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

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Irene Moore
Secretary