**Idaho Academy of Family Physicians**

**2020 Legislative Report**

**Week 4, January 27 – 31**

**Legislative committee approves Telehealth Services changes and Optometrists scope of practice expansion**

The notable health-related activity this week included overwhelming approval by the House Health and Welfare committee of two bills of concern to physicians. The telehealth services bill (H342) amends the telehealth services act to clarify some definitions and importantly, remove the requirement that the first establishment of patient-provider relationship must be “two-way audio and visual interaction.” The bill now goes to the full House for debate and vote and would still need to pass the Senate to become law.

<https://www.idahopress.com/eyeonboise/bill-to-ease-telehealth-services-to-idahoans-clears-house-panel/article_414a8bcd-c32c-5daf-9f4a-4703abf6cd83.html>

The committee also approved the bill (H317) allowing expansion of scope of practice for optometrists to allow them to conduct certain laser procedures. The debate in this committee was rather prolonged as proponents and opponents of the bill argued passionately on each side. his bill now goes to the full House for debate and vote.

<https://www.idahopress.com/eyeonboise/house-h-w-backs-letting-optometrists-do-some-laser-eye/article_461806f2-d4fc-5cb5-9bb4-a85323693eaf.html>

**New Legislation Introduced this week:**

[**H387**](https://legislature.idaho.gov/sessioninfo/2020/legislation/H0387/)**(formerly H341): Medical Billing Prohibition, by Rep. Blanksma**

This is a new bill with some minor tweaks to replace H341 that had been introduced last week. This bill prohibits “surprise” medical billing when a patient receives care from an in-network hospital facility and is unknowingly charged. This bill also allows out-of-network providers to be reimbursed at the same rate by contracted providers.

According to the sponsor, this legislation requires insurance companies to treat providers who are not contracted as if they were contracted by paying them at the higher contracted rates and providing the member in-network benefits. The provider, in turn, must accept these payments as their total payment, and not bill the patient for any balances.

*Status:  introduced in House Health and Welfare on Monday Jan. 20, awaiting committee hearing.*

[**H386**](https://legislature.idaho.gov/sessioninfo/2020/legislation/H0386/)**: Pharmacy Benefit Managers, by Rep. Vander Woude**

This bill creates and places parameters and requirements for creation of third-party pharmacy benefit managers, including registering with Dept of Insurance, prohibiting gag clauses for pharmacists regarding info to patients that could save costs, and requiring information on how maximum allowable costs are determined.

*Status: introduced in House Health and Welfare committee on Jan 30, awaiting full committee hearing.*

[**H385**](https://legislature.idaho.gov/sessioninfo/2020/legislation/H0385/)**: Certified Medication Assistants by Idaho Health Care Association**

Updates and clarifies requirements, provide an avenue for CNAs to get additional training/certification to administer medications (esp. in long term care facilities). Sponsors claim this is not new, but a revamp of existing statute and elimination confusing rules.

*Status: introduced in House Health and Welfare on Jan 30, awaiting full committee hearing*

[**S1252**](https://legislature.idaho.gov/sessioninfo/2020/legislation/S1252/)**:  Injectable Cosmetics by ID Cosmetic Safety Association**

Clarifies that only physicians, PAs, RNs, dentists, or pharmacists may inject substances into a patient’s head or neck.  Specific to include Botox, Dermal/soft tissue fillers.

*Status:  Introduced in Senate Health and Welfare committee on Jan 24.*

**Status of Previous Legislation**

[**H342**](https://legislature.idaho.gov/sessioninfo/2020/legislation/H0342/)**:  Telehealth Services, by Rep. Blanksma**

This bill amends the current Telehealth Act to add to the definition of "Telehealth services" to include services such as consultations, assessments, remote monitoring, and transferring of medical data. This bill also adds a definition for "telehealth technologies" and removes the requirements for "two-way audio and visual" used for the first telehealth encounter in order to establish patient/provider relationship.

*Status:  Passed House Health and Welfare committee easily on Jan 30.  Next up for debate and vote before the full House.*

[**H317**](https://legislature.idaho.gov/sessioninfo/2020/legislation/H0317/)**:  Optometric physician licensing act, by Bureau of Occupational Licensing**

Cleans up and modernizes the optometric licensing act.  Among other things, includes expanded scope of practice to allow optometrists to perform certain laser surgical procedures once they’ve met certain examination and experience requirements.

*Status:  Passed House Health and Welfare committee easily on Jan 30.  Next up for debate and vote before the whole House.*

**S1240:  Advanced Practice Registered Nurse, by Sen. Souza**

To provide signature authority to Advanced Practice Registered Nurses for such documents as signing disabled parking permits, jury exemptions, disabled hunter permits, athletic physicals, or mental health declarations (all of which by statute currently require a physician signature).

*Status:  passed Senate Health and Welfare Jan 28, awaiting full Senate hearing.*

[**H315**](https://legislature.idaho.gov/sessioninfo/2020/legislation/H0315/)**:  Controlled substances, Schedule I, by Board of Pharmacy**

This bill aligns Idaho Controlled Substances Act with decisions made in 2019 by the Federal DEA.  It places synthetic cannabinoids, synthetic cathinones, and synthetic fentanyls in Schedule I.

*Status:**Passed full House 62-5 on Jan 27, to Senate Health and Welfare for hearing.*

[**H316**](https://legislature.idaho.gov/sessioninfo/2020/legislation/H0316/)**:  Pharmacy Act updates, by Board of Pharmacy**

Updates Uniform Controlled Substances Act as it relates to Forfeitures and Discipline, updates and modernizes Pharmacy Act to be more consistent with recent legislative action.

*Status:  Passed full House 62-5 on Jan 27, to Senate Health and Welfare for hearing.*

[**H339**](https://legislature.idaho.gov/sessioninfo/2020/legislation/H0339/)**: Physical Therapy Dry Needling, by Idaho Physical Therapy Association**

Makes a correction to Physical Therapy Practice Act related to dry needling provisions adopted in the last legislative session. Previous legislation required the courses be approved by a national physical therapy accreditation board, however that organization does not exist. This gives authority for such course approval to the Idaho Physical Therapy Licensure Board.

*Status:  introduced in House Health and Welfare on Monday Jan. 20, awaiting committee hearing.*

[**H351**](https://legislature.idaho.gov/sessioninfo/2020/legislation/H0351/)**:  Medicaid Reimbursements, by Dept of Health and Welfare**

Reduces net reimbursements to hospitals and nursing facilities in 2020 and 2021 to help achieve the general Medicaid general fund needs of a 1% overall reduction in FY 2020 and a 2% reduction in FY 2021. (This in response to Governor Little’s edict to all state agencies for such reductions over the next two years). Directs the Department to work collaboratively with hospitals and nursing facilities to update reimbursement methods. Will facilitate a movement away from cost-based Medicaid payments to value-based.

*Status:  introduced in House Health and Welfare Wed, Jan 22, awaiting full committee hearing.*

**Key priorities**

**Medicaid Expansion** - Governor Little proposed in his State of the State address no new state general funds for Medicaid Expansion. Instead, to cover the first-year costs, the governor’s budget recommends using a combination of state budget offsets of $20 million, $12.5 from the Millennium Fund, and $8.5 million from the county budget savings.

**Idaho Physician Shortage** - The governor’s budget includes a request to use ongoing General Funds for 25 new medical residents and got a mention in his speech.

**Opioid Abuse Prevention** - The governor is recommending $30 million to go towards identifying opioid abuse problems. A portion of this money will be spent on enhancing the Board of Pharmacy’s Prescription Monitoring Program (PMP).

As always, we will continue to track activity of interest to the Idaho Academy of Family Physicians in the Legislature. We stand ready to answer any questions you may have.

Thanks,

Ken Burgess, Partner

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