## **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/ Chairman Wood

EXCUSED:

**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** Chairman Packer called for a vote on the motion to send H 373 to the floor with MOTION: 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. Representative Packer Irene Moore Secretary Chair