MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Monday, February 08, 2016
TIME:	3:00 P.M.
PLACE:	Room WW54
MEMBERS PRESENT:	Chairman Heider, Vice Chairman Nuxoll, Senators Lodge, Hagedorn, Martin, Lee, Harris, Schmidt and Jordan
ABSENT/ EXCUSED:	None
NOTE:	The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

CONVENED: **Chairman Heider** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:06 p.m.

RS 23988 **Relating to the Emergency Medical Services Personnel Licensure Interstate Compact. Wayne Denny**, Bureau Chief of the Bureau of Emergency Medical Services and Preparedness for the Division of Public Health in the Department of Health and Welfare (Department), presented this RS.

Mr. Denny stated that the proposed RS pertains to the licensure of Emergency Medical Services (EMS) personnel. More specifically, it's an interstate compact for the licensure of EMS personnel, much like the existing compacts that Idaho has joined for physicians and nurses. **Mr. Denny** stated that Idaho recognizes four levels of EMS providers: Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced EMT and Paramedic. Many states have moved to recognize these four levels of EMS licensure. To remove frustration regarding state-to-state EMS licensure requirements, the National Association of State EMS Officials drafted the Recognition of EMS Personnel Licensure Interstate Compact Agreement (REPLICA). **Mr. Denny** provided the Committee with an Overview of the provisions of REPLICA, including (i) purpose, (ii) definitions, (iii) home state licensure requirements, (iv) privilege to practice, (v) conditions of practice in a remote state, (vi) relationship of compact to disaster declarations, (vii) commitment to veterans and their spouses, (viii) complaint and investigation processes, (ix) relationship between the member states regarding adverse actions, (x) establishment of the interstate commission, (xi) establishment of a coordinated database, (xii) rulemaking, (xiii) oversight dispute resolution and enforcement, (xiv) date of implementation, withdrawal and amendment. **Mr. Denny** reviewed the general benefits of Idaho's participation in REPLICA.

Chairman Heider asked the Committee members if they had any questions.

Senator Hagedorn asked if the rulemaking procedures set forth in REPLICA are consistent with the rulemaking procedures in Idaho. **Mr. Denny** stated that the interstate commission established by REPLICA is required to write rules to implement the compact, and such rules would have to be in compliance with the Department's rules.

Senator Nuxoll asked if enactment of this RS would establish Idaho's membership in REPLICA, or whether additional steps would need to be taken by the Department. **Mr. Denny** answered for Idaho to become a member of REPLICA, it must be enacted in Idaho Code. REPLICA does not come into effect until ten states have enacted it into law. Utah and Virginia are in the process of enacting the compact, and Colorado and Texas have already done so.

MOTION: There being no more questions, **Senator Lee** moved to send **RS 23988** to print. **Senator Nuxoll** seconded the motion. The motion carried by **voice vote**.

PRESENTATION: **Annual Report for the Idaho Academy of Nutrition and Dietetics** (Academy). **Caroline Keegan**, President of the Academy and **Megan Williams**, President-Elect of the Academy, made this presentation before the Committee (see attachment 1).

Ms. Keegan introduced herself as President of the Idaho Academy of Nutrition and Dietetics (Academy) and introduced Ms. Williams as the Academy's President Elect. **Ms. Williams**, later added that she is a registered and licensed dietician and a certified diabetes educator. The two spoke before the Committee as a follow-up from last year's presentation, to maintain a presence and to inform the Committee of activities the Academy is involved in to improve health care (see attachments 2 and 3).

Ms. Keegan stated that one of the purposes of presenting this report to the Committee is to build awareness of registered dietician nutritionists' (RDNs) contributions to Idaho's health care systems. **Ms. Keegan** discussed: (i) RDN qualifications, (ii) RDN commitments, (iii) obesity statistics and (iv) RDN's educational efforts to solve the problem of preventable conditions and diseases that lead to diminished quality of life and higher morbidity and mortality rates. **Ms. Keegan** reported that RDNs across Idaho are participating in the State Healthcare Innovation Plan (SHIP). Additionally, RDNs held a conference on diabetes and they continue to update the Idaho Diet Manual.

Ms. Williams reported on the progress RDNs have made during the last year to improve the health of Idahoans. **Ms. Williams** discussed the Governor's appointment of a dietician to the Idaho Healthcare Coalition, the entity charged with executing the SHIP and transforming Idaho's health care delivery system. She noted dieticians' involvement with the transition of primary care practices into patient-centered medical homes (PCMHs). Finally, **Ms. Williams** reviewed data and studies that evidenced the impact of dieticians on the health of Idahoans (see attachment 1).

Chairman Heider commented that some health care providers do not discuss nutritional, diabetic or dietetic issues with their patients. **Ms. Williams** said that this is something that Idaho needs to change.

Chairman Heider asked the Committee members if they had any questions.

Senator Schmidt asked Ms. Williams to describe the business model for advancing RDN services. **Ms. Williams** replied that PCMHs provide for a viable business model, with RDNs being paid for chronic care management. **Ms. Williams** noted that RDN services improve patient care.

Senator Nuxoll inquired about the costs to obtain RDN services in a PCMH. **Ms. Williams** replied that she did not have specific cost approximations at this time, but noted that it is difficult to collect fees to meet the costs of services provided.

Noting that the State needs to find ways to provide RDN services on a wider scale, **Senator Hagedorn** asked if RDN services are currently being provided via telehealth. **Ms. Williams** responded that the Academy has been exploring the potential of telehealth. She stated the Academy would bring more specific data regarding telehealth as part of next year's presentation to the Committee.

PRESENTATION: Evaluation Report Relating to the Design of the Idaho Behavioral Health Plan. **Lance McCleve**, Principal Evaluator of the Idaho Legislature's Office of Performance Evaluations (OPE), and **Ryan Langrill**, Senior Evaluator of the OPE, made this presentation before the Committee (see attachment 2).

Mr. McCleve stated that the Idaho Behavioral Health Plan is the effort by the Department of Health and Welfare (Department) to move a portion of the behavioral health medicaid program to managed care. **Mr. McCleve** stated that the OPE evaluation report considered (i) whether the factors affecting the success of the behavioral health plan were related to how the Department designed the plan or how Optum carried out the contract and (ii) whether the Idaho Behavioral Health Plan was affecting other areas of the behavioral health landscape. The Department is aware of and working to address the issues identified in the final evaluation report. **Mr. McCleve** reviewed the data sets and processes used to complete the evaluation. **Mr. McCleve** noted that general outcomes data are not available.

Discussing the Behavioral Health Plan, **Mr. Langrill** stated that the transition to managed care provided the Department with the opportunity to obtain sufficient oversight and implement changes in the behavioral health service array. In particular, **Mr. Langrill** noted the Department's struggles with psychosocial rehabilitation. He reviewed the three key strategies the Department used to negotiate the behavioral health managed care contract, including requesting value added services from providers, setting a cap on funds available for administrative costs and establishing financial holdbacks and incentives. **Mr. Langrill** discussed the Department's Medicaid spending trends on psychosocial rehabilitation. He summarized the lessons learned and general recommendations of the OPE to continue developing the plan and to improve communication.

Senator Hagedorn asked how the number of patients served in 2013 compared to the number of patients served in 2015. **Mr. Langrill** stated that the number of patients has increased; however, there has been a slight decline in the proportion of patients served in the program from 8.8 percent to 8.7 percent as a result of enrollment growth. He added that the reduction in spending does not indicate a reduction in people receiving behavioral health services.

Discussing potential improvements for Idaho's Behavioral Health Plan, **Mr. McCleve** stated that (i) a well-developed program design is needed before contracting for future services, (ii) differences between the Department's plan for services and a vendors products and capabilities should be expected and (iii) collaboration with vendors is important for filling gaps in services.

Chairman Heider asked Mr. McCleve to specifically address the concerns of the Committee related to outcomes, best practices and costs. **Mr. McCleve** stated that the report did not evaluate the Behavioral Health Plan based on health outcomes; the plan was evaluated based on the distribution of services. Regarding costs, **Mr. McCleve** stated that costs are currently fixed per member per month. **Chairman Heider** asked if the patients are getting better. **Mr. McCleve** indicated that health outcomes are not currently measured at an appropriate level to determine if people are getting better in aggregate.

Senator Hagedorn asked if the Department set metrics for success in the managed care contract with Optum, or whether the State relied on the understanding that evidence-based services will produce better outcomes. **Mr. McCleve** responded that the contract does include broad level metrics for identifying problems, and confirmed that the Department did generally rely on evidence-based practices improving outcomes.

Senator Martin asked about the trend in the number of providers delivering behavioral health services. **Mr. McCleve** stated he was not able to provide that information as a result of the way the evaluation data are kept. **Senator Martin** asked if the number of providers providing psychosocial rehabilitation services has increased or decreased. And, he inquired whether the dollars paid by the State for such services has increased or decreased. **Mr. McCleve** responded that there are fewer psychosocial rehabilitation services being provided.

Senator Schmidt asked if the institution of managed care was an attempt to solve a lack of capacity and oversight or was it to address some other need. **Mr. McCleve** responded that the institution of managed care was geared toward addressing capacity.

In closing, **Mr. McCleve** reviewed the OPE recommendations to the Department (see attachment 2).

ADJOURNED: There being no further business, **Chairman Heider** adjourned the meeting at 4:26 p.m.

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Senator Heider
Chair

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Karen R. Westbrook
Secretary

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Kara Machado
Assistant