

## 2020 IDAHO LEGISLATURE

### UPDATE

February 3, 2020 through February 7, 2020

**Michael McGrane, RN**

The right to keep and bear arms protected by the Second Amendment to the United States Constitution is revered by Idahoans. Early this week, Representative Christy Zito of Hammett introduced H0394, the “Concealed Carry” bill that would allow non-Idaho residents to carry concealed weapons within city limits. Wednesday, hundreds of supporters showed up at the Capitol, some with guns, for an “emergency 2nd Amendment rally” even-though the bill has not been scheduled for a hearing. Representative Zito said, “They’re just here to show support for the 2nd Amendment and the right to bear arms, and the Constitution in all its glory.” While protecting the right to keep arms, the use of guns and gun safety present some challenging public health issues. Gun related suicides are at an all time high in Idaho, especially among young people who tend to act impulsively. Taking steps to keep guns from ready access or the use of gun locks can inhibit impulsive decisions and move one away from the act to seeking help. Idaho now has the 211 hotline and offers free gun locks along with other strategies to address the growing plague of suicide. According to Sharon Fritz, Program Manager for the Center for Drug Overdose and Suicide Prevention, Idaho had 418 suicide deaths in 2019.

On Tuesday and Wednesday in the Senate and House Health and Welfare Committees, Dr. Bonnie Halpern-Feisher, Professor of Pediatric and Adolescent Medicine at Stanford, addressed another public health issue, teen vaping. Her research found that 40% of Idaho teens have tried vaping, compared with 27% nationally. 20% of Idaho teens have used in the past 30 days.

### **Board of Nursing Position Statement - Certified Registered Nurse Anesthesiologist**

At their meeting on January 30<sup>th</sup>, the Board adopted the following position statement regarding the CRNA title:

*The Idaho Board of Nursing is committed to public protection through accurate and appropriate scope of practice for licensing titles. The Board is also mindful that as new roles emerge in the health care industry, it is important to minimize confusion in these roles for the sake of public safety and well-being.*

*The Board accepts that the root definition of the word “anesthesiologist” means one who has studied and is an expert in the field of anesthesia. In contrast, an “anesthetist” is a technician or one who administers anesthesia. Given the graduate level academic preparation, advanced practice skill set, and autonomous level of responsibility, Certified Registered Nurse Anesthetists are not merely technicians, and they often serve as the expert at their facilities regarding anesthesia.*

*Confusion has arisen regarding another group of anesthesia providers, known as Anesthesiologist Assistants (AAs), utilizing the term “anesthetist” for professional introductions and public marketing. AAs meet the technical definition of the term “anesthetist” or “technician”; however, AAs have vastly different foundational training, preparation, and experience when compared to nurses and physicians. Therefore, by educational*

*preparation and law, they cannot function as independent providers.*

*It is both confusing and inaccurate to use the term “anesthetist” to equally identify a licensed and often autonomous provider with a provider who has a restricted skillset and who can only practice under the direction and delegation of a physician anesthesiologist. When the descriptor “nurse anesthesiologist” is used, audiences know that it is a professional nurse who is an expert in anesthesia and distinguishes nurse anesthesiologists, physician anesthesiologists, dentist anesthesiologists, from anesthesiologist assistants (AAs). It is paramount that patients and the public know who is delivering their care and use of the nurse anesthesiologist descriptor does just that: it identifies the foundational education of the provider and further identifies them as an expert in anesthesiology.*

*The Board believes that the “nurse anesthesiologist” descriptor does not seek to expand CRNA practice, demean another profession’s practice, nor misrepresent the position and foundational education of CRNAs. Rather, it provides a transparent term to accurately describe the CRNAs’ advanced practice nursing role, as well as the expertise in the provision of full-range and often autonomous anesthesia service, while helping to diminish patient confusion.*

*The Idaho Board of Nursing recognizes “Nurse Anesthesiologist” and “Certified Registered Nurse Anesthesiologist” as accurate descriptors for CRNAs. It is not a title change and is not an attempt to create an expanded or misleading scope of practice. It is a transparent and lawful term of address, introduction, and is permitted for use on personal and professional communications without sanction.*

#### **S1240 – Global Signature Bill – Passed Senate 35-0, to House H&W**

In 2004, Idaho passed independent practice for APRNs. S1240, introduced by Senator Mary Souza, would extend signature authority to APRNs (Nurse Practitioners, Nurse Anesthetists, Nurse Midwives and Clinical Nurse Specialists) for items that currently require physician signatures such as disabled parking permits, athletic physicals and mental health declarations. Nurse Practitioners are the sole providers in 11 Idaho communities where patients currently must travel to other locations to seek physician’s authorization.

#### **H 0392 - Liability Protection for Healthcare Volunteers – Scheduled for House H&W Monday**

This bill, sponsored by the Idaho Medical Association, is scheduled for introduction next Monday. It expands the list of providers including nurses already protected from liability when volunteering services to add any licensed, certified or registered healthcare professional. This includes counselors, social workers, psychologists, physical therapists, hygienists, pharmacists, dietitians and others.

#### **S1252 – Idaho Injectable Cosmetics Safety Act – Introduced, Senate H&W**

The “Injectable Cosmetics Safety Act” would require head, facial and neck injections of Botox and soft tissue fillers, to be performed only by physicians, PAs, RNs, dentists and pharmacists, and prohibits the delegation to any others non-licensed person.

#### **H0385 – Certified Medication Assistants – Passed House H&W, to House Floor**

Certified Medication Assistants are already allowed under the Nurse Practice Act. This year the Board, while retaining authority, removed rules related to medication assistants as there had only been one person certified who is no longer practicing. This bill updates and clarifies the requirements for Certified Medication Assistants and provides an avenue for Certified Nurses Aides to become Certified

Medication Assistants. The bill is proposed by the Idaho Health Care Association that represents long-term care facilities.

### **H0387 – Surprise Medical Billing – House H&W**

H0387 was scheduled for a hearing on Wednesday, February 5<sup>th</sup>, then was rescheduled for this coming week. There has been increasing public outrage when a person seeks care at an in-network hospital, but unknowingly is treated by an out-of-network provider resulting in charges that are not covered by their insurance. H0387, if passed, would make surprise medical bills void but allow out-of-network providers to be reimbursed at the same rate negotiated for the facilities' contracted providers. The bill is being revised to honor private agreements between providers and insurance companies that are separate from in-network facilities.

### **H0425 - Melaleuca Bill – Medical Debt Collection – Introduced, House Business Committee**

This bill targets medical bill collectors and attorney fees. It would set time to allow a patient to pay their bill or to dispute the charges before any collection activity. It also requires notices to be filed, and limits the collection, attorney fees and interest charges that can accumulate exponentially. Frank VanderSloot, CEO and founder of Melaleuca in Idaho Falls is pushing this bill to counter medical bill collectors. It follows a case where one of Melaleuca's employees had a \$294 debt that escalated to over \$5,000 after interest, collection and attorney fees were added. Last year VanderSloot created a \$1M legal defense fund to represent people in medical debt cases.

### **H0317 – Optometrist Licensing Act – Passes House 58-11, to Senate**

In addition to updating the Optometrist Licensing Act to address current practice and technology, this bill introduced by the Bureau of Occupational Licenses that licenses optometrists and the Board of Optometry would allow optometrists to perform limited laser eye surgery.

### **H0342 – Telehealth – Passed House 68-0, to Senate H&W**

Teledoc Health is a national telemedicine company offering virtual care through a variety of telecommunication technologies. This bill broadens the ways patients, especially those in rural communities without broadband and the ability for face-to-face, two-way audio and visual communication to receive medical care. The bill, if passed, would allow patients to connect with a physician via telephone, e-mail and other technologies to establish a provider/patient relationship without face-to-face audio and visual connection to receive a medical evaluation, diagnosis and prescriptions.

### **S1295 – Teledentistry – Introduced**

S1295 tightens requirements for teledentistry in the Dental Practice Act to establish a referral relationship with a dentist accessible to the patient's location in Idaho prior to providing any teledentistry services, provide advanced notification to the patient that in-person treatment may be required at an additional cost, require the review of patient records and x-rays from an in-patient exam

conducted within the prior six months, and ensure the patient retains the ability to file a complaint with the Board of Dentistry.

### **H0351 – Medicaid Reimbursements to Hospitals and Nursing Facilities**

As a result of the Governor's directive to cut state agencies budgets 1% this year and another 2% next year, the Medicaid Division in the Department of Health and Welfare has been working with hospitals and nursing facilities to realign Medicaid payments to move from cost-based to value-based reimbursement that incentivizes quality and improved health outcomes. This would reduce state Medicaid costs by \$4.9M in FY2020 and \$13.7M in FY2021. The bill is supported by the Idaho Hospital Association and the Idaho Health Care Association.

### **H0318 – Division of Occupational and Professional Licenses – Passed House 43-24, to Senate Commerce & HR**

This bill renames the Bureau of Occupational Licenses to the Division of Occupational and Professional Licenses and adds full authority for the Governor to reorganize the many commissions, trade councils, and professional boards, including the Boards of Nursing, Medicine, Dentistry and Pharmacy. The objective is to streamline operations; however, the concern is that it could place too much authority under the Division of Occupational and Professional Licenses and the professional boards could eventually lose their independence and identity. This follows a trend in other states to consolidate boards and create umbrella oversight.

### **H0340 – Residential Substance Abuse Treatment for Teens – House H&W, Sent to General Orders for revision**

In her presentation of the bill, Senator Souza used the example of the Good Samaritan Rehabilitation in Coeur d'Alene, a faith based adult treatment center operated by Pastor Tim Remington, as an alternative treatment program for adolescents. She noted Pastor Remington's success in treating over 3,000 adults in his faith-based program. She also highlighted the state's failure to do anything to help adolescents who are barred from crisis centers and adult treatment centers for drug and alcohol treatment. In opposition was an outpouring of concerned counselors, social workers, disability rights advocates and others who question the faith only approach to drug and alcohol treatment and the safety of youth in unlicensed residential facilities. Tim Remington was recently appointed to fill the open seat of former Representative John Green who was expelled from the House. Representative Remington will take a seat on the House Health and Welfare Committee.

Teens requiring inpatient substance abuse treatment are often sent out-of-state, at great cost as well as separation from families. This bill would allow residential substance abuse treatment for teens by providing an exemption from licensing for programs that provide temporary drug and alcohol treatment for those ages 13-17. Out of concern that this bill would open the door to unlicensed private treatment centers anywhere in the state, the bill was sent to General Orders for revision.

### **Gender Identity – Vital Statistics Rules – Hearings to be Scheduled**

All Department of Health and Welfare rules have been passed with the exception of the gender identity rule. This rule will address gender reassignment and gender identity on birth certificates. Because it is controversial, it was withheld from the initial Committee consideration. The decision by the Committee Chairman, Representative Fred Wood, was to hold consideration of the Vital Statistics gender identity rules to allow two pending bills, one in the House and one in the Senate to move forward before the rules review.

### **Religious Exemption to the Child Protection Act – To be Introduced**

A bill to narrow the religious exemption to the Child Protection Act is being introduced by Representative John Gannon of Boise. For several years, attempts to eliminate the exemption have failed. Idaho law requires parents to “*furnish necessary food, clothing, shelter, and medical attendance for his or her child or children*” except for allowing parents to refuse medical care based upon religion. The law was enacted in 1972 under pressure from the federal government to support religious rights. Religious exemptions survive in only a handful of states. Since the law was enacted, nearly 200 Idaho children have died from treatable illnesses where parents have chosen prayer over treatment. The bill introduced this year would require parents to seek medical attention for their child specific to serious illnesses that could cause disability or death. The bill faces a difficult hurdle in the Senate. Monday is the last day for bill introduction.

## **CALL TO ACTION**

### **2020 Nurses Day at the Capitol**

**Thursday, February 20<sup>th</sup> 8:00 AM – Noon**  
**First Floor Rotunda, Idaho State Capitol, Boise**

**Familiarize yourself with the Idaho Legislature website:** [www.legislature.idaho.gov](http://www.legislature.idaho.gov)

The site includes information on who your legislators are (you can search by your address), and how to contact them. In addition is information on House and Senate Standing Committees, with photos and background information on each legislator. The site also has links to Committee agendas and meeting minutes.