialist physicians to federally designated shortage areas. **Passed the House 59-8-3, Sent to Senate and referred to Senate Health and Welfare.**

H 82 Sales Tax Exemptions for Free Medical Clinics by Rep. Kauffman. This legislation would provide sales and use tax exemption for sales to or purchased by the ten designated free medical clinics in the state. This bill passed the House with only 3 NO votes and is awaiting action in the Senate Local Government and Taxation Committee.

H 91 Immunization Registry. This legislation introduced in House Health and Welfare Committee requires that all providers who immunize patients in Idaho shall enter all immunizations, with the exception of adult influenza vaccines, into the Idaho Immunization Reminder Information System (IRIS). This bill is from the Idaho Medical Association, and had its full hearing in House Health and Welfare on Thursday, February 16th. **The bill failed on the House floor 26-44-0.**

H 115 "Interstate Medical Licensure Compact" This legislation adds language authorizing the Board of Medicine to obtain criminal background check information when qualifying physicians for the Interstate Medical Licensure Compact. The compact provides expedited licensure for physicians. This is especially useful in rural areas, given that they need replacements quickly because of their low population. Background checks and fingerprinting is currently not in the statute. This bill received its full hearing in House Health and Welfare on Thursday, February 16th. **The bill passed the House floor 66-0-4, has been sent to the Senate and referred to Senate Health and Welfare.**

H128 "Medicaid, Agreements for Services" This bill is a revised version of the earlier H39 and was introduced and referred to House Health and Welfare on February 10th. This bill directs the Department of Health and Welfare to pursue value-based payment opportunities up to and including full-risk, provider-based managed care for the Medicaid program. The purpose is to improve health care for Medicaid participants at a reduced cost to Idaho taxpayers. **Has Passed the House 49-18-3 and been sent to the Senate. Referred to Senate Health and Welfare.**

H160 "Healthcare Assistance Program" Introduced on Monday, February 13th, this legislation would authorize primary care, limited prescriptions, and care coordination to Idaho's eligible population with income levels under 100% of the federal poverty guideline who are not eligible for Medicaid, the Advanced Payment of Tax Credit, and not currently eligible or enrolled in an employer sponsored or other government subsidized health care plan. This program will only cover a limited subgroup of adults and is not comprehensive care. It would be funded by \$10 million from the Idaho Millennium fund. It awaits its full hearing in House Health and Welfare.

H161 "Medical Lab Science Practitioners" Introduced on Monday, February 13th, the purpose of this bill is to provide licensure for the practice of Medical Laboratory Science. It ensures that those working in medical laboratories are qualified to perform laboratory testing and all activities related to the analysis of materials derived from the human body. It awaits its full hearing in House Health and Welfare.

S1058 "Telehealth access, cost coverage" This legislation will bolster the success of Idaho's Telehealth Access Act. It would allow for costs of telehealth services to be covered in the same manner and to the same extent as if the services were delivered in person. This bill is the idea of Dr. Scott Dunn of Sandpoint and Senator Shawn Keough is sponsoring it. **The bill's full Senate Health and Welfare hearing is expected to continue on Tuesday, February 24th.**

S1060 "Health care/cytomegalovirus" The purpose of the bill is to provide funding for the Department of Health and Welfare to develop and disseminate educational material ensure the women of Idaho and their doctors have access to the most accurate and up-to-date information available regarding cytomegalovirus (CMV) prevention, infection, and treatment. Introduced in Senate Health and Welfare Committee on February 9. **Received a do pass recommendation from Health and Welfare, and is now before the full House for consideration.**

S1081 "Immunization Assessment Board" This bill resets the Sunset date for the Immunization Assessment Board from 2017 to July 1, 2019. Passed the Senate 29-6-0. Has passed the Senate 29-6-0, sent to the House and referred to House Health and Welfare.

S1106 To revise the legal age for possession or use of tobacco. This bill would raise the legal age of use/possession/acquiring of tobacco to 21. Was introduced in Senate State Affairs on Friday, 2/17 unanimously and awaits committee action.

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I am sad to report that Dr. Kay Rusche from Lewiston passed away on Wednesday. Dr. Rusche was a former president of the IAFP (1997-1998) and was a dedicated advocate for Family Medicine. She will be missed.

If you have questions regarding a piece of legislation or you would like the IAFP to monitor specific legislation that is not currently being monitored, please contact Neva Santos, IAFP Executive Director at Idahoafp@aol.com or (208) 323-1156.