

Legislative limelights . . .

Federal action eases health loss threats

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Word that Congress is moving slowly but steadily to extend the deadline on certificate of need legislation is good news for proponents, but more important, it eases the immediate threat of Idaho losing \$12.6 million annually in health care federal funds.

It also eliminates one of the two main reasons Gov. John V. Evans listed for calling a special session of the Idaho Legislature this summer. The primary one was for enacting local option tax legislation to help financially strapped cities and counties, restricted by the 1 percent limitation.

Reports from the offices of Sens. Frank Church and James A. McClure indicate the legislation will pass with little difficulty as a number of states are intensely interested.

Although the immediate threat of loss of funds it removed, the main stumbling block remains—the failure to get approval of Idaho doctors and many hospitals.

Hospitals would gladly acquiesce to the certificate plan if the doctors are willing, but the Idaho Medical Society feels the restrictions are unnecessary.

John Hutchison, Boise, executive vice president of the Idaho Hospital Association, said the members' hospitals are split 17 in favor and 22 against, but the hospitals in favor carry a far larger patient load than those in opposition.

Under the association's curious bylaws, each member hospital has one vote, regardless of size. For example the Idaho Falls hospitals in favor have only two votes while tiny Teton Valley Hospital at Driggs and the Ashton hospital have one vote each.

The argument between the hospitals and doctors first must be settled before the certificate plan is assured. Otherwise, it could face an uphill fight.

Dr. Ronald K. Lechelt, a former Idaho Falls legislator, lobbied against the certificate in the last session and his efforts undoubtedly helped keep the bill bottled up in the House Health and Education Committee 10-2 after it had hurdled the Senate.

One bill, SB 544, passed the Senate on a voice vote, and another bill, HB 3917, cleared the House Interstate and Foreign Committee and now needs approval by the House Rules Committee for action on the floor. This is expected for

late June or early July. If passed, as expected, the two bills will be referred to a joint Senate-House conference committee to iron out the differences.

The Senate measure would delay the July 1, 1979, deadline for a year for states to qualify for health care planning funds which amount to \$360,000 in Idaho. It also would postpone the Oct. 1, 1980, deadline for the federal health care matching funds, which amount to \$12.6 million annually. The extensions would be set in staggered terms to deprive each state of 25 percent of its share of federal care funds for each of the subsequent four years beginning Oct. 1, 1980, unless they qualify.

Bob Crane, Washington, senior staff associate with the House Subcommittee on Health and the Environment, of the House Committee on Interstate and Foreign Commerce, explained the main differences in the two bills.

The House bill would delay the deadline until each state legislature has had a session to act, whether in 1980 or 1981, and it also exempts health maintenance organization and other groups giving prepaid service, from the certificate of need requirement. These affect those groups which provide a range of inpatient and outpatient care, such as foundation groups which can be found in California and other large states.

There are also differences in compensation and a number of more minor provisions.

Crane also cleared up one fallacy, and that was the frequent announcements that Idaho was only one of two to six states which had not enacted a certificate of need.

Crane said 40 states, the District of Columbia and four territories have passed the certificate, although a number are questionable, as to whether they meet federal standards. Still remaining to act are 10 states and two territories.

Mark Toledo, the governor's health and welfare special assistant, said he is keeping an eye on the pending federal legislation in relation with the state's problem.

At least it will give governor, legislators, medical and hospital officials and others concerned a breathing spell to look at the legislation more closely, and seek compromises that will qualify the state for badly needed federal health matching funds.