AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Tuesday, January 12, 2016

SUBJECT	DESCRIPTION	PRESENTER
	Organizational Meeting	
	Rules Review Overview	Dennis Stevenson, Administration
	SCOTUS Decision on North Carolina Board of Dental Examiners v. Federal Trade Commission	Mitch Toryanski, Idaho Bureau of Licensing

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche(Van Tassel)
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, January 12, 2016

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche (Van Tassel), Chew

ABSENT/ EXCUSED: None

GUESTS: Fred Birnbaum, Idaho Freedom Foundation; Ryan Fitzgerald, IACP; Alex Adams, Board of Pharmacy, Elizabeth Criner, ISDA; Lance Giles, Idaho Optometrical Physicians.

Chairman Wood called the meeting to order at 9:00 a.m.

After a roll call was taken, **Chairman Wood** welcomed the committee members and introduced **Rep. Van Tassel**, who is substituting for **Rep. Rusche**. Chairman Wood then introduced the commitee's page, **Kate Poole.**

Chairman Wood reminded the committee about Rule review, amended bills, motions, voice votes, and the legislative target dates. The proofreaders for the committee minutes are Chairman Wood, **Vice Chairman Packer, Rep. Perry, and Rep. Hixon.** Committee meetings will stream both audio and PowerPoint presentations.

Dennis Stevenson, State Administrative Rules Coordinator, Department of Administration, presented an overview of the Pending, Fee, and Temporary Rule making process. The joint germane subcommittees submit Rules for Legislative Services Office analysis. The joint germane subcommittees, although limited in their scope, can report any concerns to the legislative committee. Proposed Rules are available online for review. Pending and Temporary Rules, unless rejected in part or entirely, are considered approved. Fee Rules are approved by a Concurrent Resolution of both houses. Pending Rule rejections are processed by a single Concurrent Resolution. An Omnibus Resolution is used to reject any Fee Rule. Temporary Rules must be approved to remain in effect after the session ends.

Responding to questions, **Mr. Stevenson** explained why changing wording is not allowed and the process would allow any legislator to bring a codified rule before the legislature.

Mitchell Toryanski, Legal Counsel, Idaho Bureau of Occupational Licenses, presented information to the committee on the North Carolina State Board of Dental Examiners v. the Federal Trade Commission (FTC), a U.S. Supreme Court Opinion that may increase the legal exposure of Idaho's regulatory boards to federal antitrust claims.

The Court's ruling stipulated a state using active market participants (AMP) as regulators must provide active board supervision to qualify for state-action immunity from federal antitrust laws. **Mr. Toryanski** described the provisions of the Sherman Act, Federal Trade Commission Act, and the Clayton Act.

The FTC, established in 1914, promotes consumer protection and prevents anti-competitive business practices. To do this, the 5 Senate-confirmed commissioners enforce antitrust laws, review proposed mergers, and investigate business practices.

State antitrust sovereignty was established by Parker v. Brown (U.S. Supreme Court, 1943), which stipulated a state's actions are not subject to federal antitrust laws. This immunity is further provided to local governments and some private entities.

North Carolina (NC) dentists began competing with non-dentists for teeth whitening services. The NC Board of Dental Examiners, after reviewing complaints, concluded that non-dentists were, through this action, practicing dentistry illegally, although no rules stipulated teeth whitening as part of the dentistry practice. The board issued cease and desist letters to non-dentists, their landlords, and other boards (such as cosmetology). Although the practice ended, the non-dentists contacted the FTC and filed an unreasonable-restraint-of-trade complaint. The complaint was reviewed, agreed to by an Administrative Law Judge, and appealed by the board, citing state immunity. The case was sent to the U.S. Court of Appeals, 4th Circuit, which agreed with the non-dentists. The board then appealed to the Supreme Court of the United States (SCOTUS), which rendered a 6-3 decision in favor of the non-dentists.

Although Idaho's regulatory boards are nearly all controlled by AMP, state supervision is evident. The Governor appoints board members. Both Executive and Legislative branches review appropriations, fees, statutes, and rules. The Bureau Chief and most Executive Directors are not AMP. The Board Counsel, investigators, prosecutors, and hearing officers are not AMP. The right to judicial review exists for any licensee not pleased with their board's action. This design does not give boards or members immunity, but provides a certain measure of protection. The Attorney General is now analyzing the case and its impact.

Answering questions, **Mr. Toryanski** said every decision this board made, had it been slightly different, would not have led to the final loss. They had procedures in place for injunctions and due process for the citizens. Instead they declared this a violation of law and ordered it stopped without recourse or due process. Had the procedure been included in their practice definition the Courts would have viewed their action, beyond the lack of due process, most likely within their authority scope.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:49 a.m.

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Representative Wood
Chair

_____

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Wednesday, January 13, 2016

DOCKET	DESCRIPTION	PRESENTER
27-0101-1502	Institutional Pharmacy Dispensing	Alex Adams, Board of Pharmacy
27-0101-1503	Prescriber Phone Number	Alex Adams
27-0101-1504	Temporary Pharmacy Facility	Alex Adams
27-0101-1505	Definition Updates	Alex Adams
27-0101-1501	Controlled Substance Storage	Alex Adams

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Wednesday, January 13, 2016
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche (Van Tassel), Chew
ABSENT/ EXCUSED:	None
GUESTS:	Alex J. Adams and Berk Fraser, Idaho Board of Pharmacy; Colby Cameron, Sullivan & Reberger; Brad Hunt, O.A.R.C.

Chairman Wood called the meeting to order at 9:00 a.m.

MOTION: **Rep. Hixon** made a motion to approve the minutes of the January 12, 2016 meeting. **Motion carried by voice vote.**

DOCKET NO. 27-0101-1502: **Alex Adams,** Executive Director, Idaho Board of Pharmacy, presented **Docket No. 27-0101-1502.** This updated Rule now matches a 1976 Supreme Court decision delineating what are and are not dispensable hospital medications.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Chew** made a motion to approve **Docket No. 27-0101-1502. Motion carried by voice vote.**

DOCKET NO. 27-0101-1503: **Alex Adams**, Executive Director, Idaho Board of Pharmacy, presented **Docket No. 27-0101-1503**. Changes restore the current prescriber address requirement, and delineate certain product preparations from compounding. Current language is clarified to add a hazardous drug, United States Pharmacopeia (USP) 795, and USP 797.

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 27-0101-1503.**

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to approve **Docket No. 27-0101-1503. Motion carried by voice vote.**

DOCKET NO. 27-0101-1504: **Alex Adams**, Executive Director, Idaho Board of Pharmacy, presented **Docket No. 27-0101-1504**, which clarifies statewide protocols for a federal or state declared emergency. Changes allow a pharmacist to perform drug therapy management (DTM) and other patient care services. License reciprocity is clarified for additional non-Idaho pharmacists, mobile or temporary pharmacy requirements are streamlined, and refill extensions for patients in an emergency area is updated.

In response to committee questions, **Dr. Adams** said an emergency can be declared on either a federal, state, county, or Department of Health and Welfare level. DTM modifies medication as defined by the prescriber. During an emergency, pharmacies can perform global or local services through stand-alone, mobile, or temporary facilities. The protocols provide additional emergency support to the health care system. The Board of Pharmacy would provide the effective date range.

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 27-0101-1504**.

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to approve **Docket No. 27-0101-1504. Motion carried by voice vote.**

DOCKET NO. 27-0101-1505: **Alex Adams,** Executive Director, Idaho Board of Pharmacy, presented **Docket No. 27-0101-1505.** The ability to order and interpret laboratory tests is added to Pharmaceutical Care Services. The new reconstitution definition clarifies adding water to a powdered drug is not compounding.

MOTION: **Vice Chairman Packer** made a motion to approve **Docket No. 27-0101-1505.**

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to approve **Docket No. 27-0101-1505. Motion carried by voice vote.**

DOCKET NO. 27-0101-1501: **Alex Adams,** Executive Director, Idaho Board of Pharmacy, presented **Docket No. 27-0101-1501.** The two categories of non-retail drug outlets for over the counter (OTC) products have been combined with a single $35 registration fee. The separate facility and pharmacist license lists have been combined. The number of hours required by a foreign pharmacy graduate has been increased to seventeen hundred and forty. Telepharmacy technician staffing has been updated to reflect at least two thousand hours of experience. Controlled substance storage has been updated to match the federal requirements.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Chew** made a motion to approve **Docket No. 27-0101-1501. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:35 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Thursday, January 14, 2016

DOCKET	DESCRIPTION	PRESENTER
23-0101-1501	Licensed Nurses Standards	Sandra Evans, Board of Nursing
23-0101-1503	Specialized Practice Update	Sandra Evans
	Bureau of Occupational Licenses	
24-0601-1501	Occupational Therapists	Roger Hales
24-1201-1501	Psychologist Examiners	Roger Hales
24-1501-1501	Professional Counselors and Marriage and Family Therapists	Mitchell Toryanski
24-1701-1501	Acupuncture	Mitchell Toryanski
24-2401-1501	Genetic Counselors	Mitchell Toryanski

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

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Vice Chairman Packer
Rep Hixon
Rep Perry
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Rep Beyeler
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Rep Troy
Rep Rusche(Van Tassel)
Rep Chew

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Irene Moore
Room: EW14
Phone: 332-1138
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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Thursday, January 14, 2016
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche (Van Tassel), Chew
ABSENT/ EXCUSED:	None
GUESTS:	Sandy Evans and Judy Tayler, Board of Nursing; Michael McGrage, Idaho Nurses Association, Nurse Leaders; Dennis Stevenson, Rules Coordinator; Tana Cory, Occupational Licenses.

Chairman Wood called the meeting to order at 9:00 a.m.

DOCKET NO. 23-0101-1501: **Sandra Evans,** Executive Director, Idaho Board of Nursing, presented **Docket No. 23-0101-1501**. The proposed Rule identifies learning activities and required completion evidence. Additions include an exemption for advance practice registered nurses (APRN), good cause time extensions, and implementation dates. Clarification is made to the compliance evidence. The board's dedicated fund will require a one-time expense of $10,000, with no licensure fee increase.

Answering committee questions, **Ms. Evans** said military deployment is an exemption example. The board is beta testing a software database provided by the National Council of State Boards of Nursing, at no cost. The system provides separate nurse portals for storage of retained documents. APRNs perform higher functions and have the ability to practice independently.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Perry** made a motion to approve **Docket No. 23-0101-1501. Motion carried by voice vote.**

DOCKET NO. 23-0101-1503: **Sandra Evans**, Executive Director, Idaho Board of Nursing, presented **Docket No. 23-0101-1503**. The various nursing specialties are distinct and well defined fields of practice, with uniquely defined education and standards. Nurses may perform speciality functions as defined by either one of the two national accrediting nursing bodies. The educational preparation for specialties is clarified. Conformation to established practice parameters, characters, and standards of that specialty is stipulated. Previous references to Flight/Transport and Surgical First Assisting have been deleted since the Rule recognizes all specialties.

MOTION: **Vice Chairman Packer** made a motion to approve **Docket No. 23-0101-1503.**

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to approve **Docket No. 23-0101-1503. Motion carried by voice vote.**

DOCKET NO. 24-0601-1501: **Roger Hales**, on behalf of the Idaho Board of Occupational Therapists, presented **Docket No. 24-0601-1501.** Proposed changes clarify continuing education requirements, decrease supervised clinical hours for certain procedures, and combine sections.

Responding to committee questions, **Mr. Hales** stated the decreased supervision hours takes into account both individual procedure educational requirements and new licensees, who have just completed the most current education available.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Redman** made a motion to approve **Docket No. 24-0601-1501. Motion carried by voice vote.**

DOCKET NO. 24-1201-1501: **Roger Hales**, on behalf of the Idaho Board of Psychologist Examiners, presented **Docket No. 24-1201-1501**, which adopts amendments from the ethical code of the National Association of Psychologists, decreases fees, updates license reinstatement requirements, and revises the endorsement qualification.

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 24-1201-1501**.

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to approve **Docket No. 24-1201-1501. Motion carried by voice vote.**

DOCKET NO. 24-1501-1501: **Mitchell Toryanski,** Legal Counsel, Idaho Bureau of Occupational Licenses, presented **Docket No. 24-1501-1501.** The changes update the incorporated American Association for Marriage and Family Therapy code of ethics references, which went into effect January 1, 2016. A five-year supervisor renewal process is also created, with additional training stipulated.

Responding to a committee question, **Mr. Toryanski** said the correct effective date is January 1,2015. A professional counselor's license requires one thousand hours practical counseling experience under the supervision of another professional counselor who is a board-registered supervisor.

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 24-1501-1501.**

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to approve **Docket No. 24-1501-1501. Motion carried by voice vote.**

DOCKET NO. 24-1701-1501: **Mitchell Toryanski**, Legal Counsel, Idaho Bureau of Occupational Licenses, on behalf of the Idaho Board of Acupuncture, presented **Docket No. 24-1701-1501**, legislation to place a two-year cap on lapsed license continuing education (CE) requirements and allow CE credit when teaching a board-approved course.

Answering committee questions, **Mr. Toryanski** explained renewal of an active license requires fifteen CE hours during the preceding year. The requirement remains in effect up to one year after the license renewal deadline, at which time additional CE is required.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Chew** made a motion to approve **Docket No. 24-1701-1501. Motion carried by voice vote.**

DOCKET NO. 24-2401-1501: **Mitchell Toryanski,** Legal Counsel, Idaho Bureau of Occupational Licenses, on behalf of the Genetic Counselors Licensing Board, presented **Docket No. 24-2401-1501.** This Rule implements the Genetic Counselors Act (GCA) by detailing board operations, licensing application process, fee schedules, licensure standards, CE, and disciplinary grounds.

Answering committee questions, **Mr. Toryanski** stated the lack of history for this newly established board led to initial fees at the maximum statute rate. Beyond the few statewide genetic counselors, 50 to 100 non-Idaho counselors are expected to request licensing. A fee decrease is anticipated once income and expense are known.

The committee invited **Heather Hussey,** Genetic Counselor, Chairman, Idaho Genetic Counselors Board, to answer a question. She said the board consists of two genetic counselors and one physician. Together with the Bureau of Occupational Licenses, rules were drafted and distributed to the other genetic counselors in the state, the Idaho Medical Association, St. Luke's Regional Medical Center, and St. Alphonsus. There were no remarks or complaints during the open comment period.

Mr. Toryanski answered additional questions, stating if a felony charge exists, an exemption request provision gives the licensee the opportunity to explain why it should not be a barrier to licensing. The board considers a number of factors to determine the felony's licensing relevance. The physician board member is not an active market participant.

MOTION: **Rep. Beyeler** made a motion to approve **Docket No. 24-2401-1501.**

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to approve **Docket No. 24-2401-1501. Motion carried by voice vote. Rep. Vander Woude** asked to be recorded as voting **NAY**.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:08 a.m.

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Representative Wood
Chair

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Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 a.m. or Upon Adjournment
Room EW20
Friday, January 15, 2016

SUBJECT	DESCRIPTION	PRESENTER
	Board of Pharmacy	
RS24003	Uniform Controlled Substance Act	Alex Adams
RS24004	Board Officer Term Limits	Alex Adams
RS24005	Idaho Prescription Monitoring Program	Alex Adams
RS24007	Legend Drugs	Alex Adams
RS24008	Storage Security Requirements	Alex Adams
RS24013	Chapter 8, Title 39, Idaho Code	Alex Adams
	Bureau of Occupational Licenses	
RS23998	Physical Therapy Licensure Board	Mitchell Toryanski
RS23997	Board of Optometry	Mitchell Toryanski
RS23989	Residential Care Facility Administrators	Mitchell Toryanski
RS24055	Patient Freedom of Information Act	Maurie Ellsworth

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche(Van Tassel)
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Friday, January 15, 2016
TIME:	9:00 a.m. or Upon Adjournment
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche (Van Tassel), Chew
ABSENT/ EXCUSED:	Representative(s) Beyeler
GUESTS:	Alex J. Adams and Berk Fraser, Idaho Board of Pharmacy; Sandy Evans, Board of Nursing; Anne K. Lawler, Board of Medicine; Colby Cameron, Sullivan & Reberger; Susan Miller, Board of Dentistry; Molly Steckel, Idaho Medical Association; Tana Cory, Occupational Licenses; Kris Ellis, Eiguren Ellis.

Chairman Wood called the meeting to order at 9:58 a.m.

MOTION: **Vice Chairman Packer** made a motion to approve the minutes of January 13, 2016. **Motion carried by voice vote.**

RS 24003: **Alex Adams**, Executive Director, Board of Pharmacy, presented **RS 24003**, which removes [123I]ioflupane, a radiopharmaceutical product used for the diagnosis of Parkinson's disease, from the Controlled Substance List, in conjunction with federal law rescheduling.

MOTION: **Vice Chairman Packer** made a motion to introduce **RS 24003. Motion carried by voice vote.**

RS 24004: **Alex Adams**, Executive Director, Board of Pharmacy, presented **RS 24004**. The proposed legislation removes the Board of Pharmacy officer term limits and increases the per diem honorarium from $50 to $100. The fiscal impact of $6,700 includes $6,200 in honorariums, all drawn from the pharmacy fund. Answering a question, Mr. Adams, stipulated the compensation increase is an honorarium, with no change to a salary.

MOTION: **Vice Chairman Packer** made a motion to introduce **RS 24004. Motion carried by voice vote.**

RS 24005: **Alex Adams**, Executive Director, Board of Pharmacy, presented **RS 24005**, which proposes data access limits to the Prescription Monitoring Program. It will also grant streamlined access to coroners and medical examiners.

MOTION: **Rep. Redman** made a motion to introduce **RS 24005. Motion carried by voice vote.**

RS 24007: **Alex Adams**, Executive Director, Board of Pharmacy, presented **RS 24007**. This proposed legislation acknowledges and codifies the possession of medications by midwives, home health nurses or agencies, and hospice agencies, according to their respective professional boards or Rules. No new authority is conferred.

MOTION: **Vice Chairman Packer** made a motion to introduce **RS 24007. Motion carried by voice vote.**

RS 24008: **Alex Adams**, Executive Director, Board of Pharmacy, presented **RS 24008** to clarify storage of controlled substances in compliance with federal law and the Rules of the Board of Pharmacy.

MOTION: **Rep. Hixon** made a motion to introduce **RS 24008. Motion carried by voice vote.**

RS 24013: **Alex Adams**, Executive Director, Board of Pharmacy, presented **RS 24013**. This proposed legislation repeals Idaho Code (I.C.) Chapter 8, Title 39, distribution regulation of non-prescription contraceptives. It has not been enforced for at least two decades and does not relate to prescription contraceptives.

MOTION: **Vice Chairman Packer** made a motion to introduce **RS 24013. Motion carried by voice vote.**

RS 23998: **Mitchell Toryanski,** Legal Counsel, Idaho Bureau of Occupational Licenses, on behalf of the Idaho Physical Therapy Licensure Board, presented **RS 23998**, which clarifies and simplifies the renewal and reinstatement processes. The reinstatement fee is increased from $25 to $35. The annual expired license renewal fee is eliminated. Other changes align with I.C.

MOTION: **Rep. Redman** made a motion to introduce **RS 23998. Motion carried by voice vote.**

RS 23997: **Mitchell Toryanski,** Legal Counsel, Idaho Bureau of Occupational Licenses, on behalf of the Idaho Board of Optometry, presented **RS 23997**, proposed legislation to lower the reinstatement fee from $150 to $35.

MOTION: **Rep. Hixon** made a motion to introduce **RS 23997. Motion carried by voice vote.**

RS 23989: **Mitchell Toryanski,** Legal Counsel, Idaho Bureau of Occupational Licenses, on behalf of the Idaho Board of Examiners of Residential Care Facility Administrators, presented **RS 23989**, which consolidates and aligns the renewal and reinstatement statutes to I.C. The reinstatement fee is increased from $25 to $35. Annual expired license renewal fee payments are eliminated.

MOTION: **Vice Chairman Packer** made a motion to introduce **RS 23989. Motion carried by voice vote.**

RS 24055: **Mauris Ellsworth,** General Counselor, Bureau of Occupational Licenses, presented **RS 24055**, regarding the Patient Freedom of Information Act and revisions to the state website database (IDACARE). IDACARE's outdated technology requires manually entered data and is in need of costly upgrades. The various Boards maintain their own websites, which are more reliable, user friendly, and robust. The proposed legislation requires all health care boards provide licensure and disciplinary status on their websites, eliminating IDACARE. Savings include $1,700 for maintenance and support, $30,000 for redevelopment upgrade, and $12,000 in annual individual board costs.

MOTION: **Rep. Hixon** made a motion to introduce **RS 24055. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:24 a.m.

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Representative Wood
Chair

_____

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Monday, January 18, 2016

SUBJECT	DESCRIPTION	PRESENTER
	Emergency Medical Services	
16-0107-1501	Personnel Licensing Requirements - Continuing Education	Bruce Cheeseman, Division of Public Health
16-0101-1501	Advisory Committee	Bruce Cheeseman
16-0102-1501	Rule Definitions	Bruce Cheeseman
16-0103-1501	Agency Licensing Requirements	Bruce Cheeseman
16-0105-1501	Education, Instructor, and Examination Requirements	Bruce Cheeseman
16-0107-1502	Personnel Licensing Requirements	Bruce Cheeseman
16-0112-1501	Complaints, Investigations, and Disciplinary Actions	Bruce Cheeseman
16-0203-1501	Chapter Repeal	Bruce Cheeseman

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COMMITTEE MEMBERS

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Rep Chew

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Irene Moore
Room: EW14
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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Monday, January 18, 2016
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche (Cuddy), Chew
ABSENT/ EXCUSED:	Representative(s) Troy
GUESTS:	Wayne Denny and Bruce Cheeseman, EMS Bureau, Department of Health & Welfare (DHW); Frank Powell, DHW Rules Unit.
	Chairman Wood called the meeting to order at 9:00 a.m. **Rep. Cuddy**, who is substituting for **Rep. Rusche,** was welcomed.
	Chairman Wood turned the gavel over to **Vice Chairman Packer.**
DOCKET NO. 16-0107-1501:	**Bruce Cheeseman,** Emergency Medical Services (EMS) Section Manager, Bureau of EMS and Preparedness, presented **Docket No. 16-0107-1501,** regarding continuing education (CE) requirements. The Rule effective date is July 1, 2016.
MOTION:	**Rep. Romrell** made a motion to approve **Docket No. 16-0107-1501. Motion carried by voice vote.**
DOCKET NO. 16-0101-1501:	**Bruce Cheeseman,** EMS Section Manager, Bureau of EMS and Preparedness, presented **Docket No. 16-0101-1503**, which adds a Public Health District seat to the Emergency Medical Services Advisory Committee (EMSAC). Additional changes provide section consolidation.
MOTION:	**Rep. Hixon** made a motion to approve **Docket No. 16-0101-1501.**
	For the record, no one indicated their desire to testify.
VOTE ON MOTION:	**Chairman Packer** called for a vote on the motion to approve **Docket No. 16-0101-1501. Motion carried by voice vote.**
DOCKET NO. 16-0102-1501:	**Bruce Cheeseman,** EMS Section Manager, Bureau of EMS and Preparedness, presented **Docket No. 16-0102-1501** to update definitions for EMS education, instructor, examination, and prehospital. A new definition is included for the consolidated emergency communications system.
	Responding to committee questions, **Mr. Cheeseman** said all definitions are in alignment with national terms, except the consolidated emergency communications system, which did not have a national definition.
	For the record, no one indicated their desire to testify.
MOTION:	**Rep. Redman** made a motion to approve **Docket No. 16-0102-1501. Motion carried by voice vote.**
DOCKET NO. 16-0103-1501:	**Bruce Cheeseman,** EMS Section Manager, Bureau of EMS and Preparedness, presented **Docket No. 16-0103-1501.** The Rule changes clarify language, including prehospital, prehospital support operational declarations, consolidated emergency communications system dispatch, air medical support, ambulance based clinicians, agency site visits, and license transition timing.

Answering committee questions, **Mr. Cheeseman** stated a paramedic could respond to an advanced Emergency Medical Technician (EMT) call if his home place medical director agrees to cover the license and the appropriate level equipment. A declaration legally covers performance of a service at a specified level. There is no record backdating required and the reference to the year 2009 will be reviewed for future change.

MOTION: **Rep. Romrell** made a motion to approve **Docket No. 16-0103-1501.**

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Chairman Packer** called for a vote on the motion to approve **Docket No. 16-0103-1501. Motion carried by voice vote.**

DOCKET NO. 16-0105-1501: **Bruce Cheeseman,** EMS Section Manager, Bureau of EMS and Preparedness, presented **Docket No. 16-0105-1501.** This new section provides one location for the education, instructor, and examination Rules. New educational program sections pertain to general rules, administrative details, certification, Idaho specific requirements, and responsibilities of instructors and administrative personnel.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Beyeler** made a motion to approve **Docket No. 16-0105-1501. Motion carried by voice vote.**

DOCKET NO. 16-0107-1502: **Bruce Cheeseman,** EMS Section Manager, Bureau of EMS and Preparedness, presented **Docket No. 16-0107-1502,** personnel licensure Rules. Additions complete the consolidation, clarify national certification licensee submission of CE proof, better define out-of-state licensees limited recognition, and documentation to support any provider audit. CE topical categories and venues have been streamlined, with two more venue selections added.

Responding to questions from the committee, **Mr. Cheeseman** explained the National Registry is used as a competency base. A state compact is being developed for state-to-state recognition. The EMS Physician Commission dictates a licensee's scope of practice. If a licensee goes beyond their scope of practice, an investigation, peer review, and negotiated resolution are possible. If determined to be an egregious action, a peer review, consisting of a provider at the same agency level and one physician commission member, would make a determination and suggestion on how to proceed. This vetted process allows for appeal. The determination could lead to loss of license.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Redman** made motion to approve **Docket No. 16-0107-1502. Motion carried by voice vote.**

DOCKET NO. 16-0112-1501: **Bruce Cheeseman,** EMS Section Manager, Bureau of EMS and Preparedness, presented **Docket No. 16-0112-1501**, the complaints, investigations, and disciplinary actions Rules. Changes clarify and simplify descriptions of the violations, negotiated resolutions, and administrative license actions. Further changes align with the education Rules. Answering a committee question, Mr. Cheeseman said actions become public records only when taking punitive action.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Beyeler** made a motion to approve **Docket No. 16-0112-1501. Motion carried by voice vote.**

DOCKET NO. 16-0203-1501: **Bruce Cheeseman,** EMS Section Manager, Bureau of EMS and Preparedness, presented **Docket No. 16-0203-1501**, which repeals the EMS Rules that were rewritten and consolidated into new chapters.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 16-0203-1501. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:42 a.m.

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Representative Packer
Chair

_____

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Tuesday, January 19, 2016

SUBJECT	DESCRIPTION	PRESENTER
	Division of Welfare	
16-0301-1501	Health Care Assistance	Julie Hammon
16-0305-1501	Aged, Blind and Disabled	Callie Harrold
16-0305-1502	Aged, Blind and Disabled	Callie Harrold
16-0304-1501	Food Stamp Program	Kristen Matthews
16-0402-1501	Telecommunication Service Assistance Program	Kristen Matthews
16-0413-1501	Food Assistance Program	Kristen Matthews
16-0414-1501	Home Energy Assistance Program	Kristen Matthews
16-0416-1501	Weatherization Assistance Program	Kristen Matthews

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche(Cuddy)
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Tuesday, January 19, 2016
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy (Agidius), Rusche (Cuddy), Chew
ABSENT/ EXCUSED:	Representative(s) Perry, Troy (Agidius), Vander Woude
GUESTS:	Bev Barr, Department of Health & Welfare (DHW) Rules; Lauren Valentine, Idaho Hunger Relief Task Force; Lori Wolff, Julie Hammon, Kristin Matthews, Camille Schiller, Malinda Ramirez, Sarah Buenrostro, and Callie Harrold, DHW; Christine Tiddens, Catholic Charities; Brad Hunt, O.A.R.C.

Chairman Wood called the meeting to order at 9:05 a.m.

MOTION: **Vice Chairman Packer** made a motion to approve the minutes of January 14, 2016. **Motion carried by voice vote.**

Chairman Wood turned the gavel over to **Vice Chairman Packer**.

DOCKET NO. 16-0301-1501: **Julie Hammon,** Deputy Administrator, Division of Welfare, presented **Docket No. 16-0301-1501**, which reinstates the Transitional Medicaid (TM) Program for adults, with children, who lose Medicaid benefits due to income increases beyond the Federal Poverty Level (FPL). The transition allows twelve months of continued Medicaid while the adult is securing other health coverage, aligning with the Social Security Act. The fiscal impact will be $9,771,060, with $6,928,649 from federal funds and $2,842,411 from the State General Funds. Unnecessary eligible institutions language and authorized employment references are also removed.

Responding to committee questions, **Ms. Hammon** said the federal requirements allow the states to choose between a six- or twelve-month extension period. The six-month option requires a report for a possible additional six month extension. The twelve-month option was selected after determining the anticipated number of applicants and the additional staffing required.

MOTION: **Rep. Romrell** made a motion to approve **Docket No. 16-0301-1501.**

For the record, no one indicated their desire to testify.

Answering additional committee questions, **Ms. Hammon** explained a sliding scale to maintain some of the services may not be allowed by policy. If allowed, an automated sliding scale system would have to be built, with additional training for participants. Medicaid provides up to eight months of programs for legal refugees, with regular program eligibility available afterwards. Children in the transitional homes may still be eligible for Child Health Improvement Programs. Tax credits may also be available to relieve the cost of insurance.

VOTE ON MOTION: **Chairman Packer** called for a vote on the motion to approve **Docket No. 16-0301-1501. Motion carried by voice vote. Rep. Hixon** requested to be recorded as voting **NAY**.

DOCKET NO. 16-0305-1501: **Callie Harrold**, Medicaid Policy Specialist, Division of Welfare, presented **Docket No. 16-0305-1501**. Individuals in the Aged, Blind and Disabled (AABD) population may qualify for long term care services. At that time an income assessment based on their total income minus allowable expenses determines their contribution toward the cost of services. The provider collects that portion from the participant and bills the Department for the balance. This Rule change clarifies allowable expenses to include those incurred up to three months prior to the assistance application. The annual fiscal impact is projected to be $403,600, with $120,960 from state funds. This is in compliance with federal regulations.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Beyeler** made a motion to approve **Docket No. 16-0305-1501. Motion carried by voice vote.**

DOCKET NO. 16-0305-1502: **Callie Harrold**, Medicaid Policy Specialist, Division of Welfare, presented **Docket No. 16-0305-1502**, which has federally required updates to the self-employment income calculation. The incorrect eligibility of non-citizens with a lawful status of employment is removed to prevent erroneous payment.

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 16-0305-1502.**

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Chairman Packer** called for a vote on the motion to approve **Docket No. 16-0305-1502. Motion carried by voice vote.**

DOCKET NO. 16-0304-1501: **Kristen Matthews**, Program Manager, DHW, presented **Docket No. 16-0304-1501**. Changes clarify the Food Stamp Program to keep it in compliance with program regulations and Department food processing standards. Broad Based Categorical Eligible households must also meet all other program criteria, including income guidelines. Households with ineligible individuals may be eligible for lower resource limits of $2,250 or $3,250, penalizing the households for non-compliance. Food Stamp eligibility resources for a household include all members, even those disqualified.

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 16-0304-1501**.

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Chairman Packer** called for a vote on the motion to approve **Docket No. 16-0304-1501. Motion carried by voice vote.**

DOCKET NO. 16-0402-1501: **Kristen Matthews**, Program Manager, DHW, presented **Docket No. 16-0402-1501**. The Idaho Telecommunications Service Assistance Program (ITSAP) provides telephone assistance to eligible low income households through a contract administrator. The Rule change clarifies the Department as the responsible program administrator, in alignment with state policies. There is no fiscal impact to the state.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Redman** made a motion to approve **Docket No. 16-0402-1501. Motion carried by voice vote.**

DOCKET NO. 16-0413-1501: **Kristen Matthews**, Program Manager, DHW, presented **Docket No. 16-0413-1501** The Emergency Food Assistance Program (TFAP) provides eligible families with food commodities provided through local food pantries and community agencies. A contractor administers the program on the Department's behalf. The Rule changes clarify the Department as the responsible program administrator, in alignment with state policies. There is no fiscal impact to the state.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Romrell** made a motion to approve **Docket No. 16-0413-1501. Motion carried by voice vote.**

DOCKET NO. 16-0414-1501: **Kristen Matthews**, Program Manager, DHW, presented **Docket No. 16-0414-1501**. The Low Income Home Energy Assistance Program (LIHEAP) helps eligible families pay their heating utility bills. It uses a contractor to administer the program. The Rule change updates language and clarifies the Department as the responsible program administrator, in alignment with state policies. There is no fiscal impact to the state. Answering a committee question, Ms. Matthews said the intake manual, although no longer available on the program website, will be available by request. Program information is available on the state and contractor websites.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Redman** made a motion to approve **Docket No. 16-0414-1501. Motion carried by voice vote.**

DOCKET NO. 16-0416-1501: **Kristen Matthews**, Program Manager, DHW, presented **Docket No. 16-0416-1501** The Weatherization Assistance Program helps low income families through annual federal grants and uses a contractor administrator. The Rule changes update language, obsolete references, and clarify the Department is the responsible program administrator, in alignment with state policies. There is no fiscal impact to the state. Responding to a committee question, Ms. Matthews, stated the federal grant pays 100%, with a set percentage for administrative costs.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 16-0416-1501. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting as adjourned at 9:45 a.m.

Representative Packer
Chair

Irene Moore
Secretary

AMENDED AGENDA #1

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Wednesday, January 20, 2016

SUBJECT	DESCRIPTION	PRESENTER
16-0202-1501	Emergency Medical Services Physician Commission	Dr. Curtis Sandy, Chairman
	Division of Family and Community Services	
16-0601-1501	Child and Family Services	Stephanie Miller
16-0602-1501	Child Care Licensing	Michelle Weir
	Division of Behavioral Health	
16-0701-1501	Sliding Fee Schedules	Jamie Teeter
16-0717-1501	Alcohol and Substance Use Disorders Services - New Chapters	Jamie Teeter
16-0715-1501	Behavioral Health Program - New Chapter	Jamie Teeter
16-0720-1501	Alcohol and Substance Use Disorders Services - Chapter Repeal	Jamie Teeter
16-0710-1501	Development Grants - Chapter Repeal	Jamie Teeter

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy(Agidius)
Rep Rusche(Cuddy)
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Wednesday, January 20, 2016
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy (Agidius), Rusche (Cuddy), Chew
ABSENT/ EXCUSED:	Representative(s) Chew
GUESTS:	Greg Dickerson, Idaho Assoc. of Community Providers; Bev Barr, DHW-Rules; Curtis Sandy, Idaho EMS PC; Fred Birnbaum, Idaho Freed Found.; Kelly Keele, Children's Supportive Services, Michelle Weir, Stephanie Miller, Miren Unsworth, Jake Silva, and Gary Moore, IDHW-FACS; Jamie Teeter and Rosie Andueza, IDHW-DBH.

Chairman Wood called the meeting to order at 9:01 a.m.

MOTION: **Rep. Hixon** made a motion to approve the January 15 and January 18, 2016 minutes. **Motion carried by voice vote.**

Chairman Wood welcomed **Rep. Agidius**, who is substituting for **Rep. Troy.**

Chairman Wood turned the gavel over to **Vice Chairman Packer**.

DOCKET NO. 16-0202-1501: **Dr. Curtis Sandy**, Emergency Medicine and EMS Physician, Portneuf Medical Center, Pocatello, Chair, Idaho Emergency Medical Services Physicians Commission (EMSPC), presented **Docket No. 16-0202-1501,** which updates the referenced Emergency Medical Services (EMS) Standards Manual to version 2016-1.

Chairman Packer put the committee at ease at 9:08 a.m. and brought the committee back to order at 9:12 a.m.

Answering questions by the committee, **Dr. Sandy** said the EMSPC membership has broad stakeholder representation. Discussion of the changes occurred at quarterly meetings and notices of intent and changes were sent to the EMS agencies.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Beyeler** made a motion to approve **Docket No. 16-0202-1501. Motion carried by voice vote.**

DOCKET NO. 16-0601-1501: **Stephanie Miller**, Permanency Program Specialist, Department of Health and Welfare (DHW), Division of Family and Community Services, presented **Docket No. 16-0601-1501.** The Rule changes clarify and provide continuity of services in three areas: siblings, guardianship, and adoption. The new sibling definition is for use only within the DHW Child and Family Services program. The guardianship change for the death or disability of a relative guardian enables the continuation of guardianship assistance benefits in the home of a successor guardian. In alignment with the Social Security Act, adoption assistance benefits have been updated to remove reference to payment subject to the appropriation of state funds.

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 16-0601-1501.**

For the record, no one indicated their desire to testify.

Responding to committee questions, **Ms. Miller** said the changes bring the Rule into compliance with both the Social Security Act and the Preventing Sex Trafficking and Strengthening Families Act. Guardianship Assistance Agreements, completed prior to guardianship finalization, identify a successor guardian, allowing an easy transition for the child and benefits. Other states attempting to withhold payments, in opposition to the Social Security Act, have lost law suits and been forced to pay back payments and some damages.

VOTE ON MOTION: **Chairman Packer** called for a vote on the motion to approve **Docket No. 16-0601-1501. Motion carried by voice vote.**

DOCKET NO. 16-0602-1501: **Michelle Weir**, Program Manager, DHW, Division of Family and Community Services, presented **Docket No. 16-0602-1501**, proposed Rule changes to define reasonable and prudent parent standard, caregiver, and age or developmentally appropriate, in accordance with federal requirements. Further changes outline the designation and application of the reasonable and prudent parent standard for all licensed child care facilities caring for children placed by the Child Welfare Program. The changes allow foster parents the daily ability to approve children and youth participation in activities such as field trips, athletic events, visits to friends houses, and going to the movies.

Upon questioning by the committee, **Michelle Weir** stated training will be included in the general foster parent training, the spring resource parent conferences, and the monthly foster parent support groups. Although the children are currently allowed activities, there can be a delay in the approval process because the agency must be contacted. The Division actively seeks relatives for placement, so this population has increased. Of the 875 currently licensed foster parents, 596 are general licensed foster homes.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Vander Woude** made a motion to approve **Docket No 16-0602-1501. Motion carried by voice vote.**

DOCKET NO. 16-0701-1501: **Jamie Teeter**, Bureau Chief, DHW, Division of Behavioral Health, presented **Docket No. 16-0701-1501**, a Pending Rule combining the fee schedules for children's MH, adult MH, and SUD services. It also updates references. There is no anticipated fiscal impact on the State General Funds.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 16-0701-1501. Motion carried by voice vote.**

DOCKET NO. 16-0717-1501: **Jamie Teeter**, Bureau Chief, DHW, Division of Behavioral Health, presented **Docket No. 16-0717-1501.** The Pending Rule is a rewrite of the existing alcohol and substance use disorders services. The changes meet the Idaho Alcoholism and Intoxication Treatment Act directives for standards for SUD providers and establishes requirements for the quality of substance use disorders treatment, care, and services provided by BH providers. There is no fiscal impact to the State General Funds.

Answering committee questions, **Ms. Teeter** said background checks were deleted because they do not pertain to the program specific treatment criteria of this Rule and are covered elsewhere. Program funding is split between federal fund grant access as the primary funding source and State General Funds for the rest. Changes to written interpretations cover technical provider assistance which could be considered interpretation of the Rule.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Redman** made a motion to approve **Docket No. 16-0717-1501. Motion carried by voice vote.**

DOCKET NO. 16-0715-1501: **Jamie Teeter**, Bureau Chief, DHW, Division of Behavioral Health, presented **Docket No. 16-0715-1501**. This is a new chapter to move toward an integrated behavioral health (BH) system of care to include both mental health (MH) and substance use disorder (SUD) providers. By establishing a behavioral health certification, the split credentialing process is streamlined into one program maintained by the Division of Behavioral Health. Also met are directives of the Alcohol and Intoxication Treatment Act to establish program approval standards or minimum certification standards for providers. Some MH providers asked for a return to state certification to assist with insurance company and federal grant funding requirements. State certification is voluntary. A deeming review process allows audit findings from other entities, including national certification bodies such as the Commission on Accreditation of Rehabilitation Facilities (CARF). The program-specific criminal history background check requirements include a waiver process to allow someone who has failed the background check the ability to provide services. The DHW can grant compliance variances as necessary, although the Rules are based heavily on national accreditation guidelines. The fiscal impact is expected to be cost neutral for all funds. The new fee structure will be a flat fee of $100 for each BH program location.

Ross Edmunds, Division of Administration, Division of Behavioral Health, was invited to answer committee questions. The option of a state certification allows providers to meet the required national accreditation standards at a reduced cost.

Responding to committee questions, **Jamie Teeter** said a variance would not be allowed for anything impacting client safety. Allowed variances could cover a difference between national accreditation standards and Rules. There are no incentives provided to encourage national accreditation. The state accreditation, although in line with national accreditation standards, does not meet **H 260** requirements. The existing staff is sufficient to provide visits beyond those already required of providers.

Greg Dickerson, Mental Health Director, Treasurer, Idaho Association of Community Providers (IACP), testified **in opposition** to **Docket No. 16-0715-1501**, stating this is not in alignment with statute and will result in additional state costs. He requested the guidelines of **H 260** be followed to have services delivered by providers meeting national accreditation standards. The proposed chapter does not contain all the standards needed to achieve accreditation. The minimal fees described in the Rule will be inadequate for the site visits to confirm provider conformation to the standards. The IACP requests rejection of this Rule and direction to the DHW to follow through with the intent of **H 260**.

In response to committee questions, **Mr. Dickerson** said accreditation reviews are on a three-year cycle, cost $9,300 per review, and are performed by surveyors from other accredited organizations. Re-verification, if needed, costs a portion of the $9,300 fee. Two financial references are required for the review. Individuals within the agency are certified by their professional licensing entities. The last Optum report indicated more than 520 BH providers. The $9,300 CARF review fee covered two locations and three services at each location. When reviewing rural and frontier providers, the fees can drop to $3,000 because they require only one surveyor and can be done in as little two days. Mr. Dickerson was unsure if the required income report affected review fees.

Fred Birnbaum, Idaho Freedom Foundation, testified **in opposition** to **Docket No. 16-0715-1501**. The notion that a state doing accreditation is cheaper than a national standard is compelling. He expressed concern with cost duplication, the value of the state agency actions, and conflict with **H 260**.

Kelly Keele, Idaho Association of Community Providers, Children's Supportive Services of Idaho, testified **in opposition** to **Docket No. 16-0715-1501**. The prior DHW credentialing process was ineffective and the **H 260** requirements have not been implemented. Optum already conducts credentialing reviews of all network providers. National accreditation, required in Idaho Code, would improve quality and outcomes of BH services. He asked for rejection of this Rule and a sunset date to require national accreditation for all BH providers.

Answering committee questions, **Mr. Keele** said his agency is not nationally accredited. Accreditation in other states has taken three to four years. The Medicaid provider agreement and Optum contract rely on the internal credentialing.

Greg Dickerson was asked to return to the podium to address a committee question. He stated his agency provides MH services and has never been asked for any state credential.

Shad Priest, Regents Blue Shield Idaho, was invited to answer committee questions; however, he said Regence does not work with the Idaho Medicaid Program.

Mike Reynoldson, Blue Cross of Idaho, was asked to answer committee questions. He said internal discussions continue regarding statewide facility standard variations.

Reps. Perry, Vander Woude, Beyeler, and **Wood** expressed their desire for additional time to review **Docket No. 16-0715-1501.**

MOTION: **Rep. Perry** made a motion to **HOLD Docket No. 16-0715-1501 for time certain, February 2, 2016,**

For the record, no one else indicated their desire to testify.

VOTE ON MOTION: **Chairman Packer** called for a vote on the motion to **HOLD Docket No. 16-0715-1501 for time certain, February 2, 2016. Motion carried by voice vote.**

Chairman Packer stated the remaining Dockets will be carried over to a later date.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 11:03 a.m.

Representative Packer
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Thursday, January 21, 2016

SUBJECT	DESCRIPTION	PRESENTER
	Division of Public Health	
16-0219-1501	Food Safety	Patrick Guzzle
	Division of Medicaid	
16-0309-1503	Third Party Liability	Sheila Pugatch
16-0316-1501	Premium Assistance - Repeal	Tiffany Kinzler,
	Operational Services	
16-0501-1501	Use and Disclosure of Public Records	James Aydelotte

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy(Agidius)
Rep Rusche(Cuddy)
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, January 21, 2016

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche (Cuddy), Chew (Wallace)

ABSENT/ EXCUSED: None

GUESTS: Tiffany Kinzler, Cale Coyle, Sheila Pugatch, and Matt Wimmer DHW-Medicaid; Troy Darmody, Albertsons/Safeway; Bev Barr, DHW-Rules; Broland Draper. Doug Paddock, and Julia Page, Idaho Organization of Resource Councils; Patrick Guzzle, DHW-Food Protection; Kathryn Turner, Elke Shaw-Tulloch, James Aydelotte, and Dieuwke A Dizney-Spencer, DHW-Public Health; Lisa Hettinger, DHW.

Chairman Wood called the meeting to order at 9:00 a.m.

Chairman Wood welcomed **Rep. Wallace**, who is substituting for **Rep. Chew**. He then turned the gavel over to **Vice Chairman Packer.**

DOCKET NO. 16-0219-1501: **Patrick Guzzle**, Food Protection Program Manager, Department of Health and Welfare (DHW), Division of Public Health, presented **Docket No. 16-0219-1501,** which updates the current Idaho Food Code and adopts the 2013 Federal Drug Administration Food Code Model. Additional changes define the types of cottage foods and which food producers are excluded. The Certified Food Protection Manager requirement provides a two-year effective allowance and does not state the manager must be on site at all times. Specific language clarifies standards for producers of acidified foods.

Answering committee questions, **Mr. Guzzle** explained an accredited exam is needed to become a Certified Food Protection Manager, at a cost of $25 to $50. Certification is valid for 5 years.

Troy Darmody, Senior Manager, Food Quality and Assurance, Albertsons/Safeway, testified **in support of Docket No. 16-0219-1501.** As a large retailer with many jurisdictions, it becomes cumbersome to maintain team training and coaching when states are using different models.

Julia Page, Boise Resident, Idaho Organization of Resource Councils (IORC), testified **in support of Docket No. 16-0219-1501.** In the cottage foods discussion, food safety is the bottom line. This Rule provides health district consistency. The IORC members will be able to avoid delays, uncertainty, and costs experienced in the past.

Elizabeth Criner, on behalf of the Northwest Food Processors Association (NWFPA), testified **in support of Docket No. 16-0219-1501.** She asked to have provisions for the cottage foods segment stricken, because they deter from food safety standard. She requested the NWFPA letter from **Ian Tolleson** be included with the meeting minutes.

For the record, no one else indicated their desire to testify.

MOTION: **Rep. Troy** made a motion to approve **Docket No. 16-0219-1501. Motion carried by voice vote.**

DOCKET NO. 16-0309-1503: **Sheila Pugatch**, Bureau Chief, Bureau of Operations, Division of Medicaid, Department of Health and Welfare (DHW), presented **Docket No. 16-0309-1503**, which aligns with the recently modified third party liability (TPL) statute. Federal regulations require providers bill all known TPL before submitting a Medicaid claim. The Rule changes detail exceptions to the billing process, creating provider transparency.

Responding to committee questions, **Ms. Pugatch** explained an example of TPL would be a parent with employer insurance and a child with Medicaid eligibility. They collected $396 million in 2015 by following this process. $2.5 million was retrieved from insurance companies who were unknown at the time of service. They have a contractor who receives participant information and bills insurance companies for qualifying claim payments.

MOTION: **Rep. Romrell** made a motion to approve **Docket No. 16-0309-1503.**

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Chairman Packer** called for a vote on the motion to approve **Docket No. 16-0309-1503. Motion carried by voice vote.**

DOCKET NO. 16-0316-1501: **Tiffany Kinzler**, Bureau Chief, Medical Care, Division of Medicaid, DHW, presented **Docket No. 16-0316-1501** to repeal the Premium Assistance Program Rules. This program, run as a demonstration project prior to the Idaho Health Insurance Exchange, is now redundant.

MOTION: **Rep. Beyeler** made a motion to approve **Docket No. 16-0316-1501.**

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Chairman Packer** called for a vote on the motion to approve **Docket No. 16-0316-1501. Motion carried by voice vote.**

DOCKET NO. 16-0501-1501: **James Aydelotte**, State Registrar, Bureau Chief, Idaho Bureau of Records and Statistics, presented **Docket No. 16-0501-1501.** The DHW Use and Disclosure Rules govern access to vital records. The changes amend the tangible interest list so individuals granted the authority to control a decedent's remains in the absence of any funeral plan will be able to get a death certificate copy, if they need to arrange a funeral. Responding to a question, Mr. Aydelotte said the changes align with the Funeral Home Association Law authority list, which includes family members and legal representatives.

MOTION: **Rep. Redman** made a motion to approve **Docket No. 16-0501-1501.**

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Chairman Packer** called for a vote on the motion to approve **Docket No. 16-0501-1501. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:35 a.m.

_____

Representative Packer
Chair

_____

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

Upon Adjournment of the House Floor
Room EW20
Friday, January 22, 2016

SUBJECT / DOCKET	DESCRIPTION	PRESENTER
RS24142	Health Care Task Force	Rep. Fred Wood
RS24161	Prescription	Rep. Fred Wood
RS24006	Legend Drug Act	Ross Edmunds
15-0202-1501	Vocational Rehabilitation Services	Mike Walsh
24-0301-1501	Chiropractic Physicians	Roger Hales, Bureau of Occupational Licenses

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche(Cuddy)
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Friday, January 22, 2016
TIME:	Upon Adjournment of the House
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche (Cuddy), Chew (Wallace)
ABSENT/ EXCUSED:	None
GUESTS:	Alex Adams and Berk Fraser, Idaho Board of Pharmacy; Beth Cunningham and Dr. Mike Walsh, Idaho Commission for the Blind and Visually Impaired; Mary Jo White, MD, State Board of Chiropractic; Ryan Fitzgerald, Idaho Association of Chiropractic Physicians; Tana Cory, Occupational Licenses; Elizabeth Criner and Elli Brown, ISDA, Pfizer, ACS-CAN.

Chairman Wood called the meeting to order at 9:26 a.m.

Chairman Wood turned the gavel over to **Vice Chairman Packer**

RS 24142: **Rep. Fred Wood**, District 27, presented **RS 24142**, proposed legislation to remove the single Health Care Task Force reference and repeal the section that renamed the Health Insurance Premium Task Force the Health Care Task Force. The 2006 session laws renamed the existing task force and gave it the single assignment to monitor and report annually on the high risk pool. Concern has grown over the lack of appropriate authorization, because the assignment was never codified into statute.

MOTION: **Rep Hixon** made a motion to introduce **RS 24142. Motion carried by voice vote.**

RS 24161: **Rep. Fred Wood**, District 27, presented **RS 24161**. This proposed legislation authorizes Prescription Monitoring Program (PMP) access for certain delegates, specifies supervision, and limits the number of delegates to be supervised. This will make the PMP more user friendly for practicing pharmacists and physicians. Delegates will have a unique Board of Pharmacy tracking number.

MOTION: **Rep. Redman** made a motion to introduce **RS 24161. Motion carried by voice vote.**

Chairman Packer turned the gavel over to **Rep. Wood**

RS 24006: **Ross Edmunds**, Administrator, Division of Behavioral Health (BH), DHW, presented **RS 24006**. The proposed Legend Drug Act changes designate the Regional BH Centers and State Charitable Institutions as qualifying charitable clinics or centers to allow acceptance of donated medications, including unused Patient Assitance Program Medications. The donated medications could then be dispensed to indigent clients with a valid prescription order. There is an estimated state cost savings of $1.5 million and no fiscal impact.

MOTION: **Vice Chairman Packer** made a motion to introduce **RS 24006. Motion carried by voice vote.**

DOCKET NO. 15-0202-1501: **Mike Walsh**, Idaho Commission for the Blind and Visually Impaired (ICBVI), presented **Docket No. 15-0202-1501.** The Rule changes to the policy manual are based on case management system updates. They also provide consistency with Rehabilitation Services Administration regulation changes. The ICBVI contribution is increased for goods and services to Vocational Rehabilitation clients. Answering a question, Mr. Walsh said an advanced degree would be paid for, if it was required as part of the individualized plan's employment goal.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Beyeler** made a motion to approve **Docket No. 15-0202-1501.**

Rep. Perry asked for a typographic error correction for 300.01.i, which needs to change the word "excerpt" to "except" to make sense.

Dennis Stevenson, Administrative Rules, indicated his approval of the request.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to approve **Docket No. 15-0202-1501. Motion carried by voice vote.**

DOCKET NO. 24-0301-1501: **Roger Hales**, on behalf of the State Board of Chiropractic Physicians, presented **Docket No. 24-0301-1501**. By changing the scope of practice to stipulate no deviation from Section 54-704(2), Idaho Code, confusion is eliminated when vitamins are converted to injectable or intravenous forms and fall under the definition of a prohibited legend drug. This change has no effect on over-the-counter nutritional methods.

Dr. Mary Jo White, Chiropractic Physician, Post Falls, Chairman, Idaho State Board of Chiropractic, testified **in support of Docket No. 24-0301-1501**. This is a better alternative to a questionable Rule. It will eliminate any doubt of what they can and cannot use and the method of delivery.

MOTION: **Rep. Redman** made a motion to approve **Docket No. 24-0301-1501.**

Ryan Fitzgerald, Idaho Association of Chiropractic Physicians, testified **in support of Docket No. 24-0301-1501**.

For the record, no one else indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to approve **Docket No. 24-0301-1501. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:57 a.m.

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Representative Wood
Chair

_____

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Monday, January 25, 2016

SUBJECT	DESCRIPTION	PRESENTER
	Division of Public Health	
16-0201-1401	Idaho Time Sensitive Emergency System Council	Dr. Bill Morgan, Chair
	Division of Medicaid	
16-0309-1501	School-Based and Therapy Services	Matt Wimmer
16-0309-1502	Health Care Policy Initiatives	Matt Wimmer
16-0310-1501	Medicaid Enhanced Plan Benefits	Art Evans
16-0313-1501	Consumer Directed Services	Art Evans
	Division of Licensing and Certification	
16-0319-1502	Certified Family Homes	Tamara Prisock
	Board of Medicine/	
22-0101-1501	Licensure to Practice	Anne Lawler
22-0115-1501	Telehealth Services	Anne Lawler

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
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Rep Troy
Rep Rusche(Van Tassel)
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COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Monday, January 25, 2016
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche (Van Tassel), Chew (Wallace)
ABSENT/ EXCUSED:	None
GUESTS:	The sign-in sheet will be retained in the committee secretary's office until the end of the session. Following the end of the session, the sign in sheet will be filed with the minutes in the Legislative Library.

Chairman Wood called the meeting to order at 9:00 a.m.

DOCKET NO. 16-0201-1401: **Bill Morgan** Idaho Time Sensitive Emergency (TSE) Council, presented **Docket No. 16-0201-1401**, which updates the existing Rules to specify individuals who must not talk to trauma centers, unless the TSE Council intervenes. Answering a question, Dr. Morgan said surveyors calling hospitals directly could adversely impact results.

MOTION: **Rep. Redman** made a motion to approve **Docket No. 16-0201-1401.**

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to approve **Docket No. 16-0201-1401. Motion carried by voice vote.**

DOCKET NO. 16-0309-1501: **Matt Wimmer,** Deputy Administrator of Policy, Division of Medicaid, presented **Docket No. 16-0309-1501**. The Rule changes reduce provider administrative burden, clarify service and supervision requirements, and ensure appropriate delivery of physical, occupational, speech therapy, and school-based services. Allowance is made for telehealth service delivery. The effective date is July 1st, 2016. Answering a committee question, Mr. Wimmer said the Social Security Act's (SSA), which directs Medicaid benefits, requirement for a physician order is an issue in rural areas and continues to be addressed.

Lisa Hettinger, Division Administrator, Medicaid, was invited to answer a committee question. She stated the physician signature as indicated in these Rules applies only to the Medicaid applicable parts of the Individual Education Plan (IEP).

Tammy Emerson, State Advocate for Reimbursement, Idaho Speech and Hearing Association (ISHA), Chair and Membe,r American Speech and Hearing Association (ASHA) Committee on Medicaid, introduced **Marcia Williams**, Past President, ASHA, and testified **in support** of **Docket No. 16-0309-1501.** In answer to a previous committee question, Ms. Emerson stated Medicaid eligibility requires annual physician visits. Faxes can be used to send and return plans for approval.

Ms. Williams clarified that all IEP services are provided, with or without Medicaid coverage.

Further testifying, **Ms. Emerson** said prior to Medicaid reimbursement a physician signature was not required. The proposed Medicaid billing requirement clarifies, within the school-based rules, adherence to the medicaid therapy rule. The direct supervision of paraprofessionals change clarifies for Speech Language Pathologists (SLPs) what is required in the schools. Use of teletherapy will address the lack of SLPs in rural areas.

Karen Echeverria, Executive Director, Idaho School Board Association, testified **in opposition** to **Section 733.01.a** of **Docket No. 16-0309-1501**, stating the physician stipulation does not provide for practitioners of the healing arts, which other states allow. Approximately $10 to $40 million is left unbilled because rural school districts face difficulty with this requirement and end up not billing for Medicaid services. Responding to a committee question, Ms. Echeverria said the Board would be open to inclusion of a restricted practitioners of the healing arts list.

Rob Winslow, Executive Director, Idaho Association of School Administrators, Representative, Idaho Association of Special Education Administrators, testified **in opposition** to **Section 733.01.a** of **Docket No. 16-0309-1501**, because the physician's order does not recognize the Individual Education Plan (IEP) team authority. Answering committee questions, Mr. Winslow explained rural area difficulties in obtaining timely signatures would be addressed by inclusion of the IEP team members in the approval list.

Kindel Mason, Special Education Director, Jerome, testified **in opposition** to **Section 733.01.a** of **Docket No. 16-0309-1501**. The Individuals with Disabilities Education Act (IDEA) requires an IEP with or without Medicaid benefits. The IEP team works daily with the child to determine the appropriate plan. The physician sees the child annually, is not attending the IEP meetings, is not active within the IEP team, and does not witness the child performing at the school level. The sixty-day assessment window may not be met because the physician referral fax has not been returned. The child begins receiving billed services immediately, with or without the physician order. The physician must also approve any IEP changes. He recounted the district's past contracted physician use, now an agency contract at a cost of $6,000 a year. Someone working with the child on a daily basis would make more sense. Due to possible audit penalties, he has one full and one part-time staff person to review Medicaid paperwork.

Responding to committee questions, **Mr. Mason** said the Department of Education has used one person for statewide training and online training is also available. Although there were no civil penalties in their first audit, they paid approximately $18,000 for mistakes. When their contractor was audited they had to pay an additional $1,000 in civil penalties. A blank IEP consists of about twenty pages, so it is easy for the wrong box to be checked. If a therapist does not read a revised IEP, overbilling can occur, and incorrect services may be provided.

Kelly Hall, Special Education Supervisor, Boise School District, testified the District is **in support** of most of **Docket No. 16-0309-1501** and wanted to draw attention to their cost concerns. Annual costs to obtain Medicaid are approximately $20,000, excluding processing and filing expenses. Special education teacher certification to provide psychosocial services costs approximately $5,000 each year. Inclusion of special education teachers, who are already fully qualified, in the exempt provider list would remove the reimbursement barrier. Other teacher expenditures include costs not typically incurred for clinical competence beyond district requirements. A work group has been formed to address these issues.

In answer to committee questions, **Ms. Hall** explained their nurse practitioner oversees all district health services and provides district referrals. They utilize two and a half staff members to process Medicaid claims, which then go through Molina.

Cindy Levesque, Registered Nurse, School District Consultant, testified **in opposition** to **Section 733.01.a.I, II, and III, Docket No. 16-0309-1501.** Previously, the school districts followed only IDEA rules and guidelines. If not academically impacting a child's education, the services were not provided. IEP services begin immediately and can lead to unclaimed dollars when a physician referral is delayed. The physician cannot change the IEP team's decision. Wording restrictions and other requirements hinder school district claim submissions.

Allison Walters, Parent, President, Autism Society of Treasure Valley, testified **in opposition** to **Section 733.01.a** of **Docket No. 16-0309-1501**, requesting addition of the IEP team members to the list of approved physician order signatories. The IEP team members are very skilled at selecting the appropriate services and she trusts them to make the best decisions for her child. Parents are excellent auditors and keep the teams accountable. This Rule change forces the school districts to absorb costs until the physician signs the order, which may be delayed or not signed at all. This is money from the state budget instead of federal funds.

Ms. Walters said, responding to committee questions, a nurse practitioner signs her son's orders. They decided to use his outside Medicaid developmental disabilities (DD) funds for behavioral services due, in part, to his IEP. He has never met the district's nurse practitioner and has an annual wellness checkup with his physician.

For the record, no one else indicated their desire to testify.

Lisa Hettinger, invited to answer committee questions, stated the rejection of **Section 733.01.a** would remove the payment ability of all providers. She proposed a continued commitment to expand the definition within regulations for a future Rule change. The school-based providers also provide services within the community and the same quality is expected. Parents expressed concern regarding the Health Insurance Potability and Accounting Act (HIPAA) coverage of school-based services.

Mr. Wimmer answered the question further, saying privacy issues are addressed through HIPAA in the medical field and Family Educational Rights and Privacy Act (FERPA) in the educational system.

Lisa Hettinger was asked to answer more committee questions. She said the signature requirement complies with Code of Federal Regulations (CFR) and limits abuse opportunities. The schools do not have to bill Medicaid. Without this Rule, there is no longer an enforceable piece payable within Medicaid. Along with school based services, the Rule covers community practitioners, so elimination of **Section 733.01.a** would eliminate anyone's Medicaid collection ability.

MOTION: **Rep. Perry** made a motion to reject **Docket No. 16-0309-1501.**

Speaking to the motion, **Rep. Perry** said this approach leaves the program in place and allows the work group further discussion of the physician definition, billing reluctance, and other issues.

SUBSTITUTE MOTION: **Rep. Hixon** made a substitute motion to approve **Docket No. 16-0309-1501**.

Rep. Hixon, speaking to the motion, stated the Rule has other changes beyond **Section 733.01.a**. He agreed further discussions could broaden the physician definition.

AMENDED SUBSTITUTE MOTION: **Vice Chairman Packer** made a motion to approve **Docket No. 16-0309-1501**, with the exception of **733.01.a.**

Commenting on the motion, **Vice Chairman Packer** said the task force efforts demonstrated in other parts of the Rule need to remain intact, although this section does not work.

Rep. Redman commented **in support** of the original motion because the work has not been satisfactory.

Rep. Troy, **in support** of the amended substitute motion, commented the Rule process, while thorough, has left out the rural voice, a large population that must be heard.

Rep. Vander Woude commented **in support** of the original motion, which will keep the original Rule in effect. The change requires a pivotal signature from someone not involved in the child's IEP, let alone the child. A person signing off without knowledge of the situation is a case for fraud.

Rep Wallace, **in support** of the substitute motion, stated the new and old wording in **Section 733.I.a** are in harmony.

Rep. Van Tassel, **in support** of the substitute motion, expressed concern that federal law requires the physician signature and payments for services need to happen.

Chairman Wood, **in support** of the substitute motion, commented physicians who delay or do not sign a health plan show a lack of interest in the children and need to be replaced by the families. Physicians need to be aware of what is happening in both the homes and schools. Beyond this section, no one has indicated a conflict with the Rule.

VOTE ON AMENDED SUBSTITUTE MOTION:

Chairman Wood called for a vote on the amended substitute motion to approve **Docket No. 16-0309-1501,** with the exception of **Section 733.01.a. By a show of hands, the motion failed.**

VOTE ON SUBSTITUTE MOTION:

Chairman Wood called for a vote on the substitute motion to approve **Docket No. 16-0309-1501. By a show of hands, the motion carried.**

Responding to a request, **Lisa Hettinger** gave assurance the task force will work out the concerns addressed in today's testimony. She will provide to the committee both the CFR applicable section and the healing arts defined members list.

Due to time constraints, **Chairman Wood** stated the remaining agenda items will be carried over to a later date.

ADJOURN:

There being no further business to come before the committee, the meeting was adjourned at 11:14 a.m.

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Representative Wood
Chair

_____

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Tuesday, January 26, 2016

SUBJECT	DESCRIPTION	PRESENTER
	Bureau of Occupational Licenses	
H 332	Residential Care, License Renewal	Mitchell Toryanski
H 333	Optometrists, License Renewal	Mitchell Toryanski
H 334	Physical Therapy, License Renewal	Mitchell Toryanski
H 341	Patient Freedom of Information Act	Maurie Ellsworth
	Your Health Idaho Annual Report	Pat Kelly

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche(Van Tassel)
Rep Chew(Wallace)

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Tuesday, January 26, 2016
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche (Van Tassel), Chew (Wallace)
ABSENT/ EXCUSED:	None
GUESTS:	Jody Olson, Karla Hawn, Pat Kelly, Meghan McMartin, Betsy Webb, Jeff Agenbroad, and John Livingston, YHI; Alex Adams, Idaho Board of Pharmacy; Sandy Evans, Board of Nursing; Susan Miller, Board of Dentistry; Tana Cory, Occupational Licenses; Lori Wolff and Russ Barron, DHW; Anne Lawler, Board of Medicine; Abram Thietten, OCIO; Carlie Foster, Lobby Idaho.

Chairman Wood called the meeting to order at 9:00 a.m.

MOTION: **Rep. Perry** made a motion to approve the minutes of January 20, 21, and 22, 2016. **Motion carried by voice vote.**

H 332: **Mitch Toryanski,** Legal Counsel, Bureau of Occupational Licenses, on behalf of the Board of Examiners of Residential Care Facility Administrators presented **H 332**. This legislation amends and simplifies the Board's license renewal and reinstatement process through consolidation and referencing the Bureau's statute. With the changes, licensees can reinstate any expired license within five years. The fee change replaces the annual expired fee requirement with a single renewal fee paid upon reinstatement.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Redman** made a motion to send **H 332** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Perry** will sponsor the bill on the floor.

H 333: **Mitch Toryanski,** Legal Counsel, Bureau of Occupational Licenses, on behalf of the Idaho Board of Optometry, presented **H 333** to consolidate the Board's license renewal and reinstatement process through reference to the Bureau's statute. The renewal fee, fixed in Rule and Statute, has been modified and lowered to $35.

MOTION: **Vice Chairman Packer** made a motion to send **H 333** to the floor with a **DO PASS** recommendation.

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **H 333** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Redman** will sponsor the bill on the floor.

H 334: **Mitch Toryanski,** Legal Counsel, Bureau of Occupational Licenses, on behalf of the Idaho Physical Therapists Licensure Board, presented **H 334**. The changes consolidate two statutes into one and reference the Bureau's statute.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Hixon** made a motion to send **H 334** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Hixon** will sponsor the bill on the floor.

H 341: **Maurice Ellsworth**, General Council, Bureau of Occupational Licenses, presented **H 341**. The Patient Freedom of Information Act (IDACARE) established an informational website that has become outdated and duplicates information available on the individual professional board websites. **H 341** eliminates the IDACARE website and requires all boards of licensed health care providers to update and maintain their own websites. The elimination of the IDACARE website will save $1,700 annually for maintenance, $30,000 for a necessary update, and $12,000 annually to licensed health care providers.

Responding to committee questions, **Mr. Ellsworth** said most contacts want to know if a practitioner is disciplined and has a current license, which is available on the national practitioner databank and other sites. Not being uniform in makeup and information, the boards are given the freedom, within limitations of the Public Records Act, to select what information they post on their websites.

Anne Lawler, Executive Director, Idaho Board of Medicine, was invited to answer questions. She stated the voluntary information for their website includes licensure status, disciplinary information, professional address, specialty certifications, and type of current practice. Any additional information can be found at the Idaho Medical Association and the various national professional websites. The Centers for Medicare and Medicaid Services (CMS) website would be the location to research a providers participation in those programs.

MOTION: **Vice Chairman Packer** made a motion to send **H 341** to the floor with a **DO PASS** recommendation.

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **H 341** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Vice Chairman Packer** will sponsor the bill on the floor.

Pat Kelly, Executive Director, Your Health Idaho (YHI), presented their annual update. YHI is meeting their goals to provide an Idaho-controlled marketplace with Idaho-based resources for Idahoans seeking health insurance. 2015 was their second year of operation and first full year of utilizing their own technology. Establishment costs continue to be the lowest among state-based exchanges. Enrollment is solid at 84,000 individuals in 2015, fourth in the nation per capita and the highest of any state-based exchanges.

During 2015, technology has been tested, refined and enhanced. The agent, broker, and enrollment entity partnerships have been improved. The call center staff have received more training, with out-sourced staff transitioned to in-house. Idahoans have saved more than $10 million in federal assessment fees. Consumer choices have been and continue to expand. Idaho's conservative business model became the focus of a Leavitt Partners case study. The CMS granted YHI an extension to previously awarded grant funds for use in 2016.

Over 1,000 agents and brokers have been certified. YHI staff have traveled around the state to provide additional training, modifying the program based on feedback. The customer experience has been improved with updated user interface, improved agent portal, additional customer service staff, and 211 health and dental plans certified for the 2016 open enrollment.

2015 assessment fees were set at 1.5%, with an increase to 1.99% for 2016. The fees fund operational expenses. YHI has a six-month operating expense cash reserve.

The current enrollment data, as of October 31, 2015, indicates 84,655 Idahoans enrolled, 55% of which are female. 70% of the enrollees selected the silver plan and 89% received tax credits.

Daily operations of YHI are self-sustaining. Costs include $34.8 M for technology solutions, $24.2 M for operational expenses, and $11 M for outreach and education. There is $19.9 M in remaining federal grant establishment funds available for technology improvements.

Future plans include the maintenance and improvement of technology, cash reserves, fiscal conservativeness, and the consumer experience. The success and knowledge of agents, enrollers, and broker counselors will be utilized. Idaho's state-based exchange insures local control and mitigates federal intervention. Protection of information and improving the customer experience are priorities.

Responding to committee questions, **Mr. Kelly** explained the broker/agent training is specific to YHI technology and policies. The $10 M savings is the difference between the 3.5% federal fee and Idaho's 1.5% fee. The federal grant was given to only establish technology. No additional grant awards will be given. Idaho has the lowest costs of any state-based exchange with their own fully-functional technology. The remaining grant funds will be used for technology enhancements to improve the customer response time and provide seamless service. The approximate $5 M cash reserve has no use plans. YHI's technology vendor contract provides general maintenance and operations system upgrades. The annual operating expenses are $9.5 M and in line with their sustainability plan.

The Department of Health & Welfare (DHW) determined previously available tax credits totaled $177 M and had a 90% effectuation rate, for $160 M in tax credits received. Although carrier rates have increased, tax credits have increased more, providing a minimal impact to consumers.

YHI's software and main technology have contractual agreements through 2018, with additional vendor agreements at contract expiration to insure up to date website and base systems. This year the YHI Board will begin review and setting aside funds for future technology enhancements.

The effectuation rate has historically been around 90% for customers who select a plan and then pay for their coverage. Trending is in line with 2015 and rates fluctuate slightly lower in January and higher in February and March.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:01 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Wednesday, January 27, 2016

SUBJECT	DESCRIPTION	PRESENTER
	Primary Care Access Program	Richard Armstrong, Department of Health & Welfare

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy(Agidius)
Rep Rusche(Cuddy)
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, January 27, 2016

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche (Van Tassel), Chew

ABSENT/ EXCUSED: None

GUESTS: Michael McGrane, Idaho Nurses Assoc/Nurse Leaders; Denise Chuckovich, Lori Wolff, Russ Barron, and Matt Wimmer, DHW; Tami Fife, Terry Reilly HS; Corey Surber, Saint Alphonsus.

Chairman Wood called the meeting to order at 9:00 a.m.

MOTION: **Rep. Hixon** made a motion to approve the minutes of January 19, 2016. **Motion carried by voice vote.**

Chairman Wood turned the gavel over to **Vice Chairman Packer**.

Dick Armstrong, Director, Department of Health and Welfare, presented information on the Primary Care Access Program (PCAP), which is designed to address the medical needs of the 78,000 uninsured Gap population by providing preventive care through existing systems and foundations.

Eligibility determination will use the existing welfare program system. The community health clinics, who already have the obligation and duty to serve the low-income population, will be the primary care medical homes. Most clinics have the required advanced certifications. PCAP fits under the State Health Innovation Plan (SHIP) umbrella in the move toward medical homes.

The Gap consists of an estimated 78,000 adults, some with Medicaid eligible children in their homes. Approximately 50,000 participants have been identified through the Idaho Benefit Eligibility System (IBIS). Of that amount, 55% are female, 84% are 18 to 50 years of age, 65% live in households with at least one child, 25% are households of one, and 58% live in households with three or more children. Household income often includes Social Security, child support, or pensions.

These adults have a higher chronic disease incidence. The Gap population is under served by the medical system and accesses care through hospital EDs, health clinics or centers, charity care, indigent healthcare programs, and catastrophic healthcare programs. They frequently wait until conditions escalate, resulting in the most expensive and least effective care. For those in poverty, chronic conditions are twice as high. Poor health outcomes are impacted by substandard housing, food insecurity, transportation issues, lower levels of education, and risky behaviors.

This is not a static population. Participants are expected to move on and off PCAP as circumstances change and health issues are stabilized.

PCAP is a nine-step process that moves from application through patient engagement and ends with ongoing care management. The first four steps are DHW activities for application, verification, eligibility determination, and medical home assignment. Once done, the health clinic activities begin. These consist of patient engagement, assessment, care plan, services, and care management.

Application can be made through idalink, Your Health Idaho, by phone to DHW, in person to DHW state offices, mail, e-mail, fax, and through clinics. The universal application will be run through the existing eligibility system, with an average five-day processing time. Applications can be completed by the individual or someone acting on their behalf.

PCAP will verify eligibility through real-time interface with a variety of data bases. Qualification is based on age, access to health coverage, income, legal residency, and circumstances. Enrollment starts the same month as the application and is recertified every twelve months.

The medical home assignment uses the existing health connections geographic-coded system. Assignment is important to get funding to the clinic. The participant can change the assigned location. The notified provider can use the 24x7 database to verify the participant's eligibility status.

Once assigned, the provider has an outreach obligation to contact the individual, explain the patient centered medical home (PCMH) model, health assessment process, and care plan. The participant is responsible to pay their cost share and actively participate in the assessment and care plans. All of the clinics have an income-based sliding scale to collect the payments. PCAP will not collect the fees.

Initial assessments of the patient's health status are completed over the telephone or in person. This tells both the clinic and patient what ongoing level of care is needed. A healthy individual may require basic preventive care, guidance for self care, and education to access appropriate care. Individuals with more issues would develop care plans, access needed medications, and agree to actively participate in self care. Those with more chronic conditions would develop care plans, have regular PCMH monitoring, and agree to actively participate in their care plans.

Medical home services would include primary and preventive care, acute care, basic medications, labs, x-rays, coordinated chronic care, and connection to community services. Community health centers (CHC) with on-site pharmacies or contracts with local pharmacies have access to comprehensive low-cost out-patient formulary. The medical home is obliged to counsel patients on the best pharmacy product at the best price possible.

CHC care for only behavioral health (BH) issues managable in a primary care setting. All PCAP providers will be expected to have on-site BH services and connect more serious cases to community resources.

Ongoing case management is dependent on the participant's health status and care plan. Providers are required to track patient care and outcomes. This will determine participant engagement with both the program and care plan. It will also provide aggregate data on chronic conditions. The information will be reported to the Legislature for program evaluation.

Vice Chairman Packer turned the gavel over to **Chairman Wood**.

The Catastrophic Fund (CAT) pays for care routinely provided at the wrong end of the health spectrum, often with no outcome change. Conversely, PCAP actively engages at the clinic level and provides education for the appropriate use of the health system, reducing ED use. The assessment provides a health discussion and leads to the active care plan engagement by both parties.

PCAP enrollment is subject to available funding. A waiting list will be utilized if funding does not support the demand. Participants can be dis-enrolled if they do not share in the costs and are not invested in their care plan. Eligibility criteria can be adjusted to improve the program performance or administrative efficiency. A five-year sunset automatic clause is provided, if performance outcomes are not achieved or the state wants to change the program.

The program launches January 1, 2017, with programming to begin after the SNAP multi-day issuance launches on July 1, 2016. Modifying business processes, hiring, and training new staff start on July 1, 2016. PCAP eligibility will be coordinated with the current insurance exchange open enrollment, although it continues throughout the year. The launch date allows CHCs and other providers the time to expand for projected enrollees.

Answering committee questions, **Director Armstrong** said the twelve month recertification gives enough time to assure the participant can settle into the process, and is a lower administrative cost. The core clinics provide a broad scope of practice, which will limit referrals to specialists. This is the initial boundary of expected service, which will be expanded as the standard scope of practice is defined. The capitated fee is $32 per month. PCAP is not insurance. It deals with primary care services, not hospital services, where most inflation is seen.

Individuals entering the program will benefit from having a medical home and, if trained, they will be better managers of their health care. This population has not been studied before, so there is a lot to learn. Setting the budget for the 75,000 to 78,000 participants prepares for the maximum, although this is not expected to be the number of enrollees January 1st. The enrollment continues all year long. Open health exchange enrollment provides a lot of advertising, healthcare activity, and the highest applicant by-product flow.

Clinic payments will be made each month the individual is enrolled, with a twelve-month eligibility. Payments stop when the person is no longer enrolled. Recertifications will be in the fall, at the same time other programs recertify. This means some individuals, depending on when they enrolled, will have less than twelve months before they have to recertify. Individuals eligible for an insurance policy are better served by the policy's improved coverage and tax credit.

The PCAP $30 M funding request is for the maximum budget amount. There are a lot of funding sources still being considered within the budgeting process.

The GAP is a highly sensitive population group with many households driven by $2 to $3 an hour. An increase in the minimum wage would move many of them completely out of the GAP.

Private insurance and Medicaid studies show Idaho to be a no-appointment based healthcare system. Local healthcare professionals will not have any immediate appointments available for medical issues arising in the afternoon, except in the ED, which is always open. The SHIP pilot program results indicate providing daily open appointment slots for walk-ins and extended evening hours will dramatically impact this trend. Hospital coverage is a possible future avenue for the program.

Health clinics are found in population centers, leaving some counties without this health care avenue. PCAP would look at existing clinics to deliver only basic BH services, with serious BH issues addressed through the Medicaid system.

The clinics have been asked to do an outreach to existing patients they know would fall within the GAP population. They have identified 50,000 individuals as members of this crossover. The residency requirement is consistent with other programs. Increasing healthcare costs can be attributed, in part, to our high national technology interest. The safest place to address improved health is in primary care. By design, this program is keeps the decisions at the clinic level for administrative efficiency. The challenge is to extract participation data from a clinical record.

Healthcare for persons in the Gap is just beyond their means. Mobile clinics for rural areas would be a great tool. Some clinics provide basic dental care, although not all providers have the same capacity. Flexibility is needed in the early years as the program evolves. Community connections will be used to help with issues such as housing. Care will be needed to assure links are to quality services.

Lori Wolff, Administrator, Division of Welfare, was asked to answer committee questions. She said individuals must report income and household changes. Any change reported in one program will result in a reaction on all programs in which they are involved. The eligibility system connects all programs at the case or individual level.

Responding to further committee questions, **Director Armstrong** explained the $30 M was calculated by multiplying the $32 per member, per month figure by 78,000 participants, which is the maximum amount. Persons on a PCAP wait list are without PCAP benefits. This is not a first of multiple steps program, it can stand on its own and run for decades, although it isn't the ultimate healthcare answer. The CAT and indigent fund programs still exist. Outpatient surgery, imaging and services beyond the medical home may be future options, depending on the economy and budget. Changing incentives and education will lessen the ED use, although there will still be occasions when it is necessary.

Rep Chew commented **in opposition** to the PCAP proposal, stating the state healthcare is first and foremost. Half measures avail us nothing. This is not the answer.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:59 a.m.

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Representative Wood
Chair

_____

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Thursday, January 28, 2016

SUBJECT	DESCRIPTION	PRESENTER
	Board of Medicine	
22-0101-1501	Licensure to Practice	Anne Lawler
22-0115-1501	Telehealth Services	Anne Lawler
	Idaho Council on Suicide Prevention	Dr. Linda Hatzenbuehler
	Quality Planning Commission	Dr. J. Robert Polk

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy(Agidius)
Rep Rusche(Cuddy)
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Thursday, January 28, 2016
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche (Van Tassel), Chew
ABSENT/ EXCUSED:	None
GUESTS:	Linda Hatzenbuehler, and Mary Ellen Kelly, Suicide Prev. Council; J. Robert Polk, MD, MPH, HQPC; Anne Lawler, Mary Leonard, and Jean Uranga, Board of Medicine; Steward Wilder, Live Wilder Foundation; Carmen Sanger, Idaho AFSP; Amanda Hundt, ID Amer. Found. Suicide Prev.; Elke Shaw-Tullach, IDHW; Dieuwke A. Dizney-Spencer, and Ahmed Kassem, IDHW Division of Public Health; Karan Tucker, Jannus, Inc.

Chairman Wood called the meeting to order at 9:01 a.m.

DOCKET NO. 22-0101-1501:	**Anne Lawler,** Executive Director, Idaho State Board of Medicine presented **Docket No. 22-0101-1501,** for the licensure of international medical school graduates (IMG). Under the current Rule, IMG residents cannot apply for Idaho licensure until completion of three years of their post-graduate program. The Rule change reduces this requirement to two years for residents attending an Idaho-based residency program. This will increase the pool of resident physicians. It will also allow residents to obtain controlled substance licenses, authorize medical equipment for home health, and receive community medical practice experience. Many of the IMGs seeking licensure are Idahoans who want to return to practice.
	Answering committee questions, **Ms. Lawler** said individuals attending U.S. medical schools can obtain licensure while in residency. Canadian schools are the only schools outside the U.S. considered domestic. The additional time for international medical schools confirms education has been provided at the high quality expected.
MOTION:	**Rep. Hixon** made a motion to approve **Docket No. 22-0101-1501**.
	For the record, no one indicated their desire to testify.
VOTE ON MOTION:	**Chairman Wood** called for a vote on the motion to approve **Docket No. 22-0101-1501. Motion carried by voice vote.**
DOCKET NO. 22-0115-1501:	**Anne Lawler,** Executive Director, Idaho State Board of Medicine, presented **Docket No. 22-0115-1501**. This Pending Rule, prompted by the Idaho Teleheath Access Act, clarifies the obligations of licensed health care providers when providing teleheath services to patients located in Idaho.
MOTION:	**Rep. Beyeler** made a motion to approve **Docket No. 22-0115-1501**.
	Responding to a committee question, **Ms. Lawler** said the Teladoc organization opposed allowing patient selection of providers, because they prefer assigning the provider.
	For the record, no one indicated their desire to testify.
VOTE ON MOTION:	**Chairman Wood** called for a vote on the motion to approve **Docket No. 22-0115-1501. Motion carried by voice vote.**

Dr. Linda Hatzenbuehler, Chairman, Idaho Council on Suicide Prevention (ICSP), presented their annual report to the committee. The council began in 2006 to develop and implement a plan to address the number of Idaho deaths by suicide. In 2014, there were 320 deaths by suicide, an average of six deaths per week. From 2010 to 2014, there were ninety-six school-aged children who died by suicide. Twenty of those deaths were children fourteen years of age or younger. The state economic impact for fiscal year (FY) 2013 indicates $1.3M paid in annual medical costs for completed suicides, $465M lifetime productivity losses, and an average annual medical cost of $43.8M for non-fatal suicide attempts.

The Idaho and national per capita rate gap continues to grow, with Idaho substantially higher. Both the Suicide Prevention Action Network (SPAN) and the Idaho Suicide Prevention Hotline (ISPH) are partner organizations.

Kim Kane, Program Director, Idaho Lives Project, continued the presentation to the committee. She said although no single event can be attributed to an increase in suicide, economic downturn is a factor. Comparison of before (1994-2007) and after (2008-2014) the economic decline shows a definite post-decline suicide increase. With the exception of 2011, Idaho has ranked in the top ten states for the number of completed suicides per capita for the last five years. The youth, ages 15 to 24, suicide rate has also ranked Idaho in the top ten states for the past five years.

With more known about suicide than ever before, four areas have been determined to have a major impact on suicide rate reduction. These areas are state leadership, youth training, hotlines, and public awareness. State leadership is necessary for comprehensive, effective, and sustainable suicide prevention programs. Youth training with positive, evidence-based, upstream approaches reduces suicide rates over time. Hotlines are a critical and necessary component to the suicide prevention infrastructure. Public awareness, with targeted media campaigns, have a positive effect on suicidal behavior.

Dr. Bob Polk, Retired Physician, Former Chief Quality Officer and Chief Medical Officer, St. Alphonsus Hospital, Chair, Health Quality Planning Commission (HQPC), presented further to the committee. The HQPC was charged to prepare an implementation plan for a comprehensive suicide prevention program, such as the Idaho Suicide Prevention Plan (ISPP), published by the ICSP and approved, along with a budget, in December, 2015. Because this approval was after the budget cutoff dates for various sources, he is also asking the committee for funding support.

A 2013 youth risk behavior survey of Idaho high school students indicated one in six have seriously considered suicide, one in eight have a suicide plan, and one in fourteen have attempted suicide. Not only did Idaho lose 96 children of school age from 2010 to 2014, we also lost 155 college age youth (19 to 24 years of age).

With a range of complex grief reactions, surviving the loss of a loved one to suicide is also a suicide risk. The full impact on family lives, productivity, and relationships remains unknown. Seven percent of the U.S. population are estimated to have known someone who died of suicide in the previous twelve months.

A 10% reduction in suicides and attempts would save Idaho $46M in foregone productivity and $4.4M in medical care for non-fatal attempts. The HQPC is requesting state funding of $971,102.90. These funds would be added to continued private and grant funding.

Of the HQPC initiatives, four are priorities. First is the creation of the Office of Suicide Prevention (OSP) to provide statewide leadership, with the ICSP as their advisory group. The budgeted amount of $258k includes four full-time employees. The OSP would be housed within the Department of Health and Welfare's (DHW) Division of Public Health.

Another priority initiative is the training of 50% of all middle and high school students, expanding the existing Idaho Lives sources and strength program to reach 162 schools. The expansion cost is $165k per year.

ISPH sustainability is a priority, with a state fund request of $273k to cover 60% of their operations. As the front door access point for Idahoans, ISPH effectively decreases suicidality, hopelessness, and emotional pain. In one year they have saved $962k through de-escalation during calls.

The final priority initiative is a public awareness campaign, at a cost of $300k, to provide individual and community information for increasing awareness, decreasing the shame, and detailing how to seek help.

Other initiatives, not part of the funding request, will be addressed later. They include assessment and management training for gatekeepers and behavior health (BH) clinicians. Effective, immediate follow up of suicidal patient post health care facility visits will also be addressed. Professionals who encounter survivors immediately after the suicide loss will have access to training and support. Support facilitators of suicide loss support groups will be trained, supported, and groups will be coordinated. Accurate and adequate data reporting of behavior and attempts have barriers that must be overcome. This would require an enhanced database, which would be part of the State Healthcare Innovation Plan (SHIP) grant.

Answering questions, **Kim Kane** said ongoing statewide gatekeeper training has occurred for twelve years though SPAN Idaho. Farmers are among both the top ten and top fifteen lists of occupations with high suicide rates.

In reply to committee questions, **Dr. Polk** stated the OSP would develop the training strategy for immediate statements to survivors. The initial training, geared toward middle and high schools could include colleges, although they are embedded in other strategies.

John Reuser, ISPH, was invited to answer a committee question. He said the ISPH partners with community donors and has outreach gains. If the state provides 60% of their budget, he is confident the public private partnership will provide the rest of the funds.

Answering further committee questions, **Dr. Polk** explained the reasons someone pursues suicide are complex. Current theories report these individuals have a perceived burdenous, a thwarted belongingness, and an acquired ability for lethal self injury. This may explain why physicians are in the top ten professions for suicide and why the military has experienced a recent suicide rate increase.

Responding to additional committee questions, **Mr. Reuser** stated the ISPH call center is located in Boise, with statewide voluntary boots-on-the-ground ambassadors. The 9:00 a.m. to 1:00 a.m. calls are handled by trained volunteer phone responders. Paid staff members handle calls from 1:00 a.m. to 9:00 a.m. The phone room is always filled by a master-level clinician or equivalent, who silently monitors the phone calls and assists the volunteers. Data reports, part of their additional outreach efforts, are sent to targeted low call volume areas.

The use of a three-digit phone number was suggested by **Rep. Beyeler. Vice Chairman Packer** suggested a link to the ISPH be established with first responder dispatchers. **Dr. Polk** said both suggestions will be seriously considered upon funding.

Ms. Kane, answering a committee question, stated a week long crisis intervention training program trains police officers in ways to deal with mental health disorder encounters.

Chairman Wood urged **Dr. Polk** to pursue budget discussion coordination with the Governor's office. He also suggested discussion with **Rep. Malek** and **Sen. Schmidt**, who are both on the Joint Finance and Appropriations Committee.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:17 a.m.

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Representative Wood
Chair

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Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Friday, January 29, 2016

SUBJECT	DESCRIPTION	PRESENTER
	Division of Medicaid	
16-0309-1502	Health Care Policy Initiatives	Matt Wimmer
16-0310-1501	Medicaid Enhanced Plan Benefits	Art Evans
16-0313-1501	Consumer Directed Services	Art Evans
	Division of Licensing and Certification	
16-0319-1502	Certified Family Homes	Tamara Prisock

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche(Van Tassel)
Rep Chew(Wallace)

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Friday, January 29, 2016
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche (Van Tassel), Chew
ABSENT/ EXCUSED:	Representative(s) Vander Woude
GUESTS:	Art Evans, and Beth Kriete, Medicaid; Christine Pisani, Council on Developmental Disabilities; Cherie Hito, VSI; Bill Benkula, IACOR; Bev Barr, Matt Wimmer, Tiffany Kinzler, Dave Taylor, and Tamara Prisock, DHW; Jim Baugh, DRI; Dennis Stevenson, Rules Coordinator; Frank Powell, DHW - Rules Unit.

Chairman Wood called the meeting to order at 9:00 a.m.

MOTION: **Vice Chairman Packer** made a motion to approve the minutes of the January 25, 2016, meeting. **Motion carried by voice vote.**

DOCKET NO. 16-0309-1502: **Matt Wimmer**, Deputy, Administrative Policy, Division of Medicaid, presented **Docket No. 16-0309-1502,** Rule changes for primary care provider payments. Along with increased reimbursement to primary care providers, the changes support rural telemedicine use, setting the provision of care conditions and boundaries to avoid misuse of services. Saved hospital and emergency room utilization costs will offset the increased payments.

Answering committee questions, **Mr. Wimmer** said the changes are in line with the pilot program, which demonstrated the cost reduction of preventive primary care. The referral process, a set requirement, has audits and sanctions for non-complying providers.

MOTION: **Rep. Beyeler** made a motion to approve **Docket No. 16-0309-1502.**

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to approve **Docket No. 16-0309-1502. Motion carried by voice vote.**

DOCKET NO. 16-0310-1501: **Arthur Evans**, Bureau Chief, Developmental Disability Services, Division of Medicaid, Department of Health and Welfare (DHW), presented **Docket No. 16-0310-1501**. Home and community based services (HCBS) allow an individual, who meets an institutional level of care, to live and be supported in a home and community setting. The new Rules are designed to insure people who receive HCBS have the same rights and freedoms as anyone else, based on new federal regulations.

Individuals have the opportunity to seek employment, work in competitive settings, engage in community life, and control personal resources. Individual life choices are made through personal plans based on needs and preferences. Rights to privacy, dignity, respect, and freedom from coercion and restraint are safeguarded.

Provider toolkits, training materials, and training sessions are being developed. Compliance begins six months after the effective date. The DHW will continue to assist providers to assure they have enough transition time.

Christine Pisani, Executive Director, Idaho Council on Developmental Disabilities, testified **in support** of **Docket No. 16-0310-1501**, which aligns with the mission and values of the Idaho Council on Developmental Disabilities. A comprehensive approach of face-to-face statewide training and education is suggested as a long-term investment. This Rule ensures true community integration.

Jim Baugh, Executive Director, Disability Rights Idaho, testified **in support** of **Docket No. 16-0310-1501**. A disabled individual must rely on another person's assistance, which shifts control of the situation to that person. Although this is a big step forward for individual choice safeguards, rate structuring and transportation still require improvement.

Bill Benkulah, President, Idaho Association of Community Providers (IACP), testified **in support** of **Docket No. 16-0310-1501**, which aligns with their goals and objectives. The Rules are in broad terms and the IACP asks for continued involvement during implementation. He expressed concern regarding unforeseen fiscal impact.

MOTION: **Vice Chairman Packer** made a motion to approve **Docket No. 16-0310-1501.**

For the record, no one else indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to approve **Docket No. 16-0310-1501. Motion carried by voice vote.**

DOCKET NO. 16-0313-1501: **Arthur Evans**, Bureau Chief, Division of Medicaid, DHW, presented **Docket No. 16-0313-1501**, the companion to **Docket No. 16-0310-1501**. This Rule applies to a Developmental Disability (DD) waiver option which allows a person to choose the type and amount of needed supports, negotiate a rate of payment, and hire support agencies. It further complies with the new federal regulations. The DHW has committed to continue work with participants and agencies to assist in the regulation transition.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Redman** made a motion to approve **Docket No 16-0313-1501. Motion carried by voice vote.**

DOCKET NO 16-0319-1502: **Tamara Prisock**, Administrator, Division of Licensing and Certification, DHW, presented **Docket No. 16-0319-1502**, proposed Rules for Idaho Certified Family Homes (CFH), which provide a family styled living arrangement for individuals who are unable to live alone and whose condition can be met by the care provider, delaying the need for more expensive institutional care.

As a requirement of **H 260**, the DHW must implement CFH initial certification and recertification fees to cover program costs. Collected funds cover the personnel and operating costs for the CFH Program. Despite streamlining, personnel and operating costs have increased, resulting in a growing program deficit. The proposed changes increase the initial certification fee from $150 to $175 and the monthly fee from $25 to $30.

The Rule change also reinstates the required CFH provider assistance with medications DHW course discontinued in 2010. A general course offered by Idaho's Professional and Technical Education Department has been available at an approximate cost of $75. The new course is designed specifically for CFH at a break-even cost of $60.

Answering committee questions, **Ms. Prisock** said certification assures the homes can operate in the state, regardless of the services received. In an effort to lessen travel costs, the inspections have been geographically synchronized and desk compliance reviews have been implemented.

Without CFHs, individuals would be in assisted living facilities and nursing home levels of care. In private pay homes, the resident or families pay all costs. There are two types of CFH. One type is a family member taking care of another family member in their own home. The other type is someone caring in their own home for non-relatives.

ORIGINAL MOTION: **Rep. Troy** made a motion to reject **Docket No. 16-0319-1502.**

For the record, no one indicated their desire to testify.

Commenting on the original motion, **Vice Chairman Packer** acknowledged the quandary of the self-funding statutory obligation versus constituent concerns.

SUBSTITUTE MOTION: **Rep. Beyeler** made a substitute motion to **HOLD Docket No. 16-0319-1502** for time certain, February 4, 2016.

Reps. Beyeler, Perry, Packer, and **Redman** requested the program's expense breakdown. Assistance was also requested to understand the broader picture that includes Medicaid reimbursement.

AMENDED SUBSTITUTE MOTION: **Rep. Romrell** made an amended substitute motion to approve **Docket No. 16-0319-1502**. He commented on the program's statutory authority and funding obligation.

Rep. Troy said along with the statutory obligation is the obligation to care for CFH providers. She expressed concern about raising any rates without consideration of the lack of a Medicaid reimbursement increase.

ORIGINAL MOTION WITHDRAWN: **Rep. Troy** withdrew her original motion to reject **Docket No. 16-0319-1502.**

Chairman Wood stated the fee increases comply with the statutory obligation to fund, not over fund, the program. Medicaid rates are addressed beyond this Rule.

VOTE ON AMENDED SUBSTITUTE MOTION: **Chairman Wood** called for a vote on the amended substitute motion to approve **Docket No. 16-0319-1502. By a show of hands, the motion failed**.

VOTE ON SUBSTITUTE MOTION: **Chairman Wood** called for a vote on the substitute motion to **HOLD Docket No. 16-0319-1502** for time certain, February 4, 2016. **By a show of hands, the motion carried**.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:13 a.m.

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Representative Wood
Chair

_____

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Monday, February 01, 2016

SUBJECT	DESCRIPTION	PRESENTER
	Board of Pharmacy	
H 335	Controlled Substances, Schedule II	Alex Adams
H 336	Pharmacy Board Terms	Alex Adams
H 337	Prescriptions, Medical Examiners, Database	Alex Adams
H 338	Legend Drug Possession	Alex Adams
H 339	Controlled Substance Storage	Alex Adams
H 340	Non-Prescription Contraceptives	Alex Adams

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche(Van Tassel)
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Monday, February 01, 2016
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche (Van Tassel), Chew
ABSENT/ EXCUSED:	None
GUESTS:	Alex Adams, Berk Fraser, and Misty Lawrence, Idaho Board of Pharmacy; Lance Giles, Eiguren Ellis; Kelli D. Brassfield, IAC; Frank Powell, DHW-Rules Unit.

Chairman Wood called the meeting to order at 9:00 a.m.

MOTION: **Vice Chairman Packer** made a motion to approve the minutes of January 26, 2016. **Motion carried by voice vote.**

H 335: **Alex Adams,** Executive Director, Idaho State Board of Pharmacy (BOP), presented **H 335**. The BOP maintains the state's Controlled Substances Act (CSA), with annual changes to align with the Drug Enforcement Administration (DEA) updates. This Legislation follows the DEA removal of [123I]ioflupane, a radiopharmaceutical product used by nuclear medicine physicians for the diagnosis of Parkinson's disease, from schedule II of the federal CSA.

MOTION: **Rep. Rusche** made a motion to send **H 335** to the floor with a **DO PASS** recommendation.

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **H 335** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Chew** will sponsor the bill on the floor.

H 336: **Alex Adams,** Executive Director, Idaho State Board of Pharmacy, presented **H 336**, which removes board officer term limits, with no change to member term limits. The board member per diem honorarium is increased from $50 to $100. The honorariums are drawn from the pharmacy fund. Answering a committee question, Dr. Adams said the pharmacy fund started fiscal year 2017 with a balance of $2.1M.

MOTION: **Rep. Rusche** made a motion to send **H 336** to the floor with a **DO PASS** recommendation.

For the record, no one indicated their desire to testify.

Responding to further committee questions, **Dr. Adams** stated the board members do not receive any salaries. Paid fees go into the pharmacy fund. Referenced benefits are Federal Insurance Contributions Act (FICA) taxes.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **H 336** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Chew** will sponsor the bill on the floor.

H 337: **Alex Adams,** Executive Director, Idaho State Board of Pharmacy, presented **H 337**. The BOP oversees the Prescription Monitoring Program (PMP), which tracks controlled substances dispensed. This Legislation adds coroners or medical examiners to the access list, so they can use it for cause of death determinations.

MOTION: **Vice Chairman Packer** made a motion to send **H 337** to the floor with a **DO PASS** recommendation.

For the record, no one indicated their desire to testify.

Answering committee questions, **Dr. Adams** explained the coroner or medical examiner access would be via a phone call or formal request to the board, without online access.

Rep. Rusche commented the coroner and medical exam reports are public documents, as opposed to the PMP database information.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **H 337** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Chew** will sponsor the bill on the floor.

H 338: **Alex Adams,** Executive Director, Idaho State Board of Pharmacy, presented **H 338**, which codifies existing practices in the Pharmacy Practice Act. Midwives are acknowledged to possess medications according to the formulary established by the Idaho Board of Midwifery. Home health nurses or agencies, or hospice agencies are acknowledged to possess emergency kits pursuant to the BOP Rules.

MOTION: **Rep. Redman** made a motion to send **H 338** to the floor with a **DO PASS** recommendation.

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **H 338** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Chew** will sponsor the bill on the floor

H 339: **Alex Adams,** Executive Director, Idaho State Board of Pharmacy, presented **H 339**. This Legislation clarifies storage of controlled substances in compliance with federal law and BOP Rules. Answering a committee question, Dr. Adams stated all pharmacies are registered through the DEA and held to federal law.

MOTION: **Rep. Hixon** made a motion to send **H 339** to the floor with a **DO PASS** recommendation.

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **H 339** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Chew** will sponsor the bill on the floor.

H 340: **Alex Adams,** Executive Director, Idaho State Board of Pharmacy, presented **H 340**, the repeal of an archaic 1937 chapter for the regulation of non-prescription contraceptives. It has not been updated since 1982 and is not enforced. It does not have any impact on prescription contraceptives.

For the record, no one indicated their desire to testify.

MOTION: **Vice Chairman Packer** made a motion to send **H 340** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Chairman Wood** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:36 a.m.

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Representative Wood
Chair

_____

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Tuesday, February 02, 2016

DOCKET	DESCRIPTION	PRESENTER
	Division of Behavioral Health	
16-0715-1501	Behavioral Health Programs - New Chapter	Jamie Teeter
16-0720-1501	Alcohol & Substance Use Disorders Treatment - Chapter Repeal	Jamie Teeter
16-0710-1501	Behavior Health Development Grants	Jamie Teeter

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche(Van Tassel)
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, February 02, 2016

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

ABSENT/ EXCUSED: None

GUESTS: Greg Dickerson, Idaho Assoc. of Community Providers; Bev Barr, DHW-Rules; Tiffany Kinzler, Jamie Teeter, and Rosie Andueza, DHW; Darren Richman, Ascent Behavioral Health; Amy Jeppesen, Recovery 4 Life; Nikki George, Access Behavioral Health; Kelly Keele, Children's Supportive Services; Dennis Stevenson, Rules Coordinator.

Chairman Wood called the meeting to order at 9:00 a.m.

DOCKET NO. 16-0715-1501: **Jamie Teeter**, Bureau Chief, Department of Health and Welfare (DHW), Division of Behavioral Health (BH) presented **Docket No. 16-0715-1501**, which was held over from January 20, 2016.

This is a new Rule Chapter to move mental health (MH) and substance use disorder (SUD) providers into an integrated BH system of care. The proposed BH certification combines two processes into one credentialing program maintained by the Division of BH and provides an optional avenue for MH state certification. Additionally, it replaces IDAPA 16.07.20 and allows the DHW continued oversight of SUD providers while meeting the Alcohol and Intoxication Treatment Act directives. A deeming process is provided for review of audit findings from other entities, including national certification bodies.

A program-specific background check waiver process is included to allow someone who has failed the DHW background check to potentially provide services. Although the Rules are based heavily on national accreditation guidelines, allowance of variances is provided for Idaho-specific guidelines, if necessary. A new $100 flat fee is included for each BH program location.

Responding to committee questions, **Ms. Teeter** said all MH and SUD providers need to be engaged to determine the ultimate goal for this process. The Medicaid contractor holds providers accountable for meeting national accreditation standards.

Ross Edmunds, Administrator, Division of BH, DHW, was invited to answer questions. He said Boise State University (BSU) has contracted to do a review of the state's SUD population. Future BSU contracts are being discussed for a beta analysis and ongoing system measurements to ensure MH services adequacy. The Rule responds to provider accreditation requests, with continued work with stakeholders to develop standards.

Answering committee questions, **Ms. Teeter** stated desk audits would be done, with on-site audits only in response to a complaint or for a new provider.

Greg Dickerson, MH Provider, Director, Idaho Association of Community Providers (IACP), testified **in support** of **Docket No. 16-0715-1501**. Each BH category has developed over time and under different statutes. The IACP will engage in the rule making process with the DHW.

In answer to committee questions, **Mr. Dickerson** said the majority of the Rule relates to ongoing SUD services. Access and cost analysis will bring the provider network into compliance with the statute. Individuals often cross over BH, SUD, and MH services, so integration is right.

Darren Richman, Member, IACP, on behalf of Asset BH Services, testified **in support** of **Docket No. 16-0715-1501**, which is a more efficient system of integration of SUD and BH services. They have had six state agency audits in their three clinics, taking them away from direct client care.

Amy Jeppesen, Board of Directors, IACP, Owner, Recovery 4 Life, testified **in support** of **Docket No. 16-0715-1501**. The current silo system requires MH and SUD clients, with overlapping issues, to see different providers. Transformation will move from the silo method to a BH system, allowing more and better treatment for clients. Answering a committee question, Ms. Jeppesen said a recent national standards shift defines success as an individual's recovery path, as opposed to the previous five-year time frame.

Chairman Wood turned the gavel over to **Vice Chairman Packer**.

Nikki George, Owner of an MH and SUD private agency, testified **in opposition** to **Docket No. 16-0715-1501**. The audits are a review of how they are doing and each audit has a different purpose, which may or may not fulfill another entity's requirement. Bringing in national standards will neither fix ongoing provider problems nor eliminate audits. Idaho's client base is different than national standards, so Idaho provider regulation makes more sense.

Vice Chairman Packer turned the gavel over to **Chairman Wood**.

Kelly Keele, Representing Children's Supporting Services, testified **in opposition** to **Docket No. 16-0715-1501**, which would create an unnecessary certification in conflict with and delaying the statute requirement to meet accreditation standards. The Commission on Accreditation of Rehabilitation Facilities (CARF) has 1,500 individual standards to determine a program's quality. The background check waiver is in conflict with other statute and could put a vulnerable population at risk. The variance allows an agency to not follow any part of the Rule. He requested implementation of national accreditation to assure the appropriate standards are met.

In response to committee questions, **Mr. Keele** said the five-year requirement for disqualifying crimes provides a reasonable time frame for someone to demonstrate they have their act together. National accreditation, although not easy, provides improved efficiency when helping an individual move from entry to graduation from services. CARF offers a standards manual and a basic course. Identified problems are referenced as recommendations. Both the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and CARF fees are based on the number of surveyors needed, with one surveyor reviewing only administrative and business practices. JCAHO's three-year accreditation requires 60% of the fee the first year and the balance paid over the next two years. Even if the Rules met the accreditation standards, Mr. Keele questioned the availability of experienced peers to conduct the surveys.

For the record, no one else indicated their desire to testify.

Shad Priest, Regence Blue Shield, was asked to answer a committee question. He stated Regence Blue Shield does not have a position on this Rule. They continue to discuss and support any required accreditation.

In response to testimony, **Ms. Teeter** stated the background checks waiver is similar to the one found in the Department of Licensing and Certification Rules. A variance would be issued based on clientele health and safety and would not be granted to a provider who could not meet the Rule standards.

Ms. Teeter answered further committee questions, explaining the Rule is specific to BH programs and speaks to the services profile. The provider network has expressed concern about the national accreditation cost. MH, BH, and SUD are not all covered under national certification and the national board does not review complaints the same as Idaho. There are roughly 500 BH providers, with approximately 5% nationally accredited. Other states have shared the problems surrounding the onerous process and cost associated with adopting the national standards. Adopting state standards first provides time for providers to prepare and understand the business impact of national accreditation.

MOTION: **Rep Redman** made a motion to approve **Docket No. 16-0715-1501.**

Ms. Teeter, responding to additional committee questions, said accreditation is voluntary for MH providers and a requirement for SUD providers as part of the Alcohol and Intoxication Treatment Act . The waiver process allows someone a chance to help their peers, with the provider taking on the responsibility that the person remains safe with their clients.

Rep. Rusche and **Rep. Beyeler, in support** of the motion, commented the Rule is a step in the right direction.

Rep. Perry and **Rep. Vander Woude, in opposition** to the motion, shared concerns about variances allowing providers business cost circumvention. The lack of direction clarity and time frame is also of concern.

Rep. Redman commented the waiver provides a big SUD aid by allowing someone who has struggled with substance abuse to actively help those in similar situations.

Vice Chairman Packer commented the statute refers only to Medicaid managed plans. This is a step forward, especially with DHW commitment to work with providers. Providers of quality care want to insure all providers are of the same quality.

Rep. Troy spoke **in opposition** to the motion, because it is not clear that a business plan and model are in place yet.

Ms. Teeter, responding to committee comments, said a deeming status in the Rule allows submission of provider audits and eliminates the need for the DHW audit. Recent stakeholder negotiations have indicated the need for more time to determine a collective direction and solidify the plan.

Chairman Wood, speaking **in support** of the motion, stated the Rule is a starting point that certainly requires more work. Getting to national accreditation requires a smooth transition, especially in rural Idaho.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to approve **Docket No. 16-0715-1501. By a show of hands, the motion carried. Reps. Vander Woude, Perry, Troy,** and **Romrell** requested to be recorded as voting **NAY**.

DOCKET NO. 16-0720-1501: **Jamie Teeter**, Bureau Chief, Department of Health and Welfare (DHW), Division of Behavioral Health (BH) presented **Docket No. 16-0720-1501**, repealing the current chapter. Sections have been replaced or moved to other chapters. There is no fiscal impact. The changes reflects the BH provider standards changing times and align with BH integration.

MOTION: **Vice Chairman Packer** made a motion to approve **Docket No. 16-0720-1501**.

For the record, no one indicated their desire to testify.

VOTE ON MOTION:	**Chairman Wood** called for a vote on the motion to approve **Docket No. 16-0720-1501. Motion carried by voice vote.**
DOCKET NO. 16-0710-1501:	**Jamie Teeter**, Bureau Chief, Department of Health and Welfare (DHW), Division of Behavioral Health (BH) presented **Docket No. 16-0710-1501** repeal as funds appropriated to the division for development grants has ended in 2009. BH care system eliminates the need for grants since regional health boards can now handle needs. For the record, no one indicated their desire to testify.
MOTION:	**Rep. Hixon** made motion to approve **Docket No. 16-0710-1501. Motion carried by voice vote.**
ADJOURN:	There being no further business to come before the committee, the meeting was adjourned at 10:50 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Wednesday, February 03, 2016

SUBJECT	DESCRIPTION	PRESENTER
RS24232	Hospital Districts, Board Appointments	Jeremy Pisca, Kootenai Health Medical Center
H 374	Control Substances Prescription Data	Rep. Fred Wood
H 375	Health Care Task Force	Rep. Fred Wood
H 373	Legend Drugs, Clinic Donations	Ross Edmunds, Division of Behavioral Health

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche(Van Tassel)
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Wednesday, February 03, 2016
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
ABSENT/ EXCUSED:	Chairman Wood
GUESTS:	Berk Fraser and Alex Adams, Idaho Board of Pharmacy

Chairman Packer called the meeting to order at 9:00 a.m.

MOTION: **Rep. Perry** made a motion to approve the minutes for January 27 and February 1, 2016. **Motion carried by voice vote.**

Chairman Packer informed the committee **H 374** and **H 375** will be heard February 4, 2016, due to the presenter's absence.

RS 24232: **Jeremy Pisca**, Attorney, Risch Pisca Law Firm, representing the Kootenai Health Medical Center, presented **RS 24232.** The Kootenai Health Hospital District has been in existence over sixty years, is self-sustaining without property taxes, and has an elected board of directors. As a major facility, it has 300 beds, 3,000 employees, and more than 300,000 outpatient business partners. This proposed legislation gives the board of directors the ability to appoint not more than two additional board members with specialized knowledge. The appointees would have the same duties and responsibilities as the other board members.

MOTION: **Rep. Redman** made a motion to introduce **RS 24232**.

Answering a committee question, **Mr. Pisca** said the engagement level is higher when the specialist is a part of the board. Additionally, this change will attract specialists from the community who do not want to stand for election.

VOTE ON MOTION: **Chairman Packer** called for a vote on the motion to introduce **RS 24232. Motion carried by voice vote.**

H 373: **Ross Edmunds**, Administrator, Division of Behavioral Health (BH), Department of Health and Welfare (DHW), presented **H 373**. The Public Assistance Cost Allocation Plan (PAAP) is an online database used to match an individual demographically with a pharmaceutical company willing to provide requested medication for free, saving about $4M annually in prescription costs. If there is a prescription change, the pharmaceutical companies do not want any extra medication returned. **H 373** changes the Legend Drug Act to designate the Department's Regional BH Centers and State Charitable Institutions as qualifying charitable clinics or centers. With this change, they can accept the donation of the extra PAAP medications that have not expired and use them for another patient.

Answering committee questions, **Mr. Edmunds** said each region has a DHW Mental Health (MH) Clinic and extension offices. The Board of Pharmacy (BOP), which maintains the controls, storage, and ongoing inventory of pharmaceuticals, has requested this change to comply with current practice. The PAAP is not a rebate program and patients do not pay for the medications. The pharmaceutical company ships the medication to the clinic, where it is stored and dispensed in single doses to the patient. The quantities shipped are not large.

MOTION: **Rep. Beyeler** made a motion to send **H 373** to the floor with a **DO PASS** recommendation.

Mr. Edmunds further responded to committee questions, stating the individual receives the financial benefit of free medication, with no monetary out-of-pocket expense. The BH clinic services use a sliding fee scale, based on illness severity and income level. A recent survey disclosed approximately 93% of individuals they serve fall below the 120% federal poverty level.

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Chairman Packer** called for a vote on the motion to send **H 373** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Chew** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:25 a.m.

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Representative Packer
Chair

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Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Thursday, February 04, 2016

SUBJECT	DESCRIPTION	PRESENTER
H 374	Control Substances Prescription Data	Rep. Fred Wood
H 375	Health Care Task Force	Rep. Fred Wood
	Certified Family Homes Overview	Tamara Prisock, Division of Licensing & Certification
DOCKET NO. 16-0319-1502	Certified Family Homes	Tamara Prisock

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche(Van Tassel)
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Thursday, February 04, 2016
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
ABSENT/ EXCUSED:	None.
GUESTS:	Alex Adams, Idaho Board of Pharmacy; Lisa Hettinger, Tamara Prisock, Bev Barr, Dave Taylor, DHW; Brad Hunt, O.A.R.C.

Chairman Wood called the meeting to order at 9:01 a.m.

Chairman Wood turned the gavel over to **Vice Chairman Packer**.

H 374: **Rep. Fred Wood,** District 27, presented **H 374**, which addresses the Prescription Monitoring Program (PMP) poor usage rate. Analysis of the program indicated physician log in was not conducive to most offices, unless the physician released the identification number to an employee. This legislation authorizes a delegate program and limits the number of delegates to four per supervising entity. Provider and delegate definitions are added. Requirement is made for delegate registration with the Bureau of Licensing. Each delegate will have a unique identification number for monitoring purposes. The program cost is de minimis because the system is already in place and no staff increase is required.

Alex Adams, Executive Director, Board of Pharmacy (BOP), was invited to answer a committee question. He explained each unique account and access identification provides an audit trail. If a provider identification and password are shared, the audit trail identifies only the original provider, not who used the identification. The change increases security.

MOTION: **Rep. Hixon** made a motion to send **H 374** to the floor with a **DO PASS** recommendation.

Answering further committee questions, **Dr. Adams** said the registration requirement has increased data enrollment by 255%. However, the PMP use has only increased 53%. The data base information sparks a patient point-of-care dialogue. Two dedicated staff members monitor and review suspected abuse. BOP logs, called unsolicited reports, alert providers to suspected abuse. In 2015, 636 reports were generated. Online unsolicited reporting has just begun and additional types of reports are being considered.

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Chairman Packer** called for a vote on the motion to send **H 374** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Chew** will sponsor the bill on the floor.

H 375: **Rep. Fred Wood**, District 27, presented **H 375**, legislation to repeal the Health Care Task Force (HCTF). Session laws, but not statute, in 2000 created a joint legislative oversight committee to monitor the insurance high risk pool. The 2006 session laws were amended to rename the commission the Health Insurance Premiums Task Force (HIPTF) and authorized it to do some research. The HIPTF was later renamed the HCTF, but still not codified beyond session laws. If the HCTF exists beyond an interim committee, a Concurrent Resolution and budget should be presented to authorize taxpayer fund expenditures. The fiscal General Fund savings is $3,500 per meeting per year.

For the record, no one indicated their desire to testify.

Rep. Rusche commented, as an HCTF member, the task force was designed as an oversight board for the high risk insurance pool because problems within the Health and Welfare committees left no place for the health care industry to bring public policy issues. The HCTF function changed to become a forum for the health care industry. A select healthcare committee is an option to continue the HCTF work.

MOTION: **Rep. Redman** made a motion to send **H 375** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Rusche** requested he be recorded as voting **NAY. Rep. Wood** will sponsor the bill on the floor.

Vice Chairman Packer turned the gavel over to **Chairman Wood.**

DOCKET NO. 16-0319-1502: **Tamara Prisock**, Administrator, Division of Licensing and Certification, DHW, presented **Docket No. 16-0319-1502** and an overview of Certified Family Homes (CFH). CFHs provide homelike alternatives for living within an individual's community and delaying the need for more expensive institutional care. There are over 2,300 CFHs with 3,305 beds, of which 454 are currently empty.

The CFH provider and the resident enter into an admission agreement for services delivered and amounts paid. These amounts vary, based on the home's location. The payment may be either from the resident's own income or their family. CFH Rules prohibit any provider charging the full amount of the resident's income for rent, utilities, and food. At least $100 must remain as a personal needs allowance.

Within the Division of Licensing and Certification, the CFH Program is charged with monitoring and enforcing CFH compliance with statutes and rules outlining operation. The staff consists of ten CFH Specialists located in seven geographic regions and one Program Manager in the DHW Pocatello field office. The program maintains a current workload and has no overdue surveys or complaint investigations. Staffing or funding reductions would adversely affects inspections, complaint investigations, and the availability of time to help CFH providers.

Arthur Evans, Bureau Chief, Developmental Disabilities Services, Division of Medicaid, DHW, further presented information on Medicaid services and CFHs. For 6.26 hours of provider skill building services delivered in a CFH, Medicaid pays $53.39 per day. Reimbursement for services provided to family members is unique to Idaho. Rules govern cost studies and rate adjustments, which are initiated only by demonstrated program access or quality issues. Medicaid has no indication of either CFH industry-wide quality or identified access issues at this time. Answering a committee question, Mr. Evans stated the last Medicaid medical services CFH rate adjustment was in 2000.

Answering committee questions, **Ms. Prisock** said the initial $150 fee covers certification, inspection, orientation, training, and placement approvals. The $300 annual fee covers ongoing training, consultation, annual recertification inspections, administration costs, and electronic communication methods.

MOTION: **Rep. Troy** made a motion to reject **Docket No. 16-0319-1502.**

Commenting to the motion, **Rep. Troy** stated this is an opportunity to explore additional creative options to reduce costs and partner with CFH providers on the solutions. Until we are the best possible partners with the providers, the cost increase request is unfair.

Dave Taylor, Deputy Director, Support Services, Division of Licensing and Certification, DHW, was invited to answer a committee question. He said the initial CFH Program funding was evenly split between state and federal funds, with the added directive to promulgate Rules and develop an ongoing operation fee structure.

Chairman Wood commented the intention of the CFH Program was to change the existing system and treat providers the same as other professional business groups.

Lisa Hettinger, Division Administrator, Medicaid, further answered a committee question. The formulary process for rate change is grounded in the federal Rule that Medicaid reimbursement must service issues of quality, access, and efficiency.

SUBSTITUTE MOTION: **Rep. Chew** made a substitute motion to approve **Docket No. 16-0319-1502**, with the recommendation the issue be re-addressed before the committee in one year.

Responding to additional committee questions, **Dave Taylor** stated a Medicaid Administrative Grant was available for initial funding of the program. He will research and determine if any funds remain for use.

Rep. Beyeler remarked a provider worried about $.19 a day is a Medicaid access indicator requiring review.

Lisa Hettinger, answering a committee question, explained the $54 per day covers 6.2 hours of services rendered in the home, not the entire 24 hours of care.

Rep. Vander Woude spoke **in opposition** to the substitute motion. The department needs to provide a better way to balance their budget. All families struggle with costs, especially those caring for a family member in their home.

Vice Chairman Packer, commenting **in support** of the substitute motion, stated any business unable to afford licensing and accreditation probably should not be in that business, no matter what it is. This program allows families to be reimbursed for services they would have provided, since there were no other options. She requested fee reductions next year, if federal funds are available.

Chairman Wood, in support of the substitute motion, said no access issue exists given the number of empty beds.

VOTE ON SUBSTITUTE MOTION: **Chairman Wood** called for a vote on the substitute motion to approve **Docket No. 16-0319-1502. By a show of hands, the motion carried.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:36 a.m.

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Representative Wood
Chair

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Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Monday, February 08, 2016

SUBJECT	DESCRIPTION	PRESENTER
RS24359C1	Medical Laboratory Science Licensure	Rep. Phylis K. King
	Design of the Idaho Behavioral Health Plan	Lance McCleve, Principal Evaluator Ryan Langrill, Senior Evaluator
	Idaho Academy of Nutrition & Dietetics	Caroline Keegan, President Megan Williams, President-elect

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, February 08, 2016

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

ABSENT/ EXCUSED: None

GUESTS: Caroline Keegan, Julie Walker, Deena LaJoie, Jaclyn St. John, Crystal Wilson, and Megan Williams, Idaho Academy Nutr/Dietetics; Colby Cameron, Sullivan & Reberger; Toni Lawson, Idaho Hospital Assoc.; Sue Linja, S and S Nutrition; Ryan Vance, Peggy Bodnar, and Christy Smith, Idaho Academy; Alex Adams, Idaho Board of Pharmacy; SeAnne S. Waite, Acad. of Diet.; Elizabeth Criner, ISDA.

Chairman Wood called the meeting to order at 9:01 a.m.

RS 24359C1: **Rep. Phylis King**, presented **RS 24359C1**, proposed legislation to license medical science practitioners to ensure those working in medical laboratories are qualified to perform laboratory testing and all related activities. Additional rules will be promulgated. Three practitioner categories are defined, along with their qualifications and licensing fees. A medical laboratory board is established with defined power and duties. Administration is provided through the Bureau of Occupational Licensing. Grandfathering is provided for those individuals already practicing in the field.

MOTION: **Rep. Rusche** made a motion to introduce **RS 24359C1. Motion carried by voice vote.**

Lance McCleve, Principal Evaluator, Office of Performance Evaluation (OPE), presented the Idaho Behavioral Health Plan (IBHP) evaluation results. Concern was raised regarding the vendor, Optum, implementing program contrary to the Department of Health and Welfare's (DHW) intent. The evaluation found the major stakeholder criticisms were about changes necessary for the transformation plan. A separate set of operational change issues are being addressed by the management team and the DHW. Outcome analysis is limited to services utilization and resultant cost changes, without available state level member health outcomes.

Ryan Langrill, Senior Evaluator, OPE, further presented their findings. **H 260** directed the DHW to develop a plan to redesign the Medicaid behavioral health (BH) system into an accountable care system. The primary motivation and planning efforts for this move revolved around psychosocial rehabilitation (PSR) increases in costs, accounting, at its peak, for 65% of Medicaid spending.

The DHW managed care plan's PSR focus excluded inpatient care. In lieu of inpatient services, the request for proposal (RFP) included three primary strategies to encourage vendors to add services to the array. First, vendors were asked to include value-added services and commit to providing additional new services. The governor's work group findings were used to list the comprehensive BH system services. Second, an included administrative vendor cap required allocation of 85% for medical services or community reinvestment. Third, the 5% vendor payment hold back, depending on inpatient spending, could be partially or completely returned to the vendor.

Based on claims data since implementation, the PSR costs have declined, although it remains the highest spending service array. While the vendor has some power over service implementation, system changes would have happened regardless of which vendor was selected.

The August 2013 to March 2015 spending decline amounts to $28M, while the per member per month fee remains the same. Since Optum can only keep 15% of their fee for administrative costs, approximately $5.1M is slated for contract reinvestment.

When looking into the concern regarding the vendor shifting treatment responsibility to services not under their umbrella of treatment, OPE reviewed inpatient claims data, which excludes the state and intermountain hospitals. They also reviewed hospital and school based data. No evidence of cost shifting was found.

Although the main managed care goal to reform PSR has been significantly addressed, a successful program has more than a purchasing regulations adhering contract and a compliant contractor. It also requires strong communication, well developed program design, and an understanding of the product the state is buying.

Lance McCleve stated the DHW plan has been successful in addressing accountability for outpatient BH care and PSR. The DHW managed care plan has successfully emphasized evidence-based practices as they have been defined. Additional goals, such as expanding the continuum of care, are proceeding, but have not been successful. Funding reinvestment has begun, although federal regulations and limitations make DHW funds use difficult.

The DHW learned a well-developed program design is key for contracting. Differences between the plan and the vendor's product are to be expected. Vendor collaboration is a key component to success, assuring the contract is carried out effectively. Communication is necessary to help people understand and manage issues.

Going forward, addressing outpatient system needs must continue. The plan restructures a network, made up of private businesses to reflect the state's goals. This is not a one-to-one relationship. It involves incentives and changing what is beneficial for all parties. The DHW was successful in addressing the problem and how the network functioned by changing service approval standards and increasing accountability.

To change the network they had to first create a need for other services. The next step is assuring the needs are completely met. Integration of payment for a full continuum of care would include inpatient services under the same plan as outpatient services. The managed care vendor and the network dynamics changes once inpatient services are added, although a stronger and more linear method for low cost less restrictive outpatient services is provided.

The OPE recommends the DHW evaluate the merit of including inpatient services by making a formal statement of need, a plan, and assess the mechanisms and abilities of options to include or exclude inpatient services. They further recommend the plan components are linked to internal resources and outcomes. The DHW has committed to conducting the evaluation and reporting to the legislature. An important aspect is the inclusion of sufficient expertise, either in-house or third independent party.

Answering committee questions, **Mr. Langrill** said he would provide information from other states, although comparison with other managed care systems was difficult. The DHW solicited outside sources input as an outreach experience effort, instead of a fiduciary relationship.

Mr. McCleve responded to committee questions by stating there are clinical management components to the DHW plan which are left up to the vendor. The vendor has systems in place to review patient outcomes, not assess how well the program is working.

The hospitalization information indicated admission, re-admission, and bed days, without any Medicaid coverage distinction and no visible cause or relationship.

Rakesh Mohan, Director, OPE, was invited to answer a committee question. He said it became evident policy or program design was the basis for the contract delivery problems. This was found in other state contracts when the program or agency working on the contract had neither inhouse nor independent expertise to do the design and monitoring. The DHW has a good monitoring team.

Mr. McCleve further responded to the question, stating the DHW contract monitoring team has made collaborative improvement. This is not a major project issue and there is no recommendation for a third party independent monitor.

Chairman Wood turned the gavel over to **Vice Chairman Packer**.

Further answering committee questions, **Mr. McCleve** explained, the providers had no managed care experience. Although some communication was built into the contract, a lot more was needed to convey the DHW intent and the program changes. Provider communication was primarily through the vendor as new policy, instead of direct help from the DHW. The decision to exclude inpatient services was not communicated to policy makers and providers. Given the scope of issues identified by previous BH efforts, the DHW plan wasn't sufficiently developed to accomplish all its goals. Vendor expectation and supply differences are being worked through. The DHW learned it needs more collaboration with the vendor.

Mr. McCleve, answering additional committee questions, said the DHW planned for an experienced entity to administer benefits to maximize the effect of pushing for evidence-based practices. Managed care works by providing a per member per month rate to a vendor who provides the care. Higher service costs are the vendor's problem, providing a reward and incentive for reductions. The vendor followed direction, with a natural outcome of initially high service reductions.

Caroline Keegan, President, Idaho Academy of Nutritionists and Dietetics, updated the committee on their 2015 activities. Registered Dietitians and Nutritionists (RDN) are nutrition professionals registered with the national Commission on Dietetic Registrations and licensed with the Idaho Board of Medicine. They work in a variety of settings with the commitment to improve the health of Idahoans and contribute to healthcare cost reduction.

The answers to the increasing number of people with obesity related problems lie in lifestyle changes for healthy eating and active living. RDNs are dedicated to solving this problem.

In the past year they have actively supported three specific efforts to educate and partner with other healthcare professionals. RDNs are participating in the State Healthcare Innovation Plan (SHIP). Last fall they presented a one-day diabetes management conference for over 200 healthcare workers. They continue to revise and update the Idaho Diet manual, used by over 400 healthcare facilities to plan meals for their clients.

Megan Williams, Registered, Licensed Dietitian, Certified Diabetes Educator, reported SHIP continues development of Patient Centered Medical Homes (PCMH), with help from health district collaboratives, including volunteer local RDNs. They have also provided PCMHs with information about nutrition services, patient outcomes, and provider benefits when dietitians are a member of the healthcare team.

A primary SHIP goal is diabetes control and prevention. Data specific to ninety patients who visited with an RDN indicates the average hemoglobin A1c test levels (A1c) dropped 1.03%. Twenty percent went from an A1c above 7% to below 7%. After RDN intervention, 75% saw an A1c decline. An A1c drop of 1% results in a cost savings of $820. When expanded to 100,000 Idahoans, it can equate to a savings of $85 M.

Medical home patients who saw an RDN for two hours or more had an average A1c drop of 3.1%, saving $2,500 per patient or a $35,588 total savings.

Weight loss data for 145 patients who visited an RDN showed an average weight loss of 5.5 lbs. Health benefits, such as improvements in blood pressure, blood cholesterol, and blood sugars occur with even modest weight loss.

An interdisciplinary team study at St. Luke's Hospital analyzed the cost savings of preventing or delaying development of Type 2 diabetes in 34 individuals. Through participation in 24 sessions of individual assessment, group exercise, and education/support, the following data was collected. Participants lost an average of 14 lbs., Body Mass Index (BMI) dropped by less than 2 points, and triglycerides dropped into the normal range. Central adiposity, measured by waist circumference, decreased by 4.4 inches. A1c dropped into the normal pre-diabetic range. Both diastolic and systolic blood pressure improved dramatically. A few patients even dropped their blood pressure medications. Depression and anxiety assessments improved. Extending the study to twelve months, the group has maintained an average 6.9% loss in body weight.

Further recognition of RDN services would emphasize their role in improving the healthcare of all Idahoans.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:46 a.m.

Representative Packer	Irene Moore
Chair	Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Tuesday, February 09, 2016

SUBJECT	DESCRIPTION	PRESENTER
RS24248	Community Water Fluoridation	Rep. Kelley Packer

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Tuesday, February 09, 2016
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
ABSENT/ EXCUSED:	Representative(s) Vander Woude
GUESTS:	Linda Swanstrom and Elizabeth Criner, ISDA.
	Chairman Wood called the meeting to order at 9:00 a.m.
RS 24248:	**Rep. Kelley Packer**, District 28, presented **RS 24248**, a Concurrent Resolution recognizing the benefits of fluoride, a natural occurrence in Idaho drinking water. This is not a mandate, it simply acknowledges Idaho's important role in the discovery of fluoride and the resultant oral health benefit.
MOTION:	**Rep. Rusche** made a motion to introduce **RS 24248** and recommend it be sent directly to the Second Reading Calendar.
	Rep. Rusche commented the mid-1900 fluoride discussions presented irrefutable data that fluoride prevents infections, cavities, and promotes strong teeth. It also provides a local policy option.
VOTE ON MOTION:	**Chairman Wood** called for a vote on the motion to introduce **RS 24248** and recommend it be sent directly to the Second Reading Calendar. **Motion carried by voice vote. Rep. Packer** will sponsor the bill on the floor.
ADJOURN:	There being no further business to come before the committee, the meeting was adjourned at 9:05 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Wednesday, February 10, 2016

SUBJECT	DESCRIPTION	PRESENTER
	Department of Health and Welfare Budget	Dick Armstrong, Director

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, February 10, 2016

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

ABSENT/ EXCUSED: None

GUESTS: Christine Hahn and Michael Farley, IDHW; Lori Wolff, Russ Barron, and Gary Moore, DHW.

Chairman Wood called the meeting to order at 9:00 a.m.

MOTION: **Rep. Hixon** made a motion to approve the minutes of January 28, January 29, and February 3, 2016. **Motion carried by voice vote.**

Dick Armstrong, Director, Department of Health & Welfare (DHW) presented the 2017 DHW budget.

Medicaid continues to be the highest costing program. The welfare program budget request is increased to include possible PCAP funds. Trustee and benefits remains 85% of the total $2.78B requested funds.

The workforce had a turnover spike of 15.2%, the highest in ten years. Exit interviews identified pay as a main or contributing factor. An employee engagement survey was conducted. Ratings improved on 46 of 59 survey items, with a decline in two areas. The highest rated response was "my work is important to me personally."

With a state unemployment rate under 5% and a lot of employers seeking skilled employees, the DHW has become a training center. An additional 3% change in employee compensation with the state pickup of employee benefits should help drop the turnover rate.

The state healthcare innovation plan (SHIP) has received an overwhelming response from primary care clinics applying to convert to the patient centered medical home model (PCMH). Fifty-five practices from the seven regional health districts have been selected.

The Medicaid supported living lawsuit requested higher provider reimbursement. In agreement, the district court raised the Medicaid provider rates up 85% in April 2012. When the U.S. Supreme Court, in April 2015, overturned the previous ruling, the Centers for Medicare and Medicaid Services (CMS) wanted an estimated $55M from provider overpayments. Negotiations with CMS approved reinstatement of the 2012 rates at a future date.

Providers were notified that rates would be rolled back beginning January 2016. Responding to provider concerns, Medicaid implemented temporary rates effective February 1, 2016, and is doing a cost analysis for all 63 agencies to establish appropriate rates. This survey and analysis will take about six months. If the temporary rates are 5% greater or lower than those determined from the survey, there will be a reconciliation to February 1, 2016.

Because Medicaid will not have final budget estimates until the rate study is completed and implemented, the originally planned $10M slated to revert to the state is being held. This will assure people with disabilities continue to receive their quality of care until everything is balanced again.

Fiscal year (FY) 2017 budget priorities include the Primary Care Access Program (PCAP), a three-year plan to modernize the child support system, a third community crisis center, addressing psychiatric hospital safety issues, and child and adolescent needs (CANS) assessment tools for schools, correctional institutions, and providers.

PCAP is not insurance or entitlement. Individuals remain eligible by sharing in costs and actively participating in their care plans. The program will help moderate the state and county indigent program impact without replacing them. Start up is scheduled for January 1, 2017, following the multi-day food stamp roll out. Enrollment will be coordinated with the health insurance exchange open enrollment to identify persons eligible for PCAP. The first year budget request is $19.3M. Due to the late start, costs will be for only half of a year. The full year projected costs are $30M, with personnel and operating costs of $1.3M.

Funding for a third community crisis center is requested. The crisis centers have proven to provide a safe, voluntary, effective, and efficient alternative to emergency rooms and jails.

The Northern Idaho Community Crisis Center opened in December, 2015, in Coeur d'Alene and has served 190 patients, discharging 94% with safety plans or referrals. Law enforcement referred 25 patients and hospitals referred 22 patients. The rest were patients brought in by family members or on their own.

The Eastern Idaho Crisis Center opened in December, 2014 and has serviced 2,349 patients. Law enforcement referred 259 patients, saving officers nearly 1,200 hours. Hospitals referred 228 patients. The average level of stay for admissions is 14 hours 39 minutes.

Child support modernization is a means to provide families with economic security, lessening the need for other services. Idaho requires single parents applying for public assistance to open a child support case, if one is not already established. Modernization will take three years to complete the various stages. There is a 66% federal match for the project. The General Funds request is $2.7M for the first year. The total project cost of $24M includes $8.2M in state funds.

Higher patient BH acuity, with demonstrated criminal thinking, requires more one-to-one staffing to protect both patients and staff. These patients are often deemed incompetent to stand trial. The three state prison beds used for extreme cases are always occupied. The DHW budget requests twelve additional safety staff, six to each hospital. A future Idaho forensic facility continues to be discussed.

The CANS instrument is a researched, industry accepted screening tool to identify needs and strengths for children and families. It develops individualized service plans used by schools, juvenile justice, child welfare, and mental health providers. This has been negotiated as part of the Jeff D settlement agreement. The tool is free, but there is a $1.1M one-time set-up cost and $200k annual maintenance cost.

Responding to committee questions, **Lisa Hettinger**, Division Administrator, Medicaid, said she would provide the per member per month cost breakdown to the committee. The pharmaceutical expenditures have increased across the nation as a result of increased generic prices and new extremely expensive speciality drugs.

Answering committee questions, **Director Armstrong** stated the suicide prevention plan establishes an state program office in the DHW public health department, providing a focal point. Existing data already pinpoints which junior and senior high schools are most at risk, so they can begin their programs there.

Unable to qualify for Medicaid, low income adults are dependent upon DHW clinics, crisis centers, charitable services, or nothing at all. With Medicaid coverage they would have all services reimbursable under the current Medicaid benefit structure. The recommended use of the insurance exchange assures the insurance providers have parody between regular medicine and MH care.

Answering committee questions, **Director Armstrong** said the BH Department has isolated funds for limited treatment for non-criminal justice individuals, before they end up in the criminal justice system.

A PCAP impact is expected for both the CAT and indigent funds, including a PCMH assignment for post-discharge care.

The Navigator website, which has existed for seven to eight years, connects persons with resources, without the resource originator's involvement. This program can be used statewide and eventually link with PCAP enrollees.

Equally important to extended clinic hours are open daytime appointment slots for immediate acute care. The clinics will provide primary care support services within their normal scope of practice.

Answering further committee questions, **Director Armstrong** said generic pharmacy generic rebates exist to a limited degree. Brand name pharmaceuticals offer the greatest rebate as a marketing strategy. When faced with expensive pharmaceuticals, consultation with the medical community verifies medical use necessities and any alternative drugs.

Ross Edmunds, DHW, further responded to a committee question. The Children's MH Program reverts funds to the state because the program structure does not maximize funding. An ongoing MH treatment system will save law enforcement costs and connect patients to primary care specialty networks.

Crisis center sustainability requires cost sharing, sliding fee scales, and other avenues to achieve 50% local funding. Patients are referred back to BH clinics for ongoing treatment.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:38 a.m.

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Representative Wood
Chair

_____

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Thursday, February 11, 2016

SUBJECT	DESCRIPTION	PRESENTER
RS24492	Primary Care Access Program	Dick Armstrong, Department of Health and Welfare
RS24257	Executive Directors, Licensure	Rep. Vito Barbieri
RS24326C2	Boards, Qualifications, Consumer Member	Rep. Vito Barbieri
RS24471	Biosimilars	Rep. Christy Perry
RS24273C2	Right To Try Act	Rep. Melissa Wintrow
	Idaho's Community Health Centers	Yvonne Ketchum-Ward, Idaho Primary Care Association Mike Baker, Heritage Health Heidi Traylor, Terry Reilly Health Service

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche(Van Tassel)
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Thursday, February 11, 2016
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
ABSENT/ EXCUSED:	None
GUESTS:	Alex Adams and Berk Fraser, Idaho Board of Pharmacy; Lee Flinn, Idaho Primary Care Assoc.; Heidi Traylor, Terry Reilly; Yvonne Ketchum-Ward and Mike Baker, IPCA; Brian Whitlock, IHA; Molly Steckel, IMA; Elizabeth Criner, ACS CAN, Dave Taylor, Lori Wolff, and Russ Barron, DHW; Kelli Brassfield, IAC; Kendra Knighten, Office of the Governor.

Chairman Wood called the meeting to order at 9:00 a.m.

RS 24492: **Dick Armstrong**, Director, Idaho Department of Health and Welfare (DHW), presented **RS 24492**, the Primary Care Access Program (PCAP) for Idahoans with incomes 100% under the federal poverty level (FPL) and not eligible for Medicaid, the Affordable Care Act's advanced payment of tax credit, or an employer-sponsored or other government-subsidized healthcare plan. The PCAP program will improve the health of Idaho citizens caught in the insurance GAP, by providing regular preventive primary care and chronic condition care management. It includes a five-year sunset clause.

MOTION: **Rep. Perry** made a motion to introduce **RS 24492.**

Jani Revier, Division of Financial Management, was invited to answer a committee question. She said dedicated funds are housed in the treasurer's office as an accounting procedure.

Responding to committee questions, **Director Armstrong** stated the first year actual trustee and benefits amount would be only half a year of funding. One-time start up costs would build out the eligibility system and manage start-up expenses.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to introduce **RS 24492. Motion carried by voice vote.**

RS 24257: **Rep. Vito Barbieri,** District 2, presented **RS 24257**, legislation in response to a recent Supreme Court decision.

Mitch Toryanski, Legal Counsel, Idaho Bureau of Occupational Licenses (IBOL), on behalf of the Office of the Governor, further presented **RS 24257**. This proposed legislation pertains to the Board of Licensure of Professional Engineers and Professional Land Surveyors, the Board of Nursing, and the Board of Pharmacy. It eliminates the mandate to hire a licensee as the board director, giving the board the same flexibility as other state boards to hire the best candidate.

MOTION: **Rep. Hixon** made a motion to introduce **RS 24257. Motion carried by voice vote.**

RS 24326C2: **Rep. Vito Barbieri**, District 2, presented **RS 24326C2**, which fulfills the process of changing the boards.

Mitch Toryanski, Legal Counsel, Idaho Bureau of Occupational Licenses (IBOL), on behalf of the Office of the Governor, presented **RS 24326C2**. This legislation reduces the exposure of Idaho's regulatory boards, commissions, and members from federal anti-trust prosecution. It allows the governor the ability to consider all qualified candidates from any nominating source, directs they serve at the pleasure of the governor, and requires each board to have one consumer member.

MOTION: **Rep. Redman** made a motion to introduce **RS 24326C2. Motion carried by voice vote.**

RS 24471: **Rep. Christy Perry**, District 11, presented **RS 24471**, proposed legislation requesting prescribing physician notification when a biosimilar is filled. It further outlines when the notice is not required and includes a sunset date.

MOTION: **Rep. Troy** made a motion to introduce **RS 24471. Motion carried by voice vote.**

RS 24273C2: **Rep. Melissa Wintrow**, District 19, presented **RS 24273C2**, a piece of legislation to allow a patient diagnosed with a terminal illness the right to try an experimental medication that has made it through stage one of the federal drug administration (FDA) process.

Responding to committee questions, **Rep. Wintrow** said the FDA medication approval process can take from 10 to 14 years. This legislation moves the state and others out of the patient's way. A physician recommendation and liability release for both the doctor and the administering hospital are required.

MOTION: **Rep. Packer** made a motion to introduce **RS 24273C2. Motion carried by voice vote.**

Yvonne Ketchum-Ward, Idaho Primary Care Association (IPCA), presented information on Idaho's community health centers (CHC). The CHC served 156,651 patients in 2014. They have 72 clinic sites in 47 communities, with services available on a sliding or nominal fee. Ninety-two percent are nationally recognized as patient centered medical homes (PCMH). They offer high quality primary medical, dental, and behavioral health (BH) services. Pharmaceuticals are accessible at a discount rate. They are required to have an ongoing Quality Improvement/Quality Assurance (QI/QA) program.

CHCs are community-based nonprofit organizations servicing the uninsured, insured, and private pay populations. Governance is by a community board with 51% of their board members being CHC patients.

They deliver coordinated primary care focusing on wellness, prevention, and chronic disease management. This approach reduces the economic costs of poor health and the use of emergency and hospital visits. The CHCs provide a medical home patients can go to for help and care.

Preparing for the future Idaho healthcare environment, they are transforming into PCMHs for team-based care focusing on prevention, chronic illness management, and improved delivery system coordination.

Heidi Traylor, CEO, Terry Reilly, further presented information to the committee. She described the Terry Reilly organization, patients, and strategic goals of building for today while designing for tomorrow. She described the BH integration model to transition patients from the primary care visit, mental health (MH) issue identification, consultation between team members, and into coordinated care management. Primary care screenings are incorporated into every visit, including dental. An inhouse BH consultant is available to help at any moment a patient is in need, freeing the primary care physician to help other patients.

The Patient Assistance Program (PAP) provides discounted medications through inhouse and community contracted pharmacies.

Mike Baker, Heritage Health, discussed the PCMH effect on pre-diabetic and diabetic cases, including the importance of basic primary care, exercise, and a simple, healthy diet.

Changing their health center from reactive to proactive has shown staggering results. In partnership with the Kroc Corps. Community Center, patient visits now include physicians moving out of the office and meeting patients at the Center. This is a more engaging and supportive environment where physicians encourage life style changes in a population without insurance and living in poverty. This example of low-cost, high-impact intervention can happen anywhere.

Responding to committee questions, **Ms. Traylor** said they do an annual cost-based Medicare and Medicaid settlement. Some preventive screenings are done on site, with physicians doing more detailed screenings at hospitals or referring patients elsewhere in the community. Grants can provide funding to bring some exams in house, if cost effective.

The 340B Drug Pricing Program allows the purchase of medications at discounted prices, either through their inhouse pharmacy or an outside contracted pharmacy.

PCAP funding could provide a transition of care team and intensive care management for people really at risk. Funds will also allow her to see more people.

Ms. Ketchum-Ward, answering committee questions, said the PCAP program will require an assessment process for assigned patients who may be new to the CHC. Some of those assigned may be patients already, while others may be utilizing emergency rooms because their condition is so acute. This program will provide spending accountability through reporting requirements. Flexibility is required to make adjustments if something is not working well.

Answering further questions, **Ms. Traylor** stated, if asked to choose between PCAP and Medicaid expansion, she would rather have the Healthy Idaho Plan or Medicaid plan to provide more service for her patients. PCAP services stop at her walls. Expansion allows her to provide the full spectrum of services. Either program moves the coverage forward and they will work with what they have to manage costs.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:24 a.m.

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Representative Wood
Chair

_____

Irene Moore
Secretary

JOINT

HOUSE HEALTH & WELFARE COMMITTEE
AND
SENATE HEALTH & WELFARE COMMITTEE

8:00 AM to 10:00 AM
Lincoln Auditorium
Friday, February 12, 2016

SUBJECT	DESCRIPTION	PRESENTER
	Public Hearing on Health and Welfare Issues	

Testimony will be limited to 3 minutes per person

If you have written testimony, please place one copy of it along with the name of the person or organization responsible in the box next to the podium to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche(Van Tassel)
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES
JOINT MEETING

HOUSE HEALTH & WELFARE COMMITTEE
SENATE HEALTH & WELFARE COMMITTEE

DATE: Friday, February 12, 2016

TIME: 8:00 AM to 10:00 AM

PLACE: Lincoln Auditorium

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

Chairman Heider, Vice Chairman Nuxoll, Senators Lodge, Hagedorn, Martin, Lee, Harris(32), Schmidt, Jordan(17)

ABSENT/ EXCUSED: None

GUESTS: The sign-in sheet will be retained in the committee secretary's office until the end of the session. Following the end of the session, the sign in sheet will be filed with the minutes in the Legislative Library.

Chairman Heider called the meeting to order at 8:03 a.m.

Chairman Heider welcomed everyone, introduced **Co-Chairman Wood**, and described the purpose of the hearing.

Randy Nilsen, testified, as read by **Altha Holstead**, the Medicaid budget barely covers his cost of living, with no allowance for home maintenance or auto insurance. If allowed to keep more income, Medicaid participants could remain in their homes and communities.

Terri Sterling, Executive Director, Idaho Cancer Action Network; **Carrie Hong**, Director, Community Justice Services, Idaho Supreme Court; **Kevin O'Sullivan**, Citizen; **Dena Duncan**, Citizen; **Frank Gallant**, Former School District Superintendent, Professor, University of Idaho, testified **in support** of **S 1204** and **S 1205**.

They commented the Medicaid expansion contained in these bills will assure Idaho tax dollars help people in Idaho. The desire and need is for comprehensive care, not just a doctor visit. Federal assistance would result in $12.67B in additional sales, rejuvenating the economy. This legislation will also impact the criminal justice offender population, who often self-medicate for chronic and untreated illness, and are not Medicaid eligible.

Liza Long, National Alliance for Mental Health (MH), testified **in support** of the Healthy Idaho Plan. Mental illness treatment leads to self management, recovery, and hope. The Primary Care Access Program (PCAP), without comprehensive coverage, does not go far enough. Individuals with serious MH illness die earlier than the general population. They deserve access to lifesaving quality healthcare. Mental illness is not a character flaw and not a choice.

Ken Olsen, Idaho Falls Resident, Retired Chief Financial Officer, Texas Medicaid Program, on behalf of **Clella Steinke**, Citizen; **Chelle Gluenwith**, Citizen; **Kathy Scott**, Citizen; **Jim Baugh**, Executive Director, Disability Rights Idaho; **Lauren Necochea**, Idaho Voices for Children; **Sylvia Chartan**, Idaho Chapter, American Association of University Women, testified **in support** of help for the GAP population.

They shared stories of personal and family chronic illness struggles without insurance. Although a primary care plan would help, it is not the same as insurance coverage for medication and specialists. Personal and family stress increase with the mounting debt and feelings of helplessness. Persons with chronic illnesses continue to end up in the Emergency Room. These people want to get control of their chronic illness and once again be contributing community members. An emergency hits these families hard, forcing sick parents to choose between healthcare or work, and even leading to medication rationing. Known for fiscal responsibility, it is time to accept the federal funds, save lives, and insure comprehensive health care is available.

Each year over 11,000 individuals enter treatment through the Division of Behavioral Health (BH) and the court system when they are in crisis. They need both a primary care physician along with rehabilitation specialty services and care. Qualifying for federal disability benefits can take two years, pushing them into the GAP population, too.

Women make up 55% of the GAP population and face a greater risk of insurance loss through becoming widowed or divorced.

Nicole Ashford, ResCare HomeCare; **John O'Keefe**, President, Idaho Health Care Association; **Lindsey Dial**, Branch Manager, ResCare HomeCare of Boise, testified **in support** of increased Medicaid reimbursement rates.

They said their needs have increased while rates and overtime exemption changes have reduced their employees to less than forty hours and barely livable incomes. The resulting employee decline means clients are not getting their authorized 56 hours of services. This forces family members to stay home and become caregivers.

Ilene Kingery, MH Advocate, testified **in support** of improved delivery of psychosocial rehabilitation services. Optum claims to provide peer support and family services, but only a small certified group is available and new certification classes are not offered.

Kathleen Zielinski, Idaho Parents Unlimited, and **Rebecca Perrenoud**, A to Z Family Services, Inc., testified the consequences of MH service reductions for dual diagnosis children include regression and rage in home, school, and community. An array of treatment services for children with MH disorders is needed. Suggested solutions include a simple BH package funded by a flat rate. France and Germany use health information smart cards, which may be something to consider. Providers could also choose between accreditation or the proposed IDAPA Rules to provide a high quality of care by all agencies, no matter their size.

Amanda Hundt, Crisis Responder, Idaho Hotline, Board Member, American Suicide Prevention Council; **Sean Nixon**, Licensed Clinical Counselor; **Jennie Rylee**, Idaho Suicide Hotline; **Ardella Percy**, Idaho Suicide Hotline; **Lori Lodge** Licensed Professional Counselor, testified **in support** of funding for the Suicide Prevention Plan to address Idaho suicide rates.

Individuals calling the suicide hotline are homeless, unemployed, working for minimum wage, uninsured, and facing existing stigmas. We check for hearing and sight in schools, why not also check for trauma? Rural commute to healthcare facilities can be lengthy at a time when connecting with someone can make such a difference.

Christie Stephenson, Foster Parent; **Jim McCauley**, Citizen; **Heather Mark**, Previous Foster Parent; **Jodi Fulford**, Licensed Counselor, Foster Parent; **Andrew Serre**, Foster Parent; **Cricket Syes**, Child of the Foster Care System; **Valerie Bish**, Foster Parent, Guardian ad Litum, Court Appointed Special Advocate; **Kathleen Keyes**, Foster Parent, testified **in support** of Foster Care Program reform.

In sharing personal stories, they told of bonding and wanting to adopt their foster children. They expressed frustration when children were removed from their care without any notice or ability to maintain contact. Modification of the current system is needed to eliminate or minimize the children's trauma as a result of the current practices of the foster care system. They were greatly concerned about the consequences of children suddenly being removed from foster homes, schools, communities, and safety, without further contact with siblings, friends, or foster families, and told little to nothing.

Caseworkers experience secondary trauma from heavy case loads. There is no treatment or outlet for them and they are not held accountable to follow their own recommendations.

The Department of Health and Welfare (DHW) decisions do not consider information from judges, guardians, specialists, or foster care parents. When foster parents are working to make sure children make secure attachments, why do they have no ability to challenge the placement decisions? Any appeal from foster parents are reviewed by the same workers who moved the kids. Children who are moved around or left in limbo do not bond easily or at all with their foster family. Creating safe relationships helps the children be successful adults. Other states allow foster parents an emotional parent status and participation in all proceedings.

Rep. Perry requested the written testimony of **Brian (last name withheld)** be entered into the record. (See attachment 1)

Susanne Jamison, Executive Director, Idaho Dental Hygienists Association, testified regarding the need for a dental hygienists mid-level practitioner classification to answer the current oral health crisis and increase the number of patients seen by a doctor.

Brian Pope, CEO, Northwest Children's Home, appeared before the committees. His facility is a treatment center for youth who cannot function in foster care, homes, communities, or schools. Although they contract with the DHW to take up to sixty-eight kids, referrals are going out of state instead of coming to his facility, with better outcomes as the reason. He has questioned what the better outcomes are and how the DHW can go against statute. Additional concerns were expressed about lower rates paid to the Northwest Children's Home and policy not following the process to ensure treatment team assessment.

ADJOURN: There being no further business to come before the committees, the meeting was adjourned at 10:02 a.m.

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Representative Wood
Chair

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Irene Moore
Secretary

Representative Christy Perry

From: Brian
Sent: Thursday, February 11, 2016 10:38 PM
To: Representative Christy Perry
Cc:
Subject: Foster Care

Importance: High

Hon. Rep. Perry:

We spoke on the telephone last night and this is our story.

October 2008. My wife and I made the decision to get involved with the foster care program. We made a conscious decision not to have more biological children, but felt that adoption was an viable option. So, we went through the licensing process and training program; interested in long-term placements.

May of 2009. We obtained our foster care license, with our first placement being two girls age 5 and 13, Alexandra and Alyssa. The girls were from a rough home were methamphetamine was trafficked and Alyssa had been abused. From the first moment we had the girls, we knew that it was going to a rough go, but we pushed through it. As the months passed, it became clear that the girls were not going back with the parents and were going to candidates for adoption. During this time, we had become a family....blood relatives or not.

Through the court process, it became clear that IDHW was not interested in allowing us to adopt the kids and were actively working to place Alex and Alyssa elsewhere. During this time, Alyssa turned 14, and was given the opportunity to have input on her future; she made it clear she wanted to stay with us, as a family. However, the biological mother was going to Federal prison and was insistent that Alex be placed with her husband's brother in California. This "uncle" was someone that Alex had never met. As the court process continued, the Guardian ad litem, psychologist, court appointed attorney, and other biological family members all recommended that BOTH Alex and Alyssa be placed permanently with us. They believed that the kids needed to stay together, and since we (wife and I) had developed personal relationships with the kids' biological aunts and uncles, it was win-win for everyone involved.

We continued to fight the State of Idaho Health and Welfare on this issue, to include catching the IDHW attorney in an untruth in court; then having the kids' attorney notify the judge. The result? I was banned from all future court proceeding concerning the children. My wife was allowed to continue, however, I was not. Then IDHW came to my home and threatened to revoke our foster care license and take both Alex and Alyssa from us.

December 2009. At this point, we were working on permanent legal guardianship and/or adoption of Alyssa. We were stuck, and IDHW knew it. We had to make a choice, letting Alex be taken from us in order to keep Alyssa. We were crushed, and felt like the government had just run roughshod over us. Moreover, we had to explain to Alyssa that we had to quit fighting for Alex; and that she (Alyssa) was going to have to accept the fact that her sister was going to be placed with the "uncle" in California.

March 2010. Alexandra was placed with the family in California. Alyssa was given little to no opportunity to keep in contact with her sister. Phone calls on birthdays and holidays. The bright spot was that the uncle and his family spent time in Mexico during Christmas. The State of CA would not allow them to take Alex to Mexico, so we were able to take her during the break. Which was wonderful. Christmas 2010 was one we will not forget, as it was the last time we were together as a family.

September 2011. We completed the adoption of Alyssa. Both our children are our shining stars, I love them dearly. My daughter became a very strong woman and is just like her mother. She overcame a tremendous amount of adversity to

become a well-adjusted adult, and happy. Today, Alyssa is a dental hygienist for a dental surgeon in Las Vegas, NV. My wife and I are very proud of her.

October 2015. Alexandra had been adopted by the uncle a few years prior. Virtually all communication with Alex had ceased, as the uncle would not allow it. During October, Alyssa was notified by bio-family that Alex had been placed into foster care with different aunt. Alex had divulged that her new parent (uncle) had been sexually abusing her for the last 3+ years. In addition, Alex had sustained injuries consistent with this type of abuse. The State of CA acted immediately and placed her into a new foster home. As of today, Alex is in a safe environment and she is now able to visit with Alyssa on a more frequent basis. However, Alex has been significantly damaged by this process and will require a tremendous amount of therapy and love to overcome it.

This situation was wholly avoidable, if IDHW had just listened to those people that knew better. Alex would still be in a loving home, with safety, security and the means to be a well-adjusted child in Idaho. Instead, she is now a victim. A statistic. Just another child in the revolving foster care system. This story is sad and unacceptable, and it must change for future children.

I will tell you that being foster parents was a way for my wife and I to give back to our community. For many years, I have been responsible for removing children from a violent and/or unsafe home, placing them in the custody of IDHW in the hope the agency would do the right thing. In my person experience with IDHW, I now have no faith in the agency or the fact they will do the right thing for the children in their care. IDHW has become a bureaucracy of monstrous proportions and uses this to gain power and then leverage control over their foster parents and foster kids. The agency is a bully. My wife and I have discussed going back to being foster parents, we will **not** under the current system. IDHW must change its policies and behavior; become a champion for their children and parents (not a bully), listen to those with knowledge and experience, ***then to the right thing***.

Thank you for your time and interest. My wife, Alyssa and I are sincerely encouraged by your crusade to help these children. I sincerely hope our story helps you in your quest for change within that agency....Godspeed.

Brian

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Monday, February 15, 2016

SUBJECT	DESCRIPTION	PRESENTER
RS24485	Electronic Cigarettes, Sale Permits	Rep. John Rusche
RS24502	Medicare Reimbursement Rate	Jeff Morrell, Intermountain Hospital
RS24495	Food Regulation	Elizabeth Criner, Northwest Food Processors
H 438	Hospital Districts, Board Appointments	Jeremy Pisca, Kootenai Health Medical Center

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Monday, February 15, 2016
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
ABSENT/ EXCUSED:	None
GUESTS:	Jeff Morrell, Intermountain Hospital; Elizabeth Criner, NWFPA; Jeremy Pisca, Kootenai Health; Erin Bennett, AHA/ASA; Toni Lawson, Idaho Hospital Assoc.

Vice Chairman Packer called the meeting to order at 9:01 a.m.

RS 24485: **Rep. John Rusche**, District 6, presented **RS 24485**, proposed legislation to add electronic cigarettes to the existing tobacco sales registration process in order to better understand sales. The Department of Health and Welfare (DHW) costs to add these retailers to the existing registry would not exceed $100 for printing and distributing forms.

Answering committee questions, **Rep. Rusche** said registration provides database information that can identify underage sales. The signs displayed for illegal sales to minors will include electronic cigarettes. The tax commission only receives a total retailer's sales dollar amount.

Rep. Vander Woude declared Rule 38 and stated he will be voting on the legislation.

MOTION: **Rep. Perry** made a motion to introduce **RS 24485. Motion carried by voice vote.**

RS 24502: **Jeff Morrell**, CEO, Intermountain Hospital, presented **RS 24502**, which is a technical change to clarify the state reimbursement and matching federal funds.

MOTION: **Rep. Redman** made a motion to introduce **RS 24502. Motion carried by voice vote.**

RS 24495: **Elizabeth Criner**, on behalf of the Northwest Food Processors Organization, presented **RS 24495**, designating the Idaho State Department of Agriculture (ISDA) as the state authority for non-retail activities subject to the U.S. Food and Drug Administration (FDA) Food Safety Modernization Act (FSMA). The DHW will continue to cover retail activity. Allowance is made for the food processors food safety oversight and inspections during the transition from the DHW to the ISDA.

MOTION: **Rep. Romrell** made a motion to introduce **RS 24495.**

Ms. Criner, responding to committee questions, stated the DHW has food sales oversight through the health districts. The FDA has wholesale food oversight, with backup oversight by the DHW. This is better handled by the ISDA's level of expertise.

VOTE ON MOTION: **Chairman Packer** called for a vote on the motion to introduce **RS 24495. Motion carried by voice vote.**

Chairman Packer turned the gavel over to **Chairman Wood**.

H 438: **Jeremy Pisca**, Attorney, Rische Pisca Law Firm, on behalf of the Kootenai Health Medical Center, presented **H 438**. This legislation gives hospital taxing districts the ability and option to appoint up to two additional board members, with terms not to exceed six years. This allows specialist recruitment to fill a board's specific need, when no one wishes to stand for election. County, non-profit, and for-profit hospitals already have this ability. It also eliminates the costs associated with hiring consultants.

MOTION: **Rep. Redman** made a motion to send **H 438** to the floor with a **DO PASS** recommendation.

Responding to committee questions, **Mr. Pisca** said the board determines term length, which could be less than six years. Removal from the board is not contained within the bill. Board decisions include statutory obligations, hospital operations, and lawsuits. Small hospitals may not find this option advantageous.

Toni Lawson, Vice President, Governmental Relations, Idaho Hospital Association, testified **in support** of **H 438**. All district hospitals were surveyed and were in favor of this option, although not all thought they would utilize it. Answering committee questions, Ms. Lawson said hospital issues are more complex and require more areas of expertise. This is seen as a tool to better manage their facilities.

For the record, no one else indicated their desire to testify.

Reps. Vander Woude, Troy, Hixon, and **Chew** commented **in opposition** to the motion. They expressed concern regarding unelected board officials appointed to the boards on a continuing basis, not reflecting the district as elected officials would, and the lack of any process for removal from the board.

Reps. Rusche, Redman, and **Wood,** commented **in support** of the motion. The taxing district hospitals have become more complex since they began. This provides an avenue to acquire expertise without restructuring or paying consulting fees.

SUBSTITUTE MOTION: **Rep. Vander Woude** made a substitute motion to **HOLD H 438** in committee.

AMENDED SUBSTITUTE MOTION: **Rep. Beyeler** made an amended substitute motion to **HOLD H 438** for time certain, February 23, 2016.

ROLL CALL VOTE ON AMENDED SUBSTITUTE MOTION: **Chairman Wood** called for a roll call vote on the amended substitute motion to **HOLD H 438** for time certain, February 23, 2016. **Motion carried by a vote of 6 AYE, 4 NAY, 1 Absent/Excused. Voting in favor** of the motion: **Reps. Wood, Perry, Romrell, Beyeler, Redman, Rusche. Voting in opposition** to the motion: **Reps. Hixon, Vander Woude, Troy, Chew. Rep. Packer was absent/excused.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:57 a.m.

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Representative Packer
Chair

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Irene Moore
Secretary

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Representative Wood
Chair

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Tuesday, February 16, 2016

SUBJECT	DESCRIPTION	PRESENTER
	Idaho Criminal Justice System Update	Sara Thomas
	Idaho Family Caregivers	Sara Toevs, BSU Center for the Study of Aging Marilyn Sword, The Frontier Group

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, February 16, 2016

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

ABSENT/ EXCUSED: None

GUESTS: Kelli Brassfield, IAC

Chairman Wood called the meeting to order at 9:00 a.m.

Sara Thomas, Idaho State Appellate Public Defender, Chair, Idaho Criminal Justice Commission (ICJC), presented the ICJC legislative update. Created in 2005 by executive order, the ICJC is made up of members from the executive, judicial, and legislative branches, as well as members from counties, cities, and other stakeholders.

In covering the ICJC strategic plan, **Ms. Thomas** reviewed goals under the topics of combating crime and protecting citizens, providing policy makers and criminal justice decision makers with accurate information, and promoting efficiency and effectiveness of the criminal justice system.

Effective interventions have balanced, cost effective solutions based on best practices. This can be accomplished through a strengthened knowledge base, enhanced data collection, expanded assessment use, promotion of standards and equity, shared capabilities, emerging issue examinations, ongoing training, awareness of substance abuse trends, and stakeholder agency agreements.

The five ICJC subcommittees are pre-trial justice, standard recidivism definition, mental health (MH), research alliance, and criminal fees and fines.

Ms. Thomas previewed future legislation and recommended sex offense statute changes. Idaho does not have a sexual battery statute, so persons charged with such crimes in other states do not have to register here. The ICJC also recommends amending both the rape and marital rape statutes.

In response to committee questions, **Ms. Thomas** said rather than a statutory commission, the ICJC works better as an executive commission. A big hurdle for MH within the criminal population is care access, especially in smaller counties.

Sarah Toevs, Idaho Caregiver Alliance (ICA), presented a report from the ICA and Idaho Family Caregiver Task Force. The ICA task force mission and vision is to advance caregiver well-being through collaborative improvement of statewide access to quality, responsive support.

The ICA has 300 members and was launched in 2013 with support from the Administration for Community Living. With the completion of a three-year grant, continuous funding sources are being researched.

More than one in four Idahoans are caregivers, which makes it possible for children and adults living with disabilities, long term illnesses, and frailties to live at home. Most caregivers juggle paid work with caregiver responsibilities. Caring for family members in their homes saves Idaho resources by delaying the need for institutional care.

In 2015, the passage of **HCR 24** created a Family Caregiver Task Force. Concerns expressed by caregivers include limited assistance, assistance based on care recipient, inadequate training, incomplete information, few sustainable resources, and little support for respite care.

The Task Force recommends increased community awareness, the creation of support for family caregivers, along with engaging and integrating them into health system transformations. One specific idea was to partner with community-based emergency medical system team post-call visits to provide lower-cost follow up care and reduce emergency room visits.

In response to committee questions, **Ms. Toevs** said a caregiver registry is worth consideration. Family homes reimbursement rates and respite care are high on the challenges list.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:15 a.m.

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Representative Wood
Chair

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Michele Jarvis
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Wednesday, February 17, 2016

SUBJECT	DESCRIPTION	PRESENTER
RS24533	Mental Illness, Admission, Detention	Rep. Kelley Packer
H 453	Medical Laboratory Science Practice Act	Rep. Phylis King

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, February 17, 2016

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

ABSENT/ EXCUSED: None

GUESTS: Debbie Shell, Michele Harris, Diana Thompson, Aimee Russell, Amy Huse, and Hollie Hatch, ASCLS-ID; Wayne Hoffman, IFF; Kris Ellis, IHCA; Ken McClure, IMA; Toni Lawon, IHA.

Chairman Wood called the meeting to order at 9:00 a.m.

Vice Chairman Packer and the committee congratulated **Rep. Beyeler** on receiving the Governor's Environmental Excellence Award in Agriculture.

RS 24533: **Kris Ellis**, on behalf of the Idaho Health Care Association, presented **RS 24533**, proposed legislation to add dementia to the mentally ill definition for the purposes of involuntary commitment and clarify simply being aged is not reason enough to commit someone. This will improve the care and appropriate facility access for those suffering from dementia whose behaviors put themselves or others in danger.

MOTION: **Vice Chairman Packer** made a motion to introduce **RS 24533. Motion carried by voice vote.**

H 453: **Rep. Phylis King**, District 18, presented **H 453** to provide licensure for Medical Laboratory Science practitioners. Qualifications and definitions are made for three practitioner levels: categorical medical laboratory scientist, medical laboratory scientist or technologist, and medical laboratory technician. The board has four practitioners and one appointed public member. Rules are defined, including continuing education requirements.

Exemptions are made for persons licensed under another chapter performing within the scope of their profession, government employees, those teaching or doing research, students and interns, persons solely performing clinical laboratory improvement amendment (CLIA) tests, and personnel performing point-of-care testing.

Provision is made for a $25 application fee as well as initial and renewal fees not to exceed $100 each.

Data from the Centers for Medicare and Medicaid Services (CMS) indicates states with licensed personnel perform better because they understand the need for accurate and timely testing.

Concerns have been expressed regarding licensure forcing rural labs to stop performing some tests. **Rep. King** said she contacted six laboratories in District 8 who indicated they have registered medical technicians. Two clinics transport drawn blood. One Shoshone clinic using a high school graduate may have to limit his testing ability and transport complex tests, unless those tests are allowed through CLIA.

Licensing insures public safety, saves time, money, and patient anxiety because tests are run by skilled and knowledgeable practitioners.

Responding to committee questions, **Rep. King** stated the renewal fee will be based on actual usage, expenses, and the number of participants. This group of professionals has asked for licensure. Continuing education will be required to keep them current on improvements in testing, storage, and equipment.

Debbie Shell, Medical Laboratory Scientist, Chairman, Government Affairs, Idaho Chapter of the American Society for Clinical Laboratory Science (ASCLS), testified **in support** of **H 453**. With increasingly complex health care and testing, the need for a strong knowledge base and specialized training has become more apparent. Lab tests performed by those not adequately educated and trained are fraught with errors that impact the quality of healthcare for Idaho patients. Licensure acknowledges the importance of quality testing and patient safety.

Michelle Harris, Medical Laboratory Scientist, testified **in support** of **H 453**. The board will provide licensing standards, professional standards, and complaint investigation. CLIA allows a high school diploma as a minimum standard to perform the waived tests. Medical scientists are trained to analyze the test data beyond the numbers. Answering committee questions, Ms. Harris said continuing education is required by hospitals, but may not be required by clinics and labs running the tests. Labs also have CLIA certificates, depending on the type of tests they run and can be accredited by the College of American Pathology.

Diana Thompson, ASCLS Idaho, President, testified **in support** of **H 453**. Technology is rapidly changing, with advancements in instruments that need to be understood, maintained, and used effectively to turn out good results. Recent updates even apply to needle safety and cleaning counter tops. Continuing education information is shared with her entire staff to keep them updated, too.

Wayne Hoffman, Idaho Freedom Foundation, President, testified **in opposition** to **H 453**. Additional occupational licensure increases the business costs, consumer costs, and does not improve medical care. It also creates an entry barrier for a lot of people, stifling job creation and limiting competition. With no problem in the profession, the desire to be licensed isn't a sufficient reason to create licensure. As employees, the labs where they work are responsible for disciplinary action. Additionally, license denial because of a previous felony conviction is too restrictive.

Amy Russell, ASCLS Idaho, Medical Laboratory Scientist, testified **in support** of **H 453**. There are many free continuing education opportunities. Instruments give numbers, not meanings to the numbers. Knowing a patient's age, diagnosis, and other information provides insight beyond the numbers, leading to a better result so patients are referred when necessary, without causing undue stress. Answering a committee question, Ms. Russell said individuals certified prior to CLIA can practice without the required continuing education.

Rep. Vander Woude invoked Rule 38, stating a possible conflict of interest but he would be voting on the legislation.

Amy Huse, ASCLS, testified **in support** of **H 453**. Waived testing, under CLIA, includes hundreds of tests covering a wide range of health issues. They can be done in a doctor office following good procedures with policies to send complex tests to labs. Laboratories will send tests to big reference labs as a way to save supply costs and assure competency, especially for tests not done very often. Persons in doctor offices are doing other jobs, so expecting them to do time consuming complex tests is asking a lot.

Ken McClure, on behalf of the Idaho Medical Association (IMA), testified **in opposition** to **H 453**. The IMA is concerned with rural areas where moderate complex CLIA non-waived tests are being performed by someone other than a physician. An exemption for this situation would be appropriate. Rural physicians may have complete blood counts performed by an employee during a patient's visit. Given the distance a patient may travel, this ability is necessary and critical. Some of the CLIA waived alternative tests are less reliable than moderately complex tests. Physicians are liable for anything happening in their offices.

Toni Lawson, Vice President, Government Relations, Idaho Hospital Association (IHA), testified **in opposition** to **H 453**, questioning the licensing need since hospital staff are in line with specified certification. Any quality issues are covered under CLIA hospital licensure. This state regulatory burden would be a disadvantage in hiring and recruiting staff from other states.

Holly Hatch, ASCLS, testified **in support** of **H 453**. Working at a rural access 25-bed hospital, she finds her education necessary to make accurate and reliable patient diagnoses. An on-line program provided her training. Technicians running tests have the training to understand when further testing enhances the picture of what is happening to the patient. Improperly trained laboratory technicians releasing the wrong results lead to incorrect treatment, which can lead to patients dying. Their profession needs to be in charge of their own government through a board, rather than relying on the hospitals.

For the record, no one else indicated their desire to testify.

ORIGINAL MOTION: **Rep. Hixon** made a motion to **HOLD H 453** in committee.

Rep. King was recognized to close testimony. She said the registered technicians are trained to understand quality control, storing product, and other various parts of doing lab tests. Boards set standards, protect the public, investigate and resolve complaints, license professionals, and assure continuing education. Better lab testing is done where licensing exists.

SUBSTITUTE MOTION: **Rep. Rusche** made a substitute motion to **HOLD H 453** for time certain, February 23, 2016. **Motion carried by voice vote. Rep. Hixon** asked to be recorded as voting **NAY.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:52 a.m.

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Representative Wood
Chair

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Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Thursday, February 18, 2016

SUBJECT	DESCRIPTION	PRESENTER
RS24550	Juveniles, Custody	Rep. Christy Perry
RS24551	Foster Care Program, Annual Report	Rep. Christy Perry

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Thursday, February 18, 2016
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
ABSENT/ EXCUSED:	Representative(s) Hixon
GUESTS:	Valerie McCauley, Brian McCauley, Arlene McCauley, Jim McCauley, Idaho Citizens; Russ Barron, DHW.

Chairman Wood called the meeting to order at 9:00 a.m.

RS 24550: **Rep. Christy Perry**, District 11, presented **RS 24550**, proposed legislation in response to requests from foster parents on behalf of the foster children. The adoptee's jurisdictional court is included in the adoption consent list and given input and approval authority for all custody matters. An investigation time frame is set and a notification of relatives section is added. Required concurrent permanency plan procedures and adaptations for placement priorities are listed. Finally, the Department of Health and Welfare (DHW) is directed to make changes in alignment with this policy.

MOTION: **Rep. Redman** made a motion to introduce **RS 24550. Motion carried by voice vote.**

RS 24551: **Rep. Perry** presented **RS 24551**, which requests the DHW present an annual foster care system report to the legislative germane committees. This helps raise awareness and inform legislators about the foster care system.

MOTION: **Rep. Redman** made a motion to introduce **RS 24551. Motion carried by voice vote.**

Chairman Wood thanked **Katherine Poole** for her hard work as the Health and Welfare committee page during the first half of the session.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:14 a.m.

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Representative Wood
Chair

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Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Monday, February 22, 2016

SUBJECT	DESCRIPTION	PRESENTER
	Alice Report	Nora J. Carpenter, United Way

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Monday, February 22, 2016
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
ABSENT/ EXCUSED:	Chairman Wood, Representative Troy
GUESTS:	Cory Surber, Saint Alphonsus; Ericka Rupp, H&W; Nora Carpenter, United Way.

Chairman Packer called the meeting to order at 9:00 a.m.

Chairman Packer introduced, **Hannah Bergmann**, the committee page for the second half of the session.

Nora Carpenter, President, CEO, United Way, Treasure Valley, shared information on the Asset Limited, Income Constrained, Employed (ALICE) Project, a study of financial hardship in conjunction with Oregon and Washington.

Assessing the increased poverty level for children led to a deeper study into the need and pressure for affordable housing, transportation, and a livable wage, which revealed a zip code syndrome. The ALICE Project provided objective data to understand community needs and actual poverty levels.

The project's data collection focuses on persons receiving services, visiting with them at the point of service and analyzing information from a variety of state agencies, including the Department of Health & Welfare.

In Idaho, 87,233 households (15%) live within the federal poverty level (FPL). There are also 130,397 households (22%) families identified by ALICE living above the FPL and struggling financially to afford basic necessities.

These necessities are categorized as survival budgets, the absolute minimum income needed to live in a community. Under survival budgets, housing is presumed to be a rental. Child care, the largest budget slice, is modest, often a family member. Food is low cost and low nutrition. Transportation covers a car payment, gas, and insurance, with no maintenance or upkeep allowance. Health insurance does not exist and any medical expenses are paid for out of pocket. Savings plans, emergency funds, retirement, and any other extras do not exist in the survival budget.

A single adult in this category has an annual income of $16,660 (FPL is $11,490), for an hourly wage of $8.33. A family of four has an annual income of $46,176 (FPL is $23,550) and an hourly wage of $23.09. The household stability budget, which includes home ownership, for the same family of four is $85,896 with an hourly wage of $42.95.

Based on the study, Idaho's basic cost of living is higher than expected. It also becomes evident individuals frequently work away from community support.

There are 121,445 new jobs projected in the Pacific Northwest from 2012 to 2022. Seventy-five percent of those jobs will pay less than $20 per hour.

With the report only one month old, the United Way is sharing the information to bring the issue to light. Meaningful public policy discussions and community leader engagement are the next steps. Those receiving services have asked for better access to existing community services.

Responding to committee questions, **Ms. Carpenter** said the survival budget presumes there are no extra funds to purchase even subsidized insurance. The individuals represented in the ALICE report are employed. The adults expressed pride and accomplishment in their work. Anything the community or state can do to ensure their children are safe and healthy is helpful.

Rep. Perry commented this report highlights the multi-faceted aspects for families just above the FPL. Perhaps shifting DHW office hours to remain open in the evenings one or two days a week is the shift in thinking needed to enhance existing resources and help this population.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:31 a.m.

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Representative Packer
Chair

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Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Tuesday, February 23, 2016

SUBJECT	DESCRIPTION	PRESENTER
H 481	Right To Try Act	Rep. Melissa Wintrow
H 438	Hospital Districts, Board Appointments	Jeremy Pisca, Kootenai Health Medical Center
RS24559	Hospital Districts, Board Appointments	Jeremy Pisca
H 453	Medical Laboratory Science Practice Act	Rep. Phylis King
	Collaborative Work Group on Services for Adults with Developmental Disabilities	Christine Pisani, Idaho Council on Developmental Disabilities

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Tuesday, February 23, 2016
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
ABSENT/ EXCUSED:	None
GUESTS:	Matthew Keenan, Idaho Freedom Foundation; Penny Caldwell, Tina Sadler, and James Quinn, Citizens; Christopher Ball, Idaho Dept. of Health & Welfare, Bureau of Laboratories; Alex Adams, Misty Lawrence, and Berk Fraser, Idaho Board of Pharmacy; Kurt Altman, Goldwater Institute; Jeremy Pisca and Emily Patchin, Kootenai Health; Toni Lawson, Idaho Hospital Association.

Chairman Wood called the meeting to order at 9:00 a.m.

MOTION: **Rep. Hixon** made a motion to approve the minutes of February 2, 4, 8, 9, and 15, 2016. **Motion carried by voice vote.**

H 481: **Rep. Melissa Wintrow**, District 19, presented **H 481**.

The testimony of **John Knudsen**, who has Amyotrophic Lateral Sclerosis (ALS), was read by **Rep. Wintrow**. Mr. Knudsen supports **H 481**, to allow patients and doctors to work together to secure experimental treatments. Drug companies can provide treatment free or at a discounted cost, with no payment required by insurance companies. Similar bills have passed in Missouri and Louisiana. Passage of **H 481** gives hope, if not a cure, for hundreds of diseases that rob people of their lives.

Rep. Wintrow stated **H 481** allows terminally ill patients the ability to try an experimental drug meeting at least Phase 1 of the federal drug administration (FDA) pipeline. The informed consent provides patient diagnosis agreement. There are no obligations for insurers, manufacturers, hospitals, or physicians to do anything to cover the use of the drug. All authority and liability is in the patient's hands. Answering a committee question, she said release of liability is clearly defined.

Dr. James Quinn, Citizen, described how this issue was brought to his attention and subsequent efforts leading to **H 481**. There are three phases of FDA drug testing. The first test, Phase 1, assures safety and establishes the optimum dosage. The second, Phase 2, uses small groups divided into test drug recipients and placebo recipients. The final test, Phase 3, involves a larger test group, again with placebos and the test drug.

During Phase 1 there is little knowledge of the new drug's impact, including any crossover impact on other conditions. The ability to hope and try brings peace of mind to patients, families, and physicians. This legislation maintains respect for the drug companies and the FDA process while providing a chance for individuals instead of forcing them to pursue treatments in other countries.

Kurt Altman, The Goldwater Institute, further presented **H 481**. This legislation allows terminally diagnosed people, who have exhausted every FDA approved treatment, the ability to use those drugs which have passed the FDA Phase 1 and are continuing the FDA trial process. Such use works in conjunction with the clinical trials. This provides last resort access to persons ineligible for the clinical trials. The current FDA approval system has existed for fifty years, costs $1B and takes eight to fifteen years to get a drug to market.

Through the compassionate use system, an avenue for patients under special circumstances, the physician can request the use of a lifesaving or effective drug, when no other therapy has worked. The procedure requires the treating physician contact either the Food and Drug Administration or the drug manufacturer to obtain permission. This process takes two to four months and a minimum of one hundred physician hours to navigate. A February, 2015, proposal to decrease the application to a single form to be completed in forty-five minutes is still not done.

Answering committee questions, **Mr. Altman** stated as of this date, no marijuana and cannabis oil derivative has passed Phase 1 of the FDA process. The legislation refers to legitimate drugs moving through the FDA process at a high cost to the manufacturer. Most drugs are further along in the process when the physicians learn of their existence. Off-label use of a drug is not part of the legislation.

If the manufacturer agrees to the patient's use, the drug can be provided for free or at cost, which follows federal law prohibitions. Generally under compassionate use, the manufacturer doing clinical trials on the requested drug provides it for no cost. Any cost is borne by the patient, as part of the consent form.

There is a gray insurance coverage area with respect to side effects from taking the drug. This cannot be covered in statute, thus highlighting the importance of an informed patient consent. The continued FDA process requirement and federal law prohibiting sales for profit prior to drug approval assure the Right To Try Act is not used as a marketing tool.

In the case of children, it would work the same as state code for other guardian decisions, including anything regarding the Department of Health and Welfare.

Matt Keenan, Idaho Freedom Foundation, testified **in support** of **H 481**. He shared information on experimental treatment received by a patient in Oregon. This legislation provides hope for patients by providing an alternative to the FDA uphill approval process.

Penny Caldwell, Representing Herself, testified **in support** of **H 481**. This legislation would provide a choice for those with terminal illnesses whose lives have been uprooted by the diagnosis and progression of the disease. Patients and families are looking for any option to stop the disease progression and gain hope.

Tina Sadler, Representing Herself, testified **in support** of **H 481**. She asked the committee to consider what people face when diagnosed with a terminal disease without treatment or cure. She asked the committee to then consider no access to a legitimate drug in clinical trial showing great promise for the disease. These individuals are asking the government to step out of the way and give them the freedom of choice and hope.

MOTION: **Rep. Redman** made a motion to send **H 481** to the floor with a **DO PASS** recommendation.

For the record, no one else indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **H 481** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Chairman Wood** requested he be recorded as voting **NAY. Rep. Wintrow** will sponsor the bill on the floor.

H 438: **Jeremy Pisca**, Attorney, Risch Pisca, on behalf of Kootenai Health Medical Center, presented **H 438**. This legislation is being replaced by **RS 24459.**

MOTION: **Rep. Hixon** made a motion to **HOLD H 438** in committee. **Motion carried by voice vote.**

RS 24559: **Jeremy Pisca**, Attorney, Risch Pisca, on behalf of Kootenai Health Medical Center, presented **RS 24559**. This proposed legislation allows a taxing district hospital board of trustees to appoint not more than two additional members with specialized skills to serve at the pleasure of the board. The appointed members cannot vote on any decision to levy a tax and may be removed with or without cause. Answering a committee question, Mr. Pisca said there are seven hospital taxing districts. The Idaho Hospital Association has surveyed all members and supports the legislation.

MOTION: **Rep. Hixon** made a motion to introduce **RS 24559. Motion carried by voice vote.**

H 453: **Chairman Wood** stated the sponsor of **H 453**, previously held to date certain, February 23, 2016, has requested it be held until Thursday, February 25, 2016, to allow travel time for individuals from out of town wishing to testify.

MOTION: **Vice Chairman Packer** made a motion to **HOLD H 453** for time certain, February 25, 2016. **Motion carried by voice vote.**

Christine Pisani, Executive Director, Idaho Council on Developmental Disabilities (ICDD), presented the annual report of the Collaborative Work Group (CWG) on Services for Adults with Developmental Disabilities (DD). Occurring, typically, at birth, this is a life-long condition. Individuals meeting the DD definition may have several diagnoses with unique support needs. Mental disorders are found in 30 to 35% of DD individuals. Lifelong supports need to be individualized, flexible, and designed for meaningful lives.

By 2020, the CWG envisions Idaho adults with DD having the same opportunities, freedoms, and rights as their neighbors. They will also have access to sustainable service systems that provide quality, individualized supports to meet their lifelong changing needs, interests, and choices.

Medicaid's self direction waiver option provides support determined by the individual. Person centered planning is the pathway to best outcomes for participants and effective resource allocation. Focus groups highlighted employment as a priority to provide connections with community members and feelings of fulfillment.

The Medicaid self direction option has grown by 28% in the past year. Surveys provided a better understanding of state services. Information was obtained on a face-to-face basis from individuals, families, and service providers.

The survey findings indicated perceptions about self direction, choice rationale, access misunderstandings, and the status of best outcome achievement. Results have helped the ICDD focus on training, quality assurance, and advocacy.

Also indicated was the need for better measurement, which is available through the National Core Indicators (NCI) Project. This is a collaborative effort between State DD Directors and The Human Services Institute to measure their own performance and gather outcome data used to track, compare, and support decision making. This is the last year for access and the dues will be waived. The children's DD survey will help understand what the same programs can do for adults. A similar Medicaid survey would cost $70,000.

Person centered planning (PCP) helps discover an individual's gift. Persons with DD have been marginalized, segregated, and put aside because they don't fit into a box. By discovering a person's dream, what it really means, and drilling down to the lowest common denominator, programs can be built that fulfill the individual's needs and leads to full community environment. The forefront of PCP is the recognition of all behavior as communication. Once everyone shares their gifts and their talents, we can build richer more colorful communities.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:40 a.m.

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Representative Wood
Chair

_____

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Wednesday, February 24, 2016

SUBJECT	DESCRIPTION	PRESENTER
H 483	Pharmacy, Communication, Biosimilars	Rep. Christy Perry
H 480	Executive Directors, Licensure	Mitchell Toryanski, Idaho Bureau of Occupational Licenses
H 482	Boards, Qualifications, Consumer Member	Mitchell Toryanski, Idaho Bureau of Occupational Licenses

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, February 24, 2016

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

ABSENT/ EXCUSED: Representative Rusche

GUESTS: Dr. Troy Rohn, Julie Foote, MD, Stephanie Benjamin, Idaho Citizens; James L. Pline, PE, Idaho Soc. of Prof. Engrs.; Keith Simila, Idaho Board of PE/PLS; Alex Adams, Idaho Board of Pharmacy; Luke Cavener and Elizabeth Criner, ACS CAN; Jeremy Chou, Givens Pursley; Ken McClure, IMA; Joe Canning, ISPE; Jeff A. Buel, Johnson & Johnson.

Chairman Wood called the meeting to order at 9:00 a.m.

H 483: **Rep. Christy Perry**, District 11, presented **H 483**, legislation requesting notification to prescribing physicians when a pharmacist makes a substitution of a biosimilar medication. Clarification is made when the notification is not required. Definitions of biological product and interchangeable product are provided. The legislation includes a July 1, 2026, sunset date.

Dr. Troy Rohn, Professor, Boise State University (BSU), testified **in support** of **H 483**. In his activities with the BSU Alzheimer's disease research program and the treatment of neural-degenerative diseases, he routinely uses biologics. He has found very subtle differences in biosimilar potency and specificity, differences the Federal Drug Administration (FDA) may not catch. The physician needs to have the appropriate information to make the best decision for his patient. This is not too onerous for pharmacies.

Answering committee questions, **Dr. Rohn** said the patient's cost savings are minimal when comparing the trade drug and the biosimilar. The FDA panels approving the biosimilars are key, depending on how they scrutinize the product differences and their expertise.

Dr. Julie Foote, Independent Endocrinologist, testified **in support** of **H 483**. The upcoming medications may offer more patient choice and possible cost savings for a very expensive new set of drugs. When a substituted drug goes awry, the effects may be nonreversible or take months of further suffering for recovery. This becomes more complicated when no one is aware of the substitution. Daily pharmacy communications are part of the normal work process.

Dr. Foote, responding to committee questions, stated the large pharmacies have website notifications of specific overall substitutions. Fax notifications are a better daily substitution notification. Patients, unaware of a substitution, continue taking their medication, without concern until side effects occur. With any medication, physicians have the responsibility of educating their patients. This legislation is preparation for future FDA interchangeable drugs.

Luke Cavener, Director, Government Relations, American Cancer Society, Cancer Action Network (ACS CAN), testified **in support** of **H 483**. The ACS CAN recognizes biologicals and biosimilars can be very complicated. Patients need to be actively engaged in their treatment, with effective information from providers. Policies must assure patient access and affordability. Biosimilars are difficult to manufacture, are not the same, and can lead to unexpected results for uninformed providers and patients.

Ken McClure, representing both the Idaho Medical Association and Amgen, a biologic drug manufacturer, testified **in support** of **H 483**. Biosimilars hold a lot of treatment promise, although reactions may be different from the biologic. A managing care physician needs information about all patient medications. Almost all biologics, which are usually injectable, come from mail order out-of-state pharmacies. This legislation arms the physicians with sufficient information to deal with any arising complications.

For the record, no one else indicated their desire to testify.

In closing remarks **Rep. Perry** stated biosimilar differences can also be positive, providing better than expected outcomes. There has been no opposition to **H 483**.

MOTION: **Vice Chairman Packer** made a motion to send **H 483** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Perry** will sponsor the bill on the floor.

H 480: **Rep. Vito Barbieri**, District 2, presented **H 480** and **H 482**, companion legislation in response to a recent Supreme Court decision regarding governing board anti-trust immunity.

Mitch Toryanski, Legal Counsel, Idaho Bureau of Occupational Licenses, on behalf of the Office of the Governor, further presented **H 480**. The Supreme Court decision in the North Carolina Board of Dentistry v. the Federal Trade Commission (FTC) stated board members are immune to antitrust prosecution if and when they are actively supervised by the state. The decision recognizes the inherent conflict between making a living and also regulating the same profession. Of all the Idaho professional boards, three are required to hire an active market participant (AMP) as their executive director. They are the Board of Licensure of Professional Engineers and Professional Land Surveyors, the Board of Nursing, and the Board of Pharmacy. All other boards can hire a licensee or non-licensee for the position. **H 481** removes the requirement to hire an AMP licensee, providing the same flexibility as other Idaho boards.

MOTION: **Rep. Hixon** made a motion to send **H 480** to the floor with a **DO PASS** recommendation.

Jeremy Chou, Attorney, Givens Pursley, representing the American Civil Engineering Association (ACEC), testified **in support** of **H 480**, although they have concerns regarding the displacement of ratios. They expect to work through their concerns after the session.

James Pline, Engineer, testified **in opposition** to **H 480** and **H 482**, stating the executive director of the Board of Professional Engineers deals on a daily basis with engineering problems and issues a non-engineering citizen would be unable to handle. He also was concerned about the board serving at the pleasure of the Governor and the possibility of placement of someone as a political favor.

For the record, no one else indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **H 480** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Barbieri** will sponsor the bill on the floor.

H 482: **Mitch Toryanski**, Legal Counsel, Idaho Bureau of Occupational Licenses, on behalf of the Office of the Governor, presented **H 482** , also in response to the North Carolina Board of Dentistry Supreme Court case. Statutes governing more recent Idaho boards provide managerial tools to separate state boards, existing to protect the public, from private associations which promote their profession. This is accomplished by features such as board members serving at the Governor's pleasure and ensuring each board has a public member. This legislation puts all licensing boards on the same footing, which is appropriate in light of the North Carolina case.

Answering committee questions, **Mr. Toryanski** stated the Governor makes all appointments. A greater pool of talent is available when nominations come from within and outside the associations. Some associations have less than half their profession as part of their membership. This also puts more separation between the associations, who promote their professions, and the boards, who are looking out for the public.

Jeremy Chou, Given Pursley, American Consulting Engineers Council (ACEC), testified the association is not opposing the legislation, although they are conflicted with the terms. In the North Carolina case, the board tried to preclude non-licensed individuals from providing teeth whitening services. The Supreme Court said the board was not controlled by the state government and had no immunity. This legislation is an attempt to assure the state immunity exists by making the boards more like a state agency. It is their hope the Governor's office will appoint a licensed professional going forward, but they understand the need for flexibility to consider other individuals as well.

Joe Canning, Consulting Engineer, Secretary, Idaho Society of Professional Engineers (ISPE), testified **in opposition** to **H 482**. The ISPE has had little time to allow stakeholders to provide comment, study the impact of the legislation, and review the Attorney General's opinion issued in January. Adding a public member to the board is good, but they are concerned about nominations because the duties of the licensure board include tasks requiring a high level of qualification and expertise. They already strive to maintain one board member as an educator, providing updated information on their profession. The ISPE requests no action be taken this year to allow time to walk through the code and get stakeholder input.

James Pline, Engineer, testified **in opposition** to **H 482**, asking that **H 482** be held until it is properly vetted and addressed by the engineers.

MOTION: **Rep. Redman** made a motion to send **H 482** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Barbieri** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:15 a.m.

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Representative Wood
Chair

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Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Thursday, February 25, 2016

SUBJECT	DESCRIPTION	PRESENTER
RS24575	Social Work Recognition Month	Rep. John Rusche
H 498	Electronic Cigarettes, Sales Permits	Rep. John Rusche
H 453	Medical Lab Science Practice Act	Rep. Phyllis King
H 500	Medicare Reimbursement Rate	Jeff Morrell, Intermountain Hospital

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Thursday, February 25, 2016
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
ABSENT/ EXCUSED:	Representative(s) Perry
GUESTS:	Erin Bennet, AHA/ASA; Jeff Morrell, Intermountain Hospital.

Chairman Wood called the meeting to order at 9:01 a.m.

MOTION: **Vice Chairman Packer** made a motion to approve the minutes of the February 11, 17, and 18, 2016, meetings. **Motion carried by voice vote.**

RS 24575: **Rep. John Rusche**, District 6, presented **RS 24575**, a Resolution, in conjunction with the National Association of Social Workers, declaring March to be Social Worker Recognition Month and acknowledging the work done by social workers in our communities.

MOTION: **Rep. Romrell** made a motion to introduce **RS 24575** and recommend it be sent directly to the Second Reading Calendar. **Motion carried by voice vote. Rep. Rusche** will sponsor the bill on the floor.

H 498: **Rep. John Rusche**, District 6, presented **H 498** to add e-cigarettes to the tobacco permit requirements. This legislation adds no other limitations, reporting requirements, or taxing. Free permits are obtained using the existing tobacco sales online registry through the Department of Health and Welfare. Current laws make it illegal to sell devices and solutions to minors. Vaping and e-cigarettes, as new methods of nicotine delivery, have no documented long-term effects beyond laboratory usage evidence.

Answering committee questions, **Rep. Rusche** said retailers also selling e-cigarettes may have local sales permits and not be registered with the Idaho Tobacco Project (ITP) because they have not been considered to be selling tobacco products. The ITP vendor list is provided to law enforcement for monitoring sales to minors. Vendors do not itemize the sales dollars sent to the tax commission. A new phenomenon and concern has developed over the flavoring and coloring chemicals used in e-cigarettes, especially their effect on the bronchi.

Erin Bennet, Government Relations Director, American Heart Association and American Stroke Association, testified **in support** of **H 498**. E-cigarettes are new technology with minimal regulation and public health data. The cigarette ads used to target youth in the past are still in use, only modified for e-cigarettes. This legislation helps moderate youth access to these products.

No one else indicated their desire to testify.

MOTION: **Rep. Hixon** made a motion to send **H 498** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Vander Woude** requested he be recorded as voting **NAY. Rep. Rusche** will sponsor the bill on the floor.

H 453: **Rep. Phylis King**, District 18, asked the committee to **HOLD H 453**, stating an issue resolution has been achieved, the legislation will be rewritten, and it will be brought back to the committee.

MOTION: **Vice Chairman Packer** made a motion to **HOLD H 453** in committee. **Motion carried by voice vote.**

H 500: **Jeff Morrell**, CEO, Intermountain Hospital, presented **H 500**. This legislation provides a technical correction to the Medicaid reimbursement rate by identifying funding from the General Fund along with matching federal funding. Answering a question, Mr. Morrell said 62% of the vulnerable adolescents admitted last year were Medicaid beneficiaries.

MOTION: **Rep. Rusche** made a motion to send **H 500** to the floor with a **DO PASS** recommendation.

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **H 500** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Romrell** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:23 a.m.

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Representative Wood
Chair

_____

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Tuesday, March 01, 2016

SUBJECT	DESCRIPTION	PRESENTER
RS24374C1	Youth Athletic Concussions	Mike Brassey, St. Luke's Hospital
H 533	Hospital Districts, Board Trustees	Jeremy Pisca, Kootenai Health Medical Center
S 1268	Developmental Disabilities Council Membership	Christine Pisani, Idaho Council on Development Disabilities

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Tuesday, March 01, 2016
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
ABSENT/ EXCUSED:	Chairman Wood, Representative(s) Perry, Vander Woude
GUESTS:	Mike Brassey, St. Luke's HS; Toni Lawson, Idaho Hospital Assoc.; Jeremy Pisca, Kootenai Health; Jim Baugh, DRI.

Chairman Packer called the meeting to order at 9:01 a.m.

RS 24374C1: **Mike Brassey**, representing St. Luke's Health System, presented **RS 24374C1**, proposed legislation to make technical changes to existing law to better conform to the National Football League (NFL) and the Centers for Disease Control (CDC) guidelines. The term "biannually" is changed to "biennially," to allow guideline review every two years, as was originally intended.

A new requirement of a signed and returned annual concussion information sheet ensures families have received current concussion guidelines and demonstrates school compliance. An additional change assures student athletes having had concussions are well enough to attend class before they can participate in athletics.

MOTION: **Rep. Rusche** made a motion to introduce **RS 24374C1. Motion carried by voice vote.**

H 533: **Jeremy Pisca**, Attorney, Risch Pisca Law Firm, on behalf of the Kootenai Hospital District, presented **H 533**. This legislation allows a hospital taxing district with seven trustees the ability to appoint not more than two specialized board members by unanimous vote of the existing board. The appointed board member(s) serve at the pleasure of the existing board and can be removed without cause by a majority board vote. The appointed board member(s) cannot vote on any tax measure.

MOTION: **Rep. Troy** made a motion to send **H 533** with a **DO PASS** recommendation.

Wayne Hoffman, President, Freedom Foundation, testified **in opposition** to **H 533**. The reason for an elected board, when augmented with any appointed members given the same powers, is diluted.

For the record, no one else indicated their desire to testify.

VOTE ON MOTION: **Chairman Packer** called for a vote on the motion to send **H 533** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Redman** will sponsor the bill on the floor.

S 1268: **Christine Pisani**, Executive Director, Idaho Council on Developmental Disabilities (ICDD), presented **S 1268**. The ICDD is comprised of 23 volunteers appointed by the Governor, with new members recruited annually. This legislation changes the state agency or local organization work restrictions for the positions of "Individual with a Developmental Disability" and "Parent of a Child with a Developmental Disability" to align with federal law.

This resolves a council member recruitment and retention issue, maintaining representation of diverse statewide scenarios. The changes were vetted through the Council's Attorney General and the Governor's office.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Rusche** made a motion to send **S 1268** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Rusche** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:15 a.m.

Representative Packer
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Wednesday, March 02, 2016

SUBJECT	DESCRIPTION	PRESENTER
S 1294	Pharmacists, Immunizations	Pam Eaton, Idaho State Pharmacy Association
S 1231	Chiropractic Practice, Prescriptive Drugs	Roger Hales, Idaho Bureau of Occupational Licenses

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, March 02, 2016

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

ABSENT/ EXCUSED: Representative(s) Perry

GUESTS: Alex Adams, Idaho Board of Pharmacy; Courtney Thompson, Citizen; Shannon Gaertner Ewing, Idaho Board of Chiropractic Physicians; Mary Jo White, DC, State Board of Chiropractors; Ryan Fitzgerald, Idaho Assoc. of Chiropractic Physicians; Tana Cory, Bureau of Occupational Licenses.

Chairman Wood called the meeting to order at 9:01 a.m.

MOTION: **Rep. Hixon** made a motion to approve the minutes of the February 10, 16, and 22, 2016, meetings. **Motion carried by voice vote.**

S 1294: **Pam Eaton**, President, CEO, Idaho Retailers Association, State Pharmacy Association, presented **S 1294**, which lowers the pharmacist provided immunization age limit from 12 to 6 years of age, with parent or guardian consent. Immunizations at a pharmacy provide a convenience and access beyond the availability of a physician's office, particularly in rural communities.

The educational campaign need for using the Immunization Registry Information System (IRIS), which was revealed in discussions with pharmacists, has begun. IRIS data requirements are addressed in the Board of Pharmacy Rules and registry information is available to primary health care providers.

All pharmacist graduates are highly trained in immunizations and counseling patients. Additionally, license renewal requires a minimum of one hour of continuing immunization education every year.

MOTION: **Rep. Rusche** made a motion to send **S 1294** to the floor with a **DO PASS** recommendation.

Answering committee questions, **Ms. Eaton** said pharmacists, physicians, or nurses are not liable for any vaccination's adverse effect. A double dose of a vaccine is not harmful. IRIS registration is part of the Vaccines for Children Program (VFC), which is voluntary.

Rep. Rusche explained the VFC uses state funds to purchase children's vaccines in large enough quantities to negotiate the lowest price. Insurers are assessed for the cost and vaccines are distributed to providers. The providers can charge for administrative costs such as syringes and nurses time, but not for the vaccine. The IRIS registry helps tally how much vaccine the state needs to purchase and provide's a child's vaccination record. Practitioner or pharmacists are not required to use the VFC.

Courtney Thompson, representing herself, testified **in opposition** to **S 1294**, stating pharmacists are not following the parental voluntary participation notification requirements. Adverse effects can occur long after the fifteen minute observation period. The vaccines include 20 to 24 pages of information, only two of which are given to parents. The existing risks and practices need more review before putting younger children in their path.

Alex Adams, Executive Director, Board of Pharmacy (BOP), testified **in support** of **S 1294**. The BOP Rules include IRIS as required reporting. Liability is harbored by any pharmacist and a complaint can be filed with the BOP to be adjudicated as appropriate. Since 2011, no pharmacist immunization complaint has been received.

Responding to committee questions, **Dr. Adams** said the pharmacy profession has a long history of over regulation, especially for immunization. Recordkeeping requirements specify information collection and maintenance for each administered immunization. Immunizations are administered by any size of pharmacy.

For the record, no one else indicated their desire to testify.

Answering committee questions, **Ms. Eaton** said pharmacists must submit their continuing education information as a part of annual license renewal. Many pharmacies exceed the BOP training requirements. Complaints can be lodged with the BOP.

Dr. Adams further answered a committee question. He said the continuing education requirement for immunizations and sterile compounding is enforced at the time of license renewal. Pharmacists are audited and any violations are investigated with possible financial and continuing education penalties.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **S 1294** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Chairman Wood** and **Rep. Rusche** will sponsor the bill on the floor.

S 1231: **Roger Hales**, on behalf of the Idaho Board of Chiropractic Physicians, presented **S 1231**. This legislation clarifies the existing law prohibiting the use of legend or prescription drugs, as defined by the Federal Drug Administration (FDA). Chiropractic physicians are prohibited from prescribing, dispensing, independently administering, distributing, directing, or suggesting to a patient legend or prescriptive drugs. The term "RX only" is added to traditional labeling of legend or prescriptive drugs. The final update clarifies the applicable products, drugs, and substances.

Courtney Thompson, representing herself and Health Freedom Idaho, testified **in opposition** to **S 1231**. Vitamins and supplements are given intravenously for the greatest impact. This legislation seeks to keep chiropractors from using or suggesting the use of IV vitamins or supplements to treat patients with chronic illnesses. An adverse financial impact of **S 1231** will be in lost tax revenue, lost chiropractic office jobs, and increased disability costs for persons no longer receiving the treatments. This legislation impacts freedom of choice for Idaho constituents.

Shannon Gaertner Ewing, Chiropractor, Past Chairman, State Board of Chiropractic Physicians, Trustee, University of Western States, testified **in support** of **S 1231**, although she has concerns with the statute language. The communication restrictions mean adverse reaction electronic health care physician alerts cannot be discussed with patients. Removal of the terms "direct" or "suggest" would allow doctors receiving the alerts to direct patients back to pharmacists and medical doctors.

Ms. Ewing said a university masters and doctorate program for advanced chiropractic services is being developed. The program will include extensive pharmaceutical hours and address many of the issues surrounding the use of IV nutrients. Students already receive 132 hours of graduate school training in nutrition administration, complications, and safe application.

Chairman Wood commented the suggested change references terms not being amended in **S 1231**. He suggested **Dr. Ewing** work with the Board of Chiropractic Physicians to bring forward legislation addressing this issue for the next session.

Dr. Mary Jo White, Chairman, Idaho State Board of Chiropractic Physicians, Chiropractor, Chiropractic College Service, Functional Medicine, Past President, Idaho Association of Chiropractic Physicians, Patient, testified **in support** of **S 1231**. The Chiropractic Physician Board and Association have different roles which can be difficult to understand. This legislation is not perfect, but it aligns statutes to include beneficial services.

Responding to committee questions, **Dr. White** said the association continues to define the scope of practice and formulate Rules. The statute has limited the use of legend drugs as redefined by the FDA.

Mr. Hales, responding to committee questions, explained a legend or prescriptive drug is typically reserved for use by someone with prescribing authority. Legend and prescriptive drugs are interchangeable terms and are defined together. The FDA change classified injectable vitamins and minerals as legend drugs, affecting their continued use.

Ryan Fitzgerald, on behalf of the Idaho Association of Chiropractic Physicians, testified **in opposition** to **S 1231**. The association's draft bill to establish the profession's rule of law and standard of education is not moving forward this year. He requested an interim committee join the association discussions. This legislation needs more work to maintain the care choices patients have received for many years.

ORIGINAL MOTION: **Rep. Troy** made a motion to **HOLD S 1231** in committee.

Reps. Troy and **Hixon** expressed concern for the ability of chiropractors to practice to the full scope of their training and the limiting of consumer choices.

SUBSTITUTE MOTION: **Rep. Rusche** made a substitute motion to send **S 1231** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Reps. Vander Woude, Troy,** and **Hixon** requested to be recorded as voting **NAY. Chairman Wood** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:46 a.m.

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Representative Wood
Chair

_____

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Thursday, March 03, 2016

SUBJECT	DESCRIPTION	PRESENTER
S 1250	Advanced Practice, Registered Nurse Compact	Sandra Evans, Board of Nursing
S 1251	Nursing Licensure Compact	Sandra Evans
S 1281	EMS Personnel Licensure Interstate Compact	Wayne Denny, Department of Health & Welfare

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, March 03, 2016

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

ABSENT/ EXCUSED: Representative(s) Perry, Vander Woude

GUESTS: Sandy Evans and Judy Taylor, Board of Nursing; Michael McGrane, Idaho Nurses Assoc./Nurse Leaders; Wayne Denny, Idaho Bureau of EMS & Preparedness; Bruce Cheeseman, Idaho EMSP.

Chairman Wood called the meeting to order at 9:02 a.m.

MOTION: **Vice Chairman Packer** made a motion to approve the minutes of the February 12, 2016, meeting. **Motion carried by voice vote.**

S 1250: **Sandy Evans**, Executive Director, Idaho Board of Nursing (IBON), presented **S 1250**, legislation to adopt the Advanced Practice Registered Nurse (APRN) Compact, an interstate compact providing for multi-state APRN licensure. The regulatory model, known as mutual recognition, is already in place in 25 states through the Nurse Licensure Compact (NLC) for Registered Nurses (RNs) and Licensed Practical Nurses (LPNs). The APRN Compact provides the same state-based solution to allow an APRN one multi-state license issued in the primary state of residence, eliminating redundant regulatory processes while providing state-based public protection. The compact requires the identical language be adopted between states.

The required real-time, comprehensive national database provides shared information on licensure, investigations, discipline, and alternatives to discipline in all jurisdictions through alerts and cross reporting. The database also provides the ability to compare APRN applicants to the National Sex Offender database prior to issuance of a multi-state license.

The Interstate Compact Commission, comprised of APRN Compact administrators from each participating state, is established as the governing body. The Commission facilitates rules based on the national Model Administrative Procedure Act. It also coordinates implementation and administration of the compact.

The APRN Compact provides a solution to regulatory barriers to telehealth, in-state, and interstate practice. It provides an effective way to regulate the practice of APRNs while granting each participating state the power to seek recourse should an adverse event occur. Minimal fiscal impact is expected on the IBON's dedicated funds.

Answering committee questions, **Ms. Evans** said the APRN annual membership fee is expected to be similar to the $6,000 Nurse Licensure Compact fee. The licensure database cost will be minimal because the Nursing Licensure Compact database is designed to accept the APRN Compact. Someone with a felony in their background would not qualify for the Compact.

For the record, no one indicated their desire to testify

MOTION: **Vice Chairman Packer** made a motion to send **S 1250** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Troy** will sponsor the bill on the floor.

S 1251: **Sandy Evans**, Executive Director, IBON, presented **S 1251**, legislation to adopt the "enhanced" NLC to replace the current compact. The enhanced version incorporates uniform statutes, rules, and policies which are applicable and enforceable in all states. The fiscal impact is anticipated to be a one-time cost of less than $2,000 to inform stakeholders of the improved compact.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Redman** made a motion to send **S 1251** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Beyeler** will sponsor the bill on the floor.

S 1281: **Wayne Denny**, Bureau Chief, Bureau of Emergency Services and Preparedness, Department of Health & Welfare (DHW), presented **S 1281**, legislation to enact the Recognition of Emergency Medical Services (EMS) Personnel Licensure Interstate Compact (REPLICA). This compact allows EMS personnel from border communities to practice in both states, addresses wildland fire staffing issues, and provides licensure reciprocity without additional testing. Membership will also formally recognize Idaho's commitment to simplifying EMS licensure processes for military veterans and their spouses. Disciplinary actions remain the duty of the Idaho EMS Physician Commission and the EMS bureau.

The new compact legislation includes definitions, requirements for the home state regional emergency management team (REMT) certification exam and background checks, direction for the home state scope of practice, revoking or restricting a practice, compact severability, reporting requirements, and remote state restrictions. The Interstate Commission is the administrating body and will have rule making authority. Each member state will have a seat on the commission. There will be an annual member state assessment which is not anticipated to be excessive. The compact will become effective once enacted by a tenth state, which is expected in 2017.

Answering committee questions, **Mr. Denny** stated the annual dedicated funds revenue is approximately $1M from drivers license fees and vehicle registrations. The compact cost is anticipated to be $3,000 per year. This is a state assessment, not a licensed provider fee. The scope of practice will be clarified during rule making. Idaho's scope of practice adds optional models to the national model. Other states may not have the same optional models. Although home care EMS is not specifically addressed, an emergency medical technician (EMT) working in a community health EMS (CHEMS) capacity would be included in the compact.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Hixon** made a motion to send **S 1281** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Vice Chairman Packer** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:52 a.m.

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Representative Wood
Chair

_____

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Tuesday, March 08, 2016

SUBJECT	DESCRIPTION	PRESENTER
RS24661	Telehealth Services	Rep. John Rusche
RS24536C1	Automobile Underinsurance	Bill Litster, Idaho Public Policy Institute
S 1295	Public Assistance, Provider Penalties	Steve Bellomy, Department of Health and Welfare
S 1296	Background Checks, Federal Pilot Program	Steve Bellomy
S 1326	Suicide Prevention, Director Authority	Rep. Patrick McDonald

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Tuesday, March 08, 2016
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
ABSENT/ EXCUSED:	None
GUESTS:	Kent Day, Liberty Mutual Ins.; Woody Richards, Ins. Cos.; Phil Barber, Am. Ins. Assoc.; Elke Shaw-Tulloch, IDHW.

Chairman Wood called the meeting to order at 9:02 a.m.

MOTION: **Rep. Hixon** made a motion to approve the minutes of the February 23, 24, 25, and March 1, 2016, meetings. **Motion carried by voice vote.**

RS 24661: **Rep. John Rusche**, District 6, presented **RS 24661**, proposed legislation requiring insurance carriers to provide telehealth service coverage equivalent to what is provided by Medicaid and Medicare. This addresses the current telehealth insurance requirement challenge to rural providers. Covered by Medicare for fifteen years, this is an important component to maintain rural Idaho's telehealth services.

MOTION: **Rep. Hixon** made a motion to introduce **RS 24661. Motion carried by voice vote.**

RS 24536C1: **Bill Litster**, Idaho Public Policy Institute, presented **RS 24536C1**. The proposed legislation applies to automotive underinsurance or supplementary insurance. When the main insurance provider has paid to its limit after a catastrophic wreck, the injured driver's supplemental insurance then starts paying. Because the existing Idaho law is "silent," insurance companies have inserted clauses reducing the policy face amount by the at-fault driver's coverage payment, greatly decreasing the supplemental payout.

MOTION: **Rep. Redman** made a motion to introduce **RS 24536C1. Motion carried by voice vote.**

S 1295: **Steve Bellomy**, DHW, after giving a brief overview of the Bureau of Audits and Investigations, presented **S 1295**. This legislation lowers and clarifies penalties to Medicaid providers and any provider delivering goods or services to welfare recipients through any DHW Welfare Program. Rules will be developed to clarify penalties and reduce the minimum penalty from 25% to 10%. The temporary rules are expected to be in place by July, 2016.

Answering committee questions, **Mr. Bellomy** said any investigation with the possibility of criminal charges is referred to the Attorney General. When determining a penalty amount, intent is considered. Improved processes have lead to better identification and case completion, resulting in enough revenue to cover their costs. The $500 penalty is a per-employee rate beyond the claim basis. When conducting an investigation they can recover an overpayment and/or assess a penalty. Of the over 40 sets of program rules, each with specific background check requirements, the applicable rules are reviewed during compliance determinations. Providers with ongoing offenses, violations, evidence of fraud, and patient care issues can be excluded or terminated from the program.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Redman** made a motion to send **S 1295** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Vander Woude** will sponsor the bill on the floor.

S 1296: **Steve Bellomy**, DHW, presented **S 1296**, a statute change to eliminate reference to the federal funding pilot project which ended in 2007.

MOTION: **Rep. Hixon** made a motion to send **S 1296** to the floor with a **DO PASS** recommendation.

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **S 1296** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Hixon** will sponsor the bill on the floor.

S 1326: **Rep. Patrick McDonald**, District 15B, presented **S 1326**. He shared a story of responding to a vehicle crash caused by the driver committing suicide while driving down the road. Idaho's good quality of life is marred by our high suicide rates. Of the 320 suicides in 2013, 65% involved a firearm, well over the national average of 51%. This legislation provides a lead focal point through the DHW by specifying their mission includes services for the prevention of suicide. This is also in line with the suicide prevention plan.

MOTION: **Rep. Hixon** made a motion to send **S 1326** to the floor with a **DO PASS** recommendation.

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **S 1326** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. McDonald** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:59 a.m.

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Representative Wood
Chair

_____
Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Wednesday, March 09, 2016

SUBJECT	DESCRIPTION	PRESENTER
RS24702	Behavioral Health, Mental Health, Report, Plan	Rep. John Rusche
RS24670C1	Disability Insurance	Ken McClure, Idaho Medical Association
S 1322	Epinephrine Auto Injectors	Sen. Lee Heider
H 557	Youth Athletes, Concussion Monitoring	Rep. Mike Moyle Matt Kaiserman, St. Luke's Sports Medicine Concussion Clinic
S 1265	Insurance Premium Tax, High Risk Pool	Hyatt Erstad, High Risk Pool Board
S 1323	State Independent Living Council	Sen. Marv Hagedorn
RS24417	Psychologists, Prescriptions	Kris Ellis, Idaho Psychological Association
RS24448	Chiropractic Practice	Ryan Fitzgerald, Idaho Association of Chiropractic Physicians

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Wednesday, March 09, 2016
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
ABSENT/ EXCUSED:	None
GUESTS:	Hyatt Erstad, Idaho High Risk Pool; Alex Adams, Idaho Board of Pharmacy; Susan Farber, Kris Ellis, and Deborah Katz, Idaho Psychological Assn.; Ryan Fitzgerald, Idaho Association of Chiropractic Physicians; Addison Biason, student; Matthew Kaiserman, St. Luke's; Mike Brassey, St. Luke's Health System; Dean Cameron, DOI; Shad Priest, Regence; Steve Thomas, I.A.H.P.

Chairman Wood called the meeting to order at 9:00 a.m.

RS 24702: **Rep. John Rusche**, District 6, presented **RS 24702**. The proposed Resolution requires the Department of Health and Welfare (DHW) provide a status report next session to the germane committees on the mental health (MH) and behavioral health (BH) transformational plan activities, including measures of the effectiveness of the state BH system. This is in response to the Office of Performance Evaluation report on the Medicaid Managed Behavioral Health Program through Optum Idaho. Plan and report components are listed in the resolution, including plan adoption resource recommendations.

MOTION: **Rep. Redman** made a motion to introduce **RS 24702. Motion carried by voice vote.**

RS 24670C1: **Ken McClure**, Idaho Medical Association, presented **RS 24670C1**, proposed legislation addressing the insurance coverage exclusion for conditions resulting from illegal acts or the use of drugs or narcotics, by providing a neutral third party determination. The Emergency Medical Treatment and Labor Act (EMTALA) requires, in the case of an emergency, hospitals and physicians must provide services without payment, which becomes a financial hospital burden when the individual's insurance uses this exclusion.

MOTION: **Rep. Hixon** made a motion to introduce **RS 24670C1. Motion carried by voice vote.**

S 1322: **Sen. Lee Heider**, Chairman, Idaho Senate Health & Welfare Committee, presented **S 1322**. Epipens, epinephrine autoinjectors, have been very successful in schools when children experience an anaphylactic reaction. Currently only obtainable through a medical prescription, this legislation amends statute to allow pharmacists prescription ability. Prepared amendments delete two lines requiring epipen usage training by the DHW.

Answering questions, **Sen. Heider** clarified any entity, including a family or private concerned party, can stock epinephrine, if they can purchase it. An epinephrine injection is not harmful when unduly administered.

MOTION: **Rep. Hixon** made a motion to send **S 1322** to General Orders with amendments attached.

The committee invited **Alex Adams**, Executive Director, Board of Pharmacy (BOP), to answer questions. He stated national training programs would include the American Red Cross, the National Association of School Nurses, and other local organizations. Pharmacists have expressed concern when a store customer has a reaction and they are unable to administer the product. Some autoinjector products provide usage labels or audio instructions. Emergency follow-up procedures are included in the training program information.

Rep. Rusche, responding to injection questions, said the epipen results last 15 to 20 minutes and is used as a bridge to more definitive treatment. It cannot be given as the sole treatment because the reaction causing stimulus is still present. Training emphasizes the combination of the epipen, a potent antihistamine, and medical aid. These are subcutaneous injections which can be given anywhere there is skin, with a few exceptions.

For the record, no one indicated their desire to testify.

Reps. Rusche, Perry, and **Chew** expressed support for the pharmacist prescription authority and concern regarding general public epipen stockpiling and use.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **S 1322** to General Orders with amendments attached. **Motion carried by voice vote. Rep. Romrell** will sponsor the bill on the floor.

H 557: **Matt Kaiserman**, St. Luke's Concussion Clinic, presented **H 557**. He shared his story of college concussion injuries and their academic and athletic affects. This legislation refines and clarifies procedures to protect athletes. The term "biannually" is changed to "biennially," to stipulate guideline review every two years. A new subsection provides a mechanism for distribution and receipt of parental authorizations acknowledging the inherent risks of injuries. Additional changes address the primary role of students returning to school and their successful reintegration.

The post-concussion path back to a successful life can have long-term cognitive impacts. The step-wise progression for athletics is also needed for returning to academic schedules, including shortened class time. **H 557** represents the next step to insure youth athletes are protected and afforded the same opportunities as other youth.

MOTION: **Rep. Rusche** made a motion to send **H 557** to the floor with a **DO PASS** recommendation.

Responding to committee questions, **Mr. Kaiserman** explained the necessary informal accommodations reference defers to medical provider expertise. The St. Luke's Concussion Clinic provides an accommodations list, which is then taken by the parents to the school. The clinic also advocates on behalf of the athlete, discussing what is pertinent and necessary with medical providers and the school.

Addison Biason, Senior, Basketball Player, Meridian Medical Arts High School, testified **in support** of **H 557**. She recounted sustaining three concussions in three weeks, her symptoms, the impact test, and her worsened cognitive, memory, and other capabilities. Her school accommodations included longer testing times, attendance in half of her classes, extended deadlines, and school provided lecture notes. Student athletes need to get back into the classroom, which is more important than any athletic career.

For the record, no one else indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **H 557** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Moyle** will sponsor the bill on the floor.

S 1265: **Hyatt Erstad**, Chairman, Idaho High Risk Pool, presented **S 1265**. It was anticipated the Affordable Care Act (ACA) would cover all High Risk Pool participants and the pool would then be eliminated. Although many participants did move from the pool, 84 participants remain. Previous legislation inadvertently removed the premium tax funding, effective October, 2015. **S 1265** restores the premium tax funding at the previous percentage rate, assuring claim coverage for the remaining participants.

Answering committee questions, **Mr. Erstad** stated the year end audited financial statement lists an under-restricted net position of $21,349,000. Revenue was previously acquired from the 25% premium tax and federal revenue grants. With the ACA passage, the federal grants dissolved.

Rates are set within the pool board with base premiums paid by carriers. Insurers pay a portion of the premium directly to the carriers, based on age, gender, and tobacco use. Of the $21M reserves, there are current claims totalling $1,021,000. There is no income information required from the participants. All plans are age rated and cover eligible dependent children.

Norm Varin, Pacific Source Health Plans, Member, High Risk Pool Board, was invited to answer a committee question. He stated the carriers typically pay 60-70% of the insurance premium.

Dean Cameron, Director, Idaho Department of Insurance, testified **in support** of **S 1265**. The High Risk Pool was designed to address the uninsured population's access to coverage. Revenue was set at 25% of all premium tax above $45M. Funding for the pool has been from carrier reinsurance and the premium tax. Pool members range from 90 to 7 years of age. The 90 year old cannot move onto an ACA plan and is not Medicare eligible. Although ACA premiums would be lower, a member may be in an episode of care, prefer their current overall treatment, or have better access to their physician of choice. No one realized the previous bill, when passed, eliminated the funding.

Responding to committee questions, **Director Cameron** said there were two ways to become a member of the pool: be denied coverage; or, receive a premium price higher than those offered under the High Risk Pool. There is an anticipated natural decline when pool members pass on from health complications.

MOTION: **Rep. Redman** made a motion to send **S 1265** to the floor with a **DO PASS** recommendation.

Steve Thomas, Idaho Association of Health Plans, testified **in support** of **S 1265**, stating all of the Association's members support this legislation.

For the record, no one else indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **S 1265** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Reps. Perry** and **Vander Woude** requested they be recorded as voting **NAY. Chairman Wood** will sponsor the bill on the floor.

S 1323: **Chairman Wood** stated **S 1323** will be moved to the agenda for Monday, March 14, 2016, due to the absence of its presenter.

RS 24417: **Kris Ellis**, Idaho Psychological Association, presented **RS 24417**, for prescription ability for psychologists with additional specified training. This will improve access and care for MH individuals.

MOTION: **Rep. Hixon** made a motion to introduce **RS 24417. Motion carried by voice vote.**

RS 24448: **Ryan Fitzgerald**, Idaho Association of Chiropractic Physicians, presented **RS 24448**, proposed legislation to update the chiropractic scope of practice for the utilization and administration of natural and/or nutritional substances by the issuance of a licensee clinical nutrition certificate. It also establishes a formulary council.

MOTION: **Vice Chairman Packer** made a motion to introduce **RS 24448. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:32 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Monday, March 14, 2016

SUBJECT	DESCRIPTION	PRESENTER
H 583	Telehealth Services, Reimbursement	Rep. John Rusche
S 1323	State Independent Living Council	Sen. Marv Hagedorn
HCR 54	Behavioral Health, Mental Health, Report, Plan	Rep. John Rusche
S 1341aa	Residential Care, Citations	Sen. Fred Martin

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

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Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, March 14, 2016

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

ABSENT/ EXCUSED: None

GUESTS: Kathie Garrett, CID; Christine Pisani, DD Council; Eric Collett, IHCA; Ryan Day, IAPG; William Hazle, Idaho Telehealth Alliance; Dave Taylor, DHW; Mike Reynoldson, Blue Cross of Idaho; Steve Thomas, IAHP; Bill Roden, Select Health; Ken McClure, IMA; Norm Varin, PacificSource; Shad Priest, Regence Blue Shield, Bridge Span Health; Jim Baugh, DRI; Michael Skelton, All Season; Jason Kreizenbeck, Lobby Idaho; Brian Whitlock, IHA.

Chairman Wood called the meeting to order at 9:00 a.m.

MOTION: **Rep. Hixon** made a motion to approve the minutes for the March 2, 3, 8, and 9, 2016, meetings. **Motion carried by voice vote.**

H 583: **Rep. John Rusche**, District 9, presented **H 583**. This legislation stipulates insurance carriers cannot exclude telehealth benefits from their plans and must cover services listed by Medicare procedure codes. Services beyond Medicare coverage would not be required and there is no interference with health plans, medical necessity, or payment policies. This is a coverage mandate to extend the rural availability of mental health (MH) telehealth services and assure provider telehealth patient accommodations are financially viable.

Responding to committee questions, **Rep. Rusche** said the state can modify Medicaid insurance packages, as opposed to Medicare, which is a federal standard. This legislation recognizes the importance of telehealth to rural business practice when in-house specialty providers are not viable.

Bill Hazle, Idaho Telehealth Alliance, Psychiatrist, Telehealth Psychiatry, testified **in support** of **H 583**. Any telehealth improvement requires reimbursement, a current impediment to rural quality of care. Medicare and Medicaid patients with specialty care access show improvement in both results and quality of life. For the same services, private carrier patients must either pay out-of-pocket or drive out of town for a covered face-to-face visit, burdening both the patient and local care providers.

Mike Reynoldson, Director, Government Affairs, Blue Cross Idaho, testified **in opposition** to **H 583**. Telehealth presents the opportunity to inject innovation and improved effectiveness into the health care delivery system. Market analysis determines which telehealth services maintain care quality, work best, will be used, and will lower costs. This legislation is not supported by their market analysis and incorrectly assumes the Medicare one-size-fits-all coverage codes are appropriate for the Idaho marketplace. He requested the insurance companies be allowed to support telehealth growth without a government mandate.

Answering committee questions, **Mr. Reynoldson** stated telehealth coverage is primarily focused on MH and psychotherapy services. Analysis of the telehealth expansion is predicated upon member needs, including a number of large contract groups. Of concern is the possibility of requirement beyond Medicare coverage for the listed current procedure technology (CPT) codes.

Steve Thomas, Idaho Association of Health Plans, testified **in opposition** to **H 583**, due to concerns regarding the mandate, delegation of authority, and the effective date. The mandate removes competition between companies. The CPT codes apply only to patients in health professional shortage areas (HPSA). This legislation also gives the Centers for Medicare and Medicaid Services (CMS) the authority to apply regulations, circumventing legislative review and approval. Without an effective date, implementation would be July 1, 2016. This becomes a legal threat since they are already submitting 2017 products and pricing to the Department of Insurance (DOI). A better effective date is January 1, 2018, which would allow carriers time to comply with the regulations during product development.

Ken McClure, Idaho Medical Association, testified **in support** of **H 583**, legislation to improve the delivery of coordinated, seamless health care to Idaho patients and address the current fractionization of care delivery in non-acute rural settings. This compels the insurance companies to provide all citizens with appropriate services, as are already provided to Medicare patients. This does not require payment of an amount at any particular level. The insurers definition is from statute and telehealth services are as defined in the Telehealth Access Act. This legislation asks for payment of telehealth services already being reimbursed when delivered in a physician's office. The bill sponsors encountered insurance community reluctance to engage in conversations about this legislation.

Responding to committee questions, **Mr. McClure** said the effective date, had the insurance community engaged in conversation, could have been changed previously and can still be changed through an amendment. The Medicare CPT codes are the minimum federal code sets already in use. The codes could be covered by a different reference, although it may lead to a lack of uniformity argument.

Norm Varin, Director, Idaho Government Relations, PacificSource Health Plans, testified **in opposition** to **H 583**. Although PacificSource has telehealth coverage consistent with Medicare coverage guidelines, this legislative mandate removes their flexibility to meet member needs and support the best underlying cost structure.

Mr. Varin, responding to committee questions, stated telehealth services are paid at a percentage of the normal reimbursement because the costs to provide the services are less. With internet access, most rural health care providers can participate in telehealth services.

Shad Priest, Regence Blue Shield Idaho, Bridge Span Health, testified **in opposition** to **H 583**, stating they already cover telehealth services and use the Medicare CPT codes. Some non-Affordable Care Act insureds would lose their grandfather status as a result of this legislation. This adopts a law mechanizing future congressional changes, such as the proposed Telehealth Parity Act, and removing their ability to define Idaho needs. Letting the market define telehealth services is preferential, especially since Medicare and Medicaid cover over 25% of all Idahoans. This is unnecessary and bad state policy.

Brian Whitlock, President, Idaho Hospital Association, testified **in opposition** to **H 583**. The association supports addressing rural telehealth challenges, including seasonal access issues. He expressed concern regarding mandating the insurance industry.

For the record, no one else indicated their desire to testify.

Rep. Rusche, said **H 583** is about coverage, not parity and payment. This legislation provides a path for already covered in-office services provided in a rural telehealth care environment. It mandates coverage in rural health manpower shortage areas (HMSA) using standard insurance medical billing language. The current reimbursement issues have caused rural telehealth practice closures.

Answering committee questions, **Rep. Rusche** stated the Medicare CPT lists, when determined to be appropriately delivered, are reimbursed for face-to-face services. An amendment could be prepared to address the bill's effective date issue.

MOTION: **Rep. Hixon** made a motion to **HOLD H 583** in committee.

SUBSTITUTE MOTION: **Rep. Chew** made a substitute motion to send **H 583** to the floor with a **DO PASS** recommendation.

AMENDED SUBSTITUTE MOTION: **Rep. Redman** made an amended substitute motion to send **H 583** to General Orders with amendments.

Chairman Wood, Vice Chairman Packer, Reps. Perry and **Troy** commented **in support** of the **original motion**. The market needs to refine their systems to deliver telehealth care as conveniently and inexpensively as possible. The verbiage "and regulations adopted thereunder" is of concern. The effect on grandfathered plans and the impact of possible parity legislation is also a concern.

MOTION WITHDRAWN: **Rep. Redman** withdrew his amended substitute motion to send **H 583** to General Orders with amendments.

Rep. Rusche commented **in support** of the substitute motion. Telehealth Medicare coverage began in October, 2001. It is already mandated in Oregon and Montana, so the insurance companies know of any cost differences. The expressed concern regarding the insurance companies being told what to do is valid.

VOTE ON SUBSTITUTE MOTION: **Rep. Chew** requested a roll call vote on the substitute motion for **H 583. Motion failed by a vote of 2 AYE and 9 NAY. Voting in favor** of the motion: **Reps. Rusche** and **Chew. Voting in opposition** to the motion: **Reps. Wood, Packer, Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman,** and **Troy.**

VOTE ON ORIGINAL MOTION: **Chairman Wood** called for a vote on the original motion to **HOLD H 583** in committee. **Motion carried by voice vote. Reps. Chew** and **Rusche** requested they be recorded as voting **NAY**.

S 1323: **Sen. Marv Hagedorn**, District 14, presented **S 1323**, legislation to remove the references to the Code of Federal Regulations, which changes frequently due to program funding. It also provides flexibility regarding which state agency the State Independent Living Council should contact for allocation of the federal funds.

MOTION: **Vice Chairman Packer** made a motion to send **S 1323** to the floor with a **DO PASS** recommendation.

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **S 1323** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Beyeler** will sponsor the bill on the floor.

HCR 54: **Rep. John Rusche**, District 6, presented **HCR 54**, addressing communication issues revealed in the Office of Performance Evaluation study on Optum. Through this resolution, the Department of Health and Welfare is directed to develop an MH and behavioral health (BH) plan describing how all plans or programs fit together, providing measurements to improve the Idaho BH services.

MOTION: **Vice Chairman Packer** made a motion to send **HCR 54** to the floor with a **DO PASS** recommendation.

Kathie Garrett, Consortium of Idahoans with Disabilities, testified **in support** of **HCR 54**, stating this is a good step to provide a clearly communicated vision and plan.

For the record, no one else indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **HCR 54** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Rusche** will sponsor the bill on the floor.

S 1341aa: **Rep. Kelley Packer**, District 28, presented **S 1341aa**, which stipulates citations can only be issued for those cited in law and rule promulgated by law.

MOTION: **Rep. Hixon** made a motion to send **S 1341aa** to the floor with a **DO PASS.** recommendation.

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **S 1341aa** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Packer** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:39 a.m.

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Representative Wood
Chair

_____

Irene Moore
Secretary

AMENDED AGENDA #1

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Thursday, March 17, 2016

SUBJECT	DESCRIPTION	PRESENTER
S 1382	Nursing Definition, Revised	Sandra Evans, Board of Nursing
RS24759	Health Care Committee	Rep. John Vander Woude
RS24760C1	Health Care Data Collection Grant Program	Rep. John Vander Woude
RS24756C2	Broadband Plan	Rep. John Rusche

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Thursday, March 17, 2016
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
ABSENT/ EXCUSED:	None
GUESTS:	Corey Surber, St. Alphonsus; Mike McGrane, Idaho Nurses Assoc./Nurse Leaders; Toni Lawson, Idaho Hospital Assoc.; Nora Carpenter, United Way; Russ Duke, Central District Health; Sandy Evans and Andrea Amzalone, Board of Nursing; James Turner, LINC Idaho; Donna Yule, IPEA; Mary Getchell, K. McAlister, and Lucy Sciopinich, United Methodist Women; Cay Marphant, TransForm Idaho; Kathryn McNary and Judy Halversen, Citizens; Kyle Rocks, Terry Reilly; Rev. Andrew Kukla, First Presbyterian Church Boise; Gayle Wilde, Kathy Haley, and Jill Humble, AAUW; Frank Monasterio, St. Vincent de Paul.

Chairman Wood called the meeting to order at 9:13 a.m.

MOTION: **Vice Chairman Packer** made a motion to approve the minutes of the March 14, 2016, meeting. **Motion carried by voice vote.**

S 1382: **Sandy Evans**, Executive Director, Idaho Board of Nursing, presented **S 1382**. The Idaho Nursing Practice Act definition for the practice of nursing dates back to 1984 and no longer describes today's nursing practice. **S 1382** updates the definition to articulate the diversity of nursing settings, their variety of roles, and affirm nursing practice occurs where the recipient of services is located. This better reflects the evolution of nursing over the past 30 years, including the addition of telehealth services.

MOTION: **Rep. Hixon** made a motion to send **S 1382** to the floor with a **DO PASS** recommendation.

Answering questions, **Ms. Evans** said there is no change to the nursing scope of practice. Telehealth, although physically located away from patients, provides practice at the patient's location.

Mike McGrane, Idaho Nurses Association, Nurse Leaders of Idaho, testified **in support** of **S 1382**. As guardians of health and public safety, the updated definition better describes what nurses are actually doing.

For the record, no one else indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **S 1382** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Hixon** will sponsor the bill on the floor.

RS 24756C2: **Rep. John Rusche**, District 6, presented **RS 24756C2**, a proposed Resolution from the Interim Broadband Study Access Committee and the Department of Commerce (DOC). The committee found a lack of organization surrounding the existence or development of broadband in the state. The DOC testified they had neither the capacity nor the expertise to assume that role. **RS 24756C2** asks the DOC to develop a lead role in structuring a broadband plan and report their progress to the legislature.

MOTION:	**Vice Chairman Packer** made a motion to introduce **RS 24756C2** and recommend it be sent directly to the Second Reading Calendar. **Motion carried by voice vote. Rep. Rusche** will sponsor the bill on the floor.
UNANIMOUS CONSENT REQUEST:	**Chairman Wood** made a unanimous consent request to remove **RS 24759** and **RS 24760C1** from the agenda and hear them on Monday, March 21, 2016. **Rep. Perry** objected.
MOTION:	**Rep. Perry** made a motion to remove **RS 24759** and **RS 24760C1** from the agenda and hear them on Monday, March 21, 2016. **Motion carried by voice vote**.
ADJOURN:	There being no further business to come before the committee, the meeting was adjourned at 9:51 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
8:30 A.M.
Room EW20
Wednesday, March 23, 2016

SUBJECT	DESCRIPTION	PRESENTER
RS24759C2	Health Care Study Committee	Rep. Lynn Luker
RS24760C3	Health Care Grant Program	Rep. Lynn Luker

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Wednesday, March 23, 2016
TIME:	8:30 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
ABSENT/ EXCUSED:	None
GUESTS:	Toni Lawson, Idaho Hospital Asso.; Fred Birnbaum, Idaho Freedom Foundation; Karleen Davis, Citizen; Lee Flinn and Yvonne Ketchum Ward, Idaho Primary Care Assoc.; Brian Whitlock, Idaho Hospitals; Mike Brassey, St. Luke's Health System; Denise Chuckovitch, DHW; Darcy James and Christine Flechter, Idaho Interfaith Roundtable Against Hunger; Laurie Boston, Southwest Dist. Health; Corey Surber, Saint Alphonsus

Chairman Wood called the meeting to order at 8:32 a.m.

RS 24759C2:

Rep. Lynn Luker, District 15, presented **RS 24759C2**, a proposed resolution to improve the gap population through an Idaho-specific waiver. An interim committee will be established to work with the Department of Health and Welfare director to prepare a waiver request incorporating both managed care outcome and personal responsibility models. The committee has the additional direction to review the catastrophic fund and indigent care model, with a goal to eliminate them as a part of this process.

Answering committee questions, **Rep. Luker** stated **RS 24759C2** is a combination of several legislative drafts. The legislative body has not been able to review previous study group reports.

Rep. Rusche, in opposition to **RS 24759C2,** stated since 2012 Medicaid expansion proposals have received, until this year, neither hearings nor consideration by the body.

Vice Chairman Packer commented the variety of solutions and viewpoints is part of the representative government. **RS 24759C2** provides forward motion toward the right solution, although it is not the fastest track.

MOTION:

Vice Chairman Packer made a motion to introduce **RS 24759C2** and recommend it be sent directly to the Second Reading Calendar.

Reps. Redman and **Beyeler** commented **in support** of the motion. **RS 24759C2** is a legislative and community based step forward in the right direction.

SUBSTITUTE MOTION:

Rep. Chew made a substitute motion to return **RS 24759C2** to the sponsor. She stated the proposed legislation is not a movement in a forward direction.

AMENDED SUBSTITUTE MOTION:

Rep. Rusche made an amended substitute motion to introduce **RS 24759C2** and send it to General Orders. He commented further delay goes against financial prudence and will not save lives. It can be fixed in General Orders.

Rep. Vander Woude, **in support** of the original motion, said the legislature needs to look at the waiver to assure it is right, which is the same process used for other legislation.

Chairman Wood stated everyone knew Medicaid expansion in the original fee-for-service model would not work and a system for cost control and measured outcomes was needed. The forward movement may not be moving quickly, but will get us to the point we need to get to, with a better product.

Rep. Rusche expressed concern regarding additional delay and the Centers for Medicare and Medicaid Services negotiation limitations.

ROLL CALL VOTE ON AMENDED SUBSTITUTE MOTION: **Rep. Rusche** requested a roll call vote on the amended substitute motion for **RS 24759C2. Motion failed by a vote of 2 AYE and 9 NAY. Voting in favor** of the motion: **Reps. Rusche** and **Chew. Voting in opposition** to the motion: **Reps. Wood, Packer, Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman,** and **Troy.**

ROLL CALL VOTE ON SUBSTITUTE MOTION: **Rep. Rusche** requested a roll call vote on the substitute motion for **RS 24759C2. Motion failed by a vote of 3 AYE and 8 NAY. Voting in favor** of the motion: **Reps. Hixon, Rusche,** and **Chew. Voting in opposition** to the motion: **Reps. Wood, Packer, Perry, Romrell, Vander Woude, Beyeler, Redman,** and **Troy.**

Reps. Rusche and **Hixon** expressed concern regarding moving forward with this legislation without a hearing. This legislation will not accomplish anything and will put off the necessary decision.

Chairman Wood and **Vice Chairman Packer** commented **in support** of the original motion. This is making forward progress, which is important this late in the session.

ROLL CALL VOTE ON ORIGINAL MOTION: **Rep. Rusche** requested a roll call vote on the original motion for **RS 24759C2. Motion carried by a vote of 8 AYE and 3 NAY. Voting in favor** of the motion: **Reps. Wood, Packer, Perry, Romrell, Vander Woude, Beyeler, Redman,** and **Troy. Voting in opposition** to the motion: **Reps. Hixon, Rusche,** and **Chew. Reps. Luker** and **Vander Woude** will sponsor the bill on the floor.

RS 24760C3: **Rep. Lynn Luker**, District 15, presented **RS 24760C2**, proposed legislation to collect information about the gap population, beyond what the DHW has collected, through the community health centers. The two-year cooperative grant program would provide $400k, from the General Fund, to federally qualified health centers for additional demographic and medical information collection on the Idaho gap population. An additional $5M in funding is anticipated from the Millennium Income Fund to deliver services.

Responding to committee questions, **Rep. Luker** said a third appropriation bill would cover the specifics of the grant funding.

Chairman Wood, in answer to a committee question, stated the $5M is diverted from the Millennium Fund corpus and will not affect next year's available funds.

MOTION: **Rep. Troy** made a motion to introduce **RS 24760C3** and recommend it be sent directly to the Second Reading Calendar.

Speaking to her motion, **Rep. Troy** said this may not be the direction everyone wanted, but it will take care of folks while we are perfecting their coverage.

Rep. Redman, in support of the motion, expressed his pleasure at the forward movement to help Idaho citizens, the provision for community health clinics, and the continuation toward the patient centered medical home (PCMH) model.

Rep. Rusche remarked this is a good grant to help community clinics work. Testimony tells us the clinics are already PCMH, so this will do little except to improve their cash flow. He expressed his problems regarding directing funds from the Millennium Fund without further discussion, testimony, or a hearing. Rep. Rusche disagreed with the idea **RS 24760C3** is doing something about low income healthcare because it does not provide coverage for the gap population. We have plenty of data to tell how much care will cost. Neither piece of legislation provides product development.

Rep. Chew, in opposition to the motion, said the it is a lose, lose because clinics are set up to a false expectation that they can provide and they cannot. And a lose because patients cannot get complete care.

Rep. Hixon, spoke **in opposition** to the motion. He shared his appreciation to everyone trying to bring forward a solution for this population. This, however, is another spending program and not a viable solution. He expressed concern regarding a growing burden on the middle class.

Chairman Wood commented regarding efforts throughout the session. This may be the best possible solution right now, even though it does not make everyone happy.

ROLL CALL VOTE ON MOTION: **Rep. Rusche** requested a roll call vote on the motion for **RS 24759C2. Motion carried by a vote of 8 AYE and 3 NAY. Voting in favor** of the motion: **Reps. Wood, Packer, Perry, Romrell, Vander Woude, Beyeler, Redman,** and **Troy. Voting in opposition** to the motion: **Reps. Hixon, Rusche,** and **Chew. Reps. Luker** and **Vander Woude** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:16 a.m.

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Representative Wood
Chair

_____

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Thursday, March 24, 2016

SUBJECT	DESCRIPTION	PRESENTER
	Approval of Minutes	

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Thursday, March 24, 2016
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
ABSENT/ EXCUSED:	Representative(s) Vander Woude
GUESTS:	None.
	Chairman Wood called the meeting to order at 9:03
MOTION:	**Vice Chairman Packer** made a motion to approve the minutes of the March 17 and 23, 2016, meetings.
	Rep. Rusche asked for a correction to the March 23, 2016, minutes. On page 3, 2nd line, after PCMH insert "this will do little except to improve their cash flow."
WITHDRAWAL OF MOTION:	**Vice Chairman Packer** withdrew her motion.
MOTION:	**Vice Chairman Packer** made a motion to approve the minutes of the March 17, 2016, meeting. **Motion carried by voice vote.**
MOTION:	**Vice Chairman Packer** made a motion to approve the minutes of the March 23, 2016, meeting with corrections.
	Rep. Hixon asked his comments **in opposition** be changed to "**Rep. Hixon** expressed concern that there was a growing burden on the middle class."
VOTE ON MOTION:	**Chairman Wood** called for a vote on the motion to approve the minutes of the March 23, 2016, meeting with corrections. **Motion carried by voice vote.**
MOTION:	**Rep. Chew** made a motion to change her comments to: "**in opposition** to the motions said it is a lose, lose because the clinics are set up to a false expectation that they can provide and they cannot. And a lose because patients cannot get complete care." **Motion carried by voice vote.**
	Chairman Wood thanked our second-half of the session page, **Hannah Bergmann**, for her service to the committee. He also thanked the committee secretary, **Irene Moore**, for all she did during the session.
	Rep. Perry read and requested attachment to the minutes of her letter expressing her concerns and resolution surrounding **H 644** and **HCR 63** (see Attachment 1)
	Vice Chairman Packer read and requested attachment to the minutes of her letter expressing her concerns and resolution surrounding **H 644** and **HCR 63** (see Attachment 2).
	Rep. Romrell asked to submit a letter for attachment to the minutes regarding his discomfort at not doing anything for the gap population (see Attachment 3).
	Rep. Troy read and requested attachment to the minutes of her letter expressing her concerns and resolution surrounding **H 644** and **HCR 63** (see Attachment 4).

Rep. Rusche said he would not be submitting a letter. He appreciates the message from the Representatives and truly values their statements and support of the Idaho citizens. Clearly, the politics and not policies dictated the bills presented and the proposal going forward. He will implore the Governor to call a special session to address this issue.

Rep. Beyeler commented the limited options were better than nothing, so he will support them. He said he would feel badly if next year at the beginning of the session there was nothing meaningful to take us where we need to go. The entire body, with engagement of the minority party, needs to work to achieve a more inclusive legislation. He joined the position expressed by **Reps. Troy, Packer,** and **Perry** and asked to have a letter attached to the minutes (see Attachment 5).

Rep. Hixon said he has great respect for the legislators in the building. Healthcare needs a lot of work and is currently the number one national issue for both the middle class and the gap population. The middle class works hard and is shouldering tremendous burdens as they watch premiums and co-pays rise. Wanting to put forward viable solutions for the gap and middle class populations, he will be open to future ideas.

Chairman Wood thanked the committee for expressing their thoughts and concerns.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:32 a.m.

_____
Representative Wood
Chair

_____
Irene Moore
Secretary

CHRISTY PERRY
DISTRICT 11
CANYON COUNTY

Attachment #1

HOME ADDRESS
8791 ELKHORN LANE
NAMPA, IDAHO 83686
(208) 880-9720
EMAIL: cperry@house.idaho.gov

House of Representatives
State of Idaho

March 24, 2016

To: House Health and Welfare Committee

Dear Committee Members,

I would like to inform the committee I do not believe HB 644 and HCR 63 are the best option available to provide medical coverage to members of what has come to be known as the "gap population." Those working Idahoans who are too poor to qualify for insurance premium assistance on the Idaho Health Exchange and yet, who do not qualify for Idaho's Medicaid program through the Department of Health and Welfare.

I do not believe Idaho's current system of delivery of medical services, including Medicaid, the CAT fund, state premium assistance, etc... is effective, efficient, or sustainable. I am supportive of Medicaid reform towards the goal of a managed Medicaid program in alignment with the Idaho State Healthy Initiative program more commonly known as "SHIP."

I voted for the HB 644 and HCR 63 because it was the only option presented to me via the political system. I had to choose "something over nothing." However, my choice would have been to choose what I believe is the BEST policy.

I have respect for all House members who voted for HB 644 and HCR 63, including me. I will respect the workings of the interim committee. However, what I am unwilling to tolerate is inaction. I believe the propensity for inaction is inherent in HCR 63 since it does not authorize movement on the waiver until a vote is taken by the full House.

Therefore, I am submitting to this committee my resolve to vote against any rule or any bill, which comes before the House Health and Welfare committee in 2017 (other than the waiver) regardless of its fiscal consequences, until a waiver, brought forth from the interim committee is submitted to the full House for a vote.

I have listened to the pleas of Idahoans for real action on this issue and am willing to do what I believe is necessary to see they get it.

Respectfully,

Christy Perry

Representative Christy Perry
District 11- Canyon County

Cc: House Majority Leadership
Cc: House Minority Leadership

KELLEY PACKER
DISTRICT 28
BANNOCK & POWER COUNTIES

Attachment #2

HOME ADDRESS
P.O. BOX 147
McCAMMON, IDAHO 83250
OFFICE (208) 332-1045
CELL: (208) 241-3350
EMAIL: kpacker@house.idaho.gov

House of Representatives
State of Idaho

March 24, 2016

To: House Health & Welfare Committee

Dear Committee Members,

As I'm sure you know, I do not believe that the interim committee, found in HCR63, was the best way to address the needs of the Gap population. I believe that Idaho currently has enough data collected to ensure that we could have submitted a waiver application with a solid, Idaho-specific solution. I further believe that if this committee had been given the chance to send legislation to the floor that provided for the clinic grants, along with enabling language to start the waiver process, it would have had enough votes to make it to the floor.

I do not believe Idaho's current system of delivery of medical services, including Medicaid, the CAT fun, the high risk pool, etc...is effective, efficient or sustainable. I am supportive of Medicaid reform that moves us toward a managed-care Medicaid program, in alignment with Idaho's Statewide Healthcare Innovation Plan, more commonly known as SHIP.

I participated in sending H644 & HCR63 to the floor for a vote, because they were the only option presented to me via the political system. I preferred choosing "something over nothing". However, my choice would have been to choose what I believe is the BEST policy, which is why I voted for H644 and not HCR63, during my floor vote.

I have respect for all House members who voted for H644 & HCR63 and will respect the workings of the interim committee. However, I am unwilling to tolerate future inaction. I believe the propensity for inaction is inherent in HCR63, since it does not authorize movement on the waiver until a vote is taken by the full House.

Therefore, I am submitting to this committee notice to reserve the right to vote against any rule or any bill, which comes before the House Health and Welfare committee in 2017, regardless of its fiscal consequences, until a waiver, brought forth from the interim committee, is submitted to the full House for a vote.

I have listened to the pleas of Idahoans for real action on this issue and am willing to do what I believe is necessary to fix our broken system and provide better solutions for Idahoans.

With Respect,

Kelley Packer

Representative Kelley Packer
District 28

CC: House Majority Leadership
House Minority Leadership

PAUL ROMRELL
DISTRICT 35B
FREMONT, BUTTE, JEFFERSON
& CLARK COUNTIES

Attachment #3

HOME ADDRESS
512 PARK STREET
ST. ANTHONY, IDAHO 83445
(208) 313-0864
EMAIL: promrell@house.idaho.gov

House of Representatives
State of Idaho

March 24, 2016

To: House Health and Welfare Committee

Dear Committee Members,

I write this letter in agreement with my colleagues who share my concern regarding the intent to have an interim committee to study the "gap" population. I do not believe that House Bill 644 and HCR 63 best solve the many issues that this underserved population faces. This population is hard working and they try to help themselves. But, there are some things they cannot do and they need our help. I have had the opportunity to learn and study the issues that Idaho's "gap" population faces. Idaho's current system is not serving their needs and more must be done. Our committee has heard the testimony and listened to the public. We need to do more than the legislation put before our committee.

Our current system of Medicaid, the CAT fund, and state premium assistance is not meeting the needs of those who are too poor to qualify for insurance premium assistance on the Idaho Health Exchange and those who do not qualify for the state's stringent Medicaid program requirements. I believe that these programs are not sustainable or efficient and we need to move towards a managed care style program.

I voted for House Bill 644 and HCR 63, because there were no other options. It was not what I wanted to vote for. I wanted more and to do more for this population.

I have the upmost respect for all House Members who faced the challenge on how to vote on these bills. It was a struggle for many of us. I also respect the process of interim committees, but I am unwilling to let this disservice to our state continue. I do not believe that HCR will bring any real change and may slow down any forward action.

Therefore, I am submitting to this committee notice to reserve the right to vote against any rule or any bill, which comes before the House Health and Welfare Committee in 2017, regardless of its fiscal consequences, until a waiver, brought forth from the interim committee, is submitted to the full House for a vote.

It is time to take a stand and stand up for Idahoans in the "gap" population.

With Respect,

Paul Romrell

Representative Paul Romrell
District 35

CC: House Majority Leadership
House Minority Leadership

CAROLINE NILSSON TROY
DISTRICT 5B
LATAH & BENEWAH COUNTIES

Attachment #4

HOME ADDRESS
2794 HIGHWAY 95
GENESEE, IDAHO 83832
(208) 285-0182
EMAIL: cntroy@house.idaho.gov

House of Representatives
State of Idaho

March 24, 2016

To: House Health and Welfare Committee

Dear Committee Members,

Over the past two years, I've learned a lot about the "gap" population. These are hard working folks who are looking for a hand up, not a hand out. They are our family, friends and neighbors. Idaho's current system of delivering medical services, including Medicaid, the CAT fund, state premium assistance, etc are not effective, efficient, or sustainable. I believe a reform of Idaho's Medicaid system to a managed Medicaid program in alignment with the Idaho State Healthy Initiative program, or "SHIP," is also in alignment with Idaho's values.

HB 644 and HCR 63 are not the best option available to provide medical coverage to the "gap population," those working Idahoans who are too poor to qualify for insurance premium assistance on the Idaho Health Exchange and yet, make too much to qualify for Idaho's Medicaid program through the Department of Health and Welfare.

As you know, HB 644 and HCR 63 were the only options available for my vote. Rather than finding the best policy to control spending while also supporting these hard working people, I choose "something over nothing." I still want to choose best policy.

I know that the debate over how to cover the gap have caused much searching of the heart and prayers over how to find the right thing to do. I greatly appreciate the hard work that our fellow representatives did to bring forward HB 644 and HCR 63. I applaud the work of the interim committee, and believe that they will move us to a good solution.

With great respect for our committee, I share with you my resolve to vote against any rule or any bill, which comes before the House Health and Welfare committee in 2017 (other than the waiver) regardless of its fiscal consequences, until a waiver is submitted to the full House for a vote.

If we must do this, then let's do it right.

With Respect,

Caroline Troy

Caroline Nilsson Troy, Representative
Latah and Benewah Counties

CC: House Majority Leadership
House Minority Leadership

Attachment #5

Merrill Beyeler

DISTRICT 8,
Boise, Custer, Gem, Lemhi & Valley Counties

HOME ADDRESS
P.O. Box 62
Leadore, ID 83464
(208) 768-2651

mbeyeler@house.idaho.gov

COMMITTEES

Business

Environment, Energy, & Technology

Health & Welfare

House of Representatives
State of Idaho

March 24, 2016

To: House Health and Welfare Committee

Dear Committee Members,

During my time at the legislature and serving on the Health and Welfare committee, I have had the opportunity to learn much about our 78,000 Idahoans considered part of the gap population. These individuals are stuck in an impossible situation. They do not qualify for Idaho's Medicaid program nor do they qualify for assistance for the insurance premium help on the Idaho Health Exchange. Coming from a rural part of the state, options are few for those who live in this gap.

I do not believe that our current system of Medicaid, the CAT fund, and state premium assistance is truly helping this population. Any health crisis could potentially cause financial ruin, not to mention the lack of access to care when they are unable to pay. Access to subsidized health care is even more limited in rural Idaho. I do not feel that H644 and HCR 63 are the best option for those I represent or the rest of Idaho. I voted for these bills, but it not what I wanted. I wanted to accomplish and do more this session to help our gap population.

I know that many of my colleagues have struggled with how to best serve the underserved in Idaho. We have many different ideas and principles. I respect my fellow members and appreciate the work they do, but I need to take a stand. I voted for House Bill 644 and HCR 63, because there were no other options. As it stands, I do not trust that we will accomplish the needed change with the compromise bills this session.

With great respect to the committee, I serve notice to reserve the right to vote against any rule or any bill, which comes before the House Health and Welfare Committee in 2017, regardless of its fiscal consequences, until a waiver, brought forth from the interim committee, is submitted to the full House for a vote.

With Respect,

Merrill Beyeler
District 8

CC: House Majority Leadership
House Minority Leadership

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

Upon Noon Recess
Room EW20
Thursday, March 24, 2016

SUBJECT	DESCRIPTION	PRESENTER
	Approval of Minutes	

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Thursday, March 24, 2016
TIME:	Upon Noon Recess
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
ABSENT/ EXCUSED:	Representative(s) Perry, Vander Woude, Rusche
GUESTS:	None.
	Chairman Wood called the meeting to order at 12:07 p.m.
MOTION:	**Rep. Hixon** made a motion to approve the minutes of the March 24, 2016, 9:00 a.m. committee meeting. **Motion carried by voice vote.**
ADJOURN:	There being no further business to come before the committee, the meeting was adjourned at 12:09 p.m.

_____

Representative Wood
Chair

_____

Irene Moore
Secretary