

AGENDA  
**HOUSE HEALTH & WELFARE COMMITTEE**  
9:00 A.M.  
Room EW20  
Tuesday, January 10, 2017

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
	Organization Meeting	
	Rules Review Overview	Dennis Stevenson, Administration

COMMITTEE MEMBERS

Chairman Wood  
Vice Chairman Packer  
Rep Hixon  
Rep Perry  
Rep Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley  
Rep Zollinger  
Rep Chew  
Rep Rubel

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
email: [hhel@house.idaho.gov](mailto:hhel@house.idaho.gov)

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Tuesday, January 10, 2017  
**TIME:** 9:00 A.M.  
**PLACE:** Room EW20  
**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel  
**ABSENT/  
EXCUSED:** None  
**GUESTS:** Alex Adams, Board of Pharmacy

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

After an attendance roll call, **Chairman Wood** welcomed everyone and explained the committee procedures and decorum. He introduced the committee page, **Mary Wonacott**, and secretary, **Irene Moore**.

**Dennis Stevenson**, Office of Rules Coordinator, Department of Administration, gave a brief presentation about Rule review, the statute requirement, processing prior to legislative review, and the use of the Legislative Services Office (LSO) analysis.

**Mr. Stevenson** described the results of adopting or rejecting Pending, Pending Fee, and Temporary Rules. He also explained effective dates and the legislation used for adopted Rules.

**ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 10:04 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

**AMENDED AGENDA #1**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Wednesday, January 11, 2017**

<b>DOCKET</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#"><u>27-0101-1601</u></a>	Legislature Conformance	Alex J. Adams, State Board of Pharmacy
<a href="#"><u>27-0101-1602</u></a>	Telepharmacy	Alex J. Adams
<a href="#"><u>27-0101-1603</u></a>	Technician Modernization	Alex J. Adams
<a href="#"><u>27-0101-1604</u></a>	Pharmacy Practice	Alex J. Adams
<a href="#"><u>27-0101-1606</u></a>	Partial Fills of Schedule II Drugs	Alex J. Adams

COMMITTEE MEMBERS

Chairman Wood  
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Rep Hixon  
Rep Perry  
Rep Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley  
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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Wednesday, January 11, 2017

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel

**ABSENT/  
EXCUSED:** None

**GUESTS:** Alex Adams, Berle Fraser, and Misty Lawrence, Idaho Board of Pharmacy; Adam Chesir, Cardinal Health; Mark Johnston, CVS Health; Luke Covener, ACS CAN; Francoise Cleveland, AARP Idaho; Elizabeth Criner, ISDA, ACS CAN; Greg Casey, Veritas Advisors, Brad Hunt, O.A.R.C.; Pam Eaton, ISPA / IRA; Colby Cameron, Sullivan & Reberger; Kurt Stenbridge, Kurt Stenbridge Consulting

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

**DOCKET NO. 27-0101-1601:** **Alex Adams**, Executive Director, Idaho State Board of Pharmacy, presented **Docket No. 27-0101-1601**, with updates for emergency medication kits at specialty infusion clinics, medication donations for medically indigent patients, Prescription Monitoring Program (PMP) delegate access, PMP reporting, exemptions from prescriber drug outlet products, and prescription medication labeling in the name of an authorized entity.

**MOTION:** **Vice Chairman Packer** made a motion to approve **Docket No. 27-0101-1601**.

**Pam Eaton**, President, CEO, Idaho State Pharmacy Association and Idaho Retail Pharmacy Council, testified **in support of Docket Nos. 27-0101-1601, 27-0101-1602, 27-0101-1603, 27-0101-1604, and 27-0101-1606** and commended the Board of Pharmacy for their work with stakeholders during the Rulemaking process. Although still sharing concerns, they are satisfied with the outcome on all the Rules listed.

**Dr. Mark Johnson**, CVS Health, testified **in support of Docket Nos. 27-0101-1601, 27-0101-1602, 27-0101-1603, 27-0101-1604, and 27-0101-1606**.

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 Nos. 27-0101-1601. Motion carried by voice vote.**

**DOCKET NO. 27-0101-1602:** **Alex Adams**, Executive Director, Idaho State Board of Pharmacy, presented **Docket No. 27-0101-1602** to update and modernize telepharmacy dispensing sites. The changes allow streamlined registration and broaden usable technology. The co-location restriction, Board filing of business contracts, and duplicate language are removed. Oversight limits are updated.

Responding to committee questions, **Dr. Adams** explained every controlled substance in and into the state is reported to the PMP by the end of the next business day. The Board can alert subscribers through unsolicited reports. The changes do not alter who can pick up a prescription on behalf of any patient. The physical dispensing site interfaces with the pharmacist through a live video feed, meets HIPAA requirements, and is physically staffed by a pharmacy technician.

**MOTION:** **Rep. Redman** made a motion to approve **Docket No. 27-0101-1602**.

**Francois Cleveland**, AARP Idaho, testified in support of **Docket Nos. 27-0101-1601, 27-0101-1602, 27-0101-1603, 27-0101-1604, and 27-0101-1606**. The medication implementation program, telepharmacy access, and medication synchronization program provide consumer usefulness and convenience.

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. 27-0101-1602**. **Motion carried by voice vote.**

**DOCKET NO. 27-0101-1603:** **Alex Adams**, Executive Director, Idaho State Board of Pharmacy, presented **Docket No. 27-0101-1603**, relating to pharmacy technicians. The update addresses delegation to better allocate time and resources for technicians and pharmacists, without conferring any clinical authority on the technicians. It also allows remote data entry by certain pharmacy technicians.

**MOTION:** **Rep. Hixon** made a motion to approve **Docket No. 27-0101-1603**.

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. 27-0101-1603**. **Motion carried by voice vote.**

**DOCKET NO. 27-0101-1604:** **Alex Adams**, Executive Director, Idaho State Board of Pharmacy, presented **Docket No. 27-0101-1604** to broaden emergency room dispensing restrictions based on a recent Supreme Court ruling. Updates include security requirements, licensure applicant licensing exam attempts, the list of required pharmacy references, and pharmacy delivery restrictions. Clarification is made to institutional pharmacies legal medication return and destruction provisions and prepackaged product labeling requirements. Pharmacist coordination of medication refills, improving patient medication adherence, is enabled.

Answering a committee question, **Dr. Adams** said the synchronization change neither broaches the payment process nor drop off signing.

**MOTION:** **Vice Chairman Packer** made a motion to approve **Docket No. 27-0101-1604**.

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. 27-0101-1604**. **Motion carried by voice vote.**

**DOCKET NO. 27-0101-1606:** **Alex Adams**, Executive Director, Idaho State Board of Pharmacy, presented **Docket No. 27-0101-1606**, to conform to the Comprehensive Addiction and Recovery Act (CARA) to allow a patient to receive fewer Schedule II controlled substance pills than written by a prescriber, without forfeiture of the balance, if picked up within a certain timeframe.

**MOTION:** **Rep. Hixon** made motion to approve **Docket No. 27-0101-1606**.

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. 27-0101-1606**. **Motion carried by voice vote.**

**ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 9:48 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, January 12, 2017

<b>DOCKET</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#"><u>16-0210-1701</u></a>	<u>Department of Health &amp; Welfare</u> Idaho Reportable Diseases	Dr. Leslie Tengelsen, Division of Public Health
<a href="#"><u>16-0219-1601</u></a>	Food Safety and Sanitation Standards	Patrick Guzzle, Division of Public Health
<a href="#"><u>16-0601-1601</u></a>	Chafee Program Funding Age	Gracie O'Brien, Family & Children's Services
<a href="#"><u>16-0719-1601</u></a>	Certification of Peer Support Specialists and Family Support Partners	Jennifer Barnett, Division of Behavioral Health
<a href="#"><u>16-0737-1601</u></a>	Children's Mental Health Services	Stephanie Hoffman, 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 Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley  
Rep Zollinger  
Rep Chew  
Rep Rubel

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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Thursday, January 12, 2017  
**TIME:** 9:00 A.M.  
**PLACE:** Room EW20  
**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel  
**ABSENT/  
EXCUSED:** None  
**GUESTS:** Patrick Guzzle, Kathy Turner, and Leslie Tengelsen, PHD, DVM, IDHW; Stephanie Hoffman, Jennifer S. Eason-Barnett, and Cenilar Falsetti, IDHW-DBH; Miren Unsweth, Gracie O'Brien, and Gary Moore, IDHW-FACS; Brittany Reichel, Veritas Advisors; Colby Cameron, Sullivan & Reberger; Rodger Lyngaas, UFCW Local 368P

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

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

**DOCKET NO. 16-0210-1701:** **Dr. Leslie Tengelsen**, Senior Level Epidemiologist, Bureau of Communicable Disease Prevention, Division of Public Health, Idaho Department of Health and Welfare (IDHW), presented **Docket No. 16-0210-1701**. This Temporary Rule, adopted November 17, 2016, requires reporting of any suspected or confirmed cases of insect-borne viral disease, known as arboviral disease, within three days of identification.

A new section lists reportable diseases and conditions, allowing capture of all arboviral infections under one category. References to the West Nile virus are removed since it is included in the new section list. Other changes update document requirements and reflect current reference versions, aligning with the new guidance.

This increases the one reportable arboviral disease, West Nile, to include approximately 130 arboviruses. In order to protect the public health it is critical to track local and global emerging and known diseases.

Answering committee questions, **Dr. Tengelsen** said the public health districts have been doing the investigations for the West Nile virus. This increase of the range of diseases they can investigate has no anticipated financial impact. To her knowledge, all seven health districts are in agreement with the changes.

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

**MOTION:** **Rep. Gibbs** made a motion to approve **Docket No. 16-0210-1701**. **Motion carried by voice vote.**

**DOCKET NO. 16-0219-1601:** **Patrick Guzzle**, Food Protection Program Manager, IDHW, Division of Public Health, presented **Docket No. 16-0219-1601**, which clears up confusion by replacing the inspection scoring term "critical" with "risk factor." Also replaced for scoring purposes is the term "non-critical" with "good retail practice," mirroring the inspection report terminology and consistent with term usage in other states.

**Pam Eaton**, President, CEO, Idaho Retailers Association and Idaho Lodging and Restaurant Association, testified **in support** of **Docket No. 16-0219-1601**.

**MOTION:** **Rep. Redman** made a motion to approve **Docket No. 16-0219-1601**.

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

**VOTE ON MOTION:**

**Vice Chairman Packer** called for a vote on the motion to approve **Docket No. 16-0219-1601**. **Motion carried by voice vote.**

**DOCKET NO. 16-0601-1601:**

**Gracie O'Brien**, Independent Living Program Specialist, Child Welfare Policy Unit, IDHW, presented **Docket No. 16-0601-1601**. The John H. Chaffee Foster Care Independence Act provides federal funding and requires state-provided services to transition youth leaving the foster care system. The changes align with the federally lowered eligibility from fifteen years-of-age to fourteen years-of-age.

In response to questions, **Ms. O'Brien** stated this Rule lowers the age range, with no other program impact. Their fiscal impact review determined no decrease in the number of services provided and no state funding needed. The participants are young people who have been entered into foster care and have learning skill needs. The program recognizes their struggles and provides non-Medicaid services to develop independent living skills.

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

**MOTION:**

**Rep. Perry** made a motion to approve **Docket No. 16-0601-1601**. **Motion carried by voice vote.**

**DOCKET NO. 16-0719-1601:**

**Jennifer Eason-Barnett**, Quality Assurance Specialist, IDHW, Division of Behavioral Health, presented **Docket No. 16-0719-1601**. This temporary Rule, effective January 1, 2017, expands Peer and Family Specialist provider types through training and certification. This growing type of provider is not covered under the purview of the Idaho Bureau of Occupational Licenses. This Rule change legitimizes and supports this provider type as a para-professional occupation, enhancing the current system with adherence to standards and a code of ethics. This change further ensures the public health, safety, and welfare of those receiving behavioral health services.

**Ms. Eason-Barnett**, in response to questions, remarked the national best practice was reviewed for training requirements. These providers must abide by a code of ethics, have ongoing supervision, and seek supervisor support for situations outside of their scope of rule or work.

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

**MOTION:**

**Rep. Perry** made a motion to approve **Docket No. 16-0719-1601**. **Motion carried by voice vote.**

**DOCKET NO. 16-0737-1601:**

**Stephanie Hoffman**, Human Services Program Specialist, Division of Behavioral Health, IDHW, presented **Docket No. 16-0737-1601**. The Rule changes adhere to best practices regarding alternate care placement, add definitions to clarify procedures, and add minor clarifications regarding the initial implementation phase of the Jeff D settlement agreement approved by the Federal Court.

Responding to committee questions, **Ms. Hoffman** stated the funds are granted through Title IV of the Social Security Act.

Children within the program's purview are under parental custody and guidance. They seek treatment help either through a court order or voluntarily. If through a court order, the judge determines treatment necessity and the parent's signature on the plan is requested, although they have the right to not cooperate. The judge is notified of any non-signature and determines the outcome. The child is never signing any forms themselves.

Multiple committee members expressed concern about the Department's ability to close the case upon refusal by the parent or guardian to sign the treatment plan, as stated in **Section 115.01**.



**Ross Edmunds**, IDHW, Division of Behavioral Health, was invited to respond. He said a refusal to sign a treatment plan could occur from legal advice or as a demonstration of disagreement with one or several parts of the treatment plan. Unless a court order for services is in place, they do not implement a plan without parental agreement and signature.

In a court ordered case, services would be in place with or without the parent's signature. In a voluntary case, refusal of the parent to sign includes documentation of the reason for the refusal. It could indicate they are not willing to participate in the child's treatment and the case would be closed.

The Division of Behavioral Health is driven to do everything possible to keep the family engaged and in a decision making capacity, which has proven to increase the treatment effectiveness.

**MOTION:** **Rep. Perry** made a motion to approve **Docket No. 16-0737-1601**.

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

Responding further to committee concerns about **Section 115.01**, **Mr. Edmunds** explained the family signs not only a treatment plan, but also a voluntary service form. The treatment plan is always negotiated and designed with their participation. The family is in the full driver's seat and can refuse services at any time during treatment.

**Rep. Perry**, speaking to her motion, commented this is a lawsuit agreement and the rest of this Rule needs to go through. She suggested sending the Rule through and bringing a change forward with the help of the department.

**VOTE ON MOTION:** **Vice Chairman Packer** called for a vote on the motion to approve **Docket No. 16-0737-1601**. **Motion carried by voice vote. Reps. Vander Woude and Hanks** requested to be recorded as voting **NAY**.

**ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 10:21 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**  
**Friday, January 13, 2017**

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#">RS24893</a>	Pharmacists, Reciprocal Licensing	Alex Adams, Board of Pharmacy
<a href="#">RS24895</a>	Pharmacists, Tuberculin Protein Products	Alex Adams
<a href="#">RS24894</a>	Pharmacists, Tobacco Cessation Products	Alex Adams
<a href="#">RS24891</a>	Controlled Substances, Opioids	Alex Adams
<a href="#">RS24912</a>	Controlled Substances	Alex Adams
<a href="#">RS24901</a>	Massage Therapists, Board Authority	Mitch Toryanski, Bureau of Occupational Licences
<a href="#">RS24907</a>	Massage Therapists, Background Checks	Mitch Toryanski
<a href="#">RS24915</a>	Massage Therapists, Board Compensation	Mitch Toryanski
<a href="#">RS24905</a>	Chiropractic Practice, Licensure Revision	Mitch Toryanski
<a href="#">RS24914</a>	Optometrists, Revised Licensing Provision	Mitch Toryanski

COMMITTEE MEMBERS

Chairman Wood  
Vice Chairman Packer  
Rep Hixon  
Rep Perry  
Rep Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley  
Rep Zollinger  
Rep Chew  
Rep Rubel

COMMITTEE SECRETARY

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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Friday, January 13, 2017

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel

**ABSENT/  
EXCUSED:** None

**GUESTS:** Alex Adams and Misty Lawrence, Board of Pharmacy; Greg Casey and Brittany Reichel, Veritas Advisors; Elizabeth Criner, ACS CAN, Pfizer; Colby Cameron, Sullivan & Reberger

**Chairman Wood** called the meeting to order at 9:00 am.

**RS 24893:** **Alex Adams**, Executive Director, Idaho State Board of Pharmacy, presented **RS 24893**, which clarifies when an out-of-state pharmacist under active discipline in their home state is eligible to transfer his or her license into Idaho.

**MOTION:** **Rep. Hixon** made a motion to introduce **RS 24893**. **Motion carried by voice vote.**

**RS 24895:** **Alex Adams**, Executive Director, Idaho State Board of Pharmacy, presented **RS 24895**, proposed legislation to allow pharmacists to administer the tuberculosis skin test in pharmacy settings, increasing patient access. Also included are required special training, testing clinical guidelines, result documentation, and timely referrals to care providers when a patient tests positive.

**MOTION:** **Rep. Redman** made a motion to introduce **RS 24895**. **Motion carried by voice vote.**

**RS 24894:** **Alex Adams**, Executive Director, Idaho State Board of Pharmacy, presented **RS 24894** for smoking cessation medication access directly from a pharmacist. It also includes a screening mechanism, documentation guidelines, follow-up care plan, and notice to the patient's primary care provider.

**MOTION:** **Vice Chairman Packer** made a motion to introduce **RS 24894**. **Motion carried by voice vote.**

**RS 24891:** **Alex Adams**, Executive Director, Idaho State Board of Pharmacy, presented **RS 24891**, proposed legislation to amend the Prescription Monitoring Program (PMP) statutes. The data retention deadline is limited to five years to synchronize with criminal case limitation statutes. Medical and pharmacy students are allowed access to the PMP as a delegate of a supervising practitioner. Similar to prescribers, pharmacists will pay a one-time registration fee.

**MOTION:** **Rep. Hixon** made a motion to introduce **RS 24891**. **Motion carried by voice vote.**

**RS 24912:** **Alex Adams**, Executive Director, Idaho State Board of Pharmacy, presented **RS 24912** to amend Schedules 1 through 5 of the state Controlled Substances Act and mirror federal law.

**MOTION:** **Rep. Gibbs** made a motion to introduce **RS 24912**. **Motion carried by voice vote.**

**RS 24901:** **Mitch Toryanski**, Legal Counsel, Bureau of Occupational Licences, presented **RS 24901** on behalf of Idaho State Board of Massage Therapy. This proposed legislation changes the term "massage therapy establishment" to the more precise "massage therapy school." It gives the Board curriculum review authority, in line with the state Board of Education. An emergency clause was added at the request of the Board of Education to allow the Board of Massage Therapy to assist with application review.

**MOTION:** **Vice Chairman Packer** made a motion to introduce **RS 24901**. **Motion carried by voice vote.**

**RS 24907:** **Mitch Toryanski**, Legal Counsel, Bureau of Occupational Licences, presented **RS 24907**, on behalf of the Idaho State Board of Massage Therapy. A criminal based background check requirement is added to statute for new and existing massage therapists.

Answering questions, **Mr. Toryanski** said the Idaho State Police (ISP) charges \$37 per background check applicant, the cost of which would be borne by the license holders or applicants. There will be a dedicated fund impact to cover one-time costs, which include computer upgrades. The complete background history will provide a wide range of information for a wholistic approach when considering a person's ability to be in the profession.

**MOTION:** **Rep. Redman** made a motion to introduce **RS 24907**. **Motion carried by voice vote.**

**RS 24915:** **Mitch Toryanski**, Legal Counsel, Bureau of Occupational Licences, presented **RS 24915**, proposed legislation to raise the Board of Massage Therapy member honorarium from \$250 to \$500, impacting the board's dedicated funds by \$1,500.

**MOTION:** **Rep. Hixon** made a motion to introduce **RS 24915**. **Motion carried by voice vote.**

**RS 24905:** **Mitch Toryanski**, Legal Counsel, Bureau of Occupational Licences, presented **RS 24905** on behalf of the state Board of Chiropractic Physicians. This is a clean up of the Chiropractic Practice Act to consolidate fee provisions, raise some fee caps, and update language for governing deposits and fee expenditure.

**MOTION:** **Vice Chairman Packer** made a motion to introduce **RS 24905**. **Motion carried by voice vote.**

**RS 24914:** **Mitch Toryanski**, Legal Counsel, Bureau of Occupational Licences, presented **RS 24914** on behalf of the state Board of Optometry. The proposed legislation requires all licensed optometrists be qualified to use pharmaceutical agents for eye treatment and diagnosis by January 1, 2019. Mr. Toryanski described the previous grandfathering of optometrists without this training. There is also language clean up and removal of the license display requirements.

**MOTION:** **Rep. Gibbs** made a motion to introduce **RS 24914**. **Motion carried by voice vote.**

**ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 9:39 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, January 16, 2017**

DOCKET	DESCRIPTION	PRESENTER
	Idaho Time Sensitive Emergency System Council Update	Dr. Bill Morgan, Chair
<a href="#">16-0201-1601</a>	Idaho Time Sensitive Emergency System Council	Dr. Bill Morgan
<a href="#">19-0101-1601</a>	Dentistry Licensure	Susan Miller, Board of Dentistry
<a href="#">22-0103-1601</a>	Volunteer Licensure	Angela Wickham, State Board of Medicine
<a href="#">23-0101-1601</a>	Renewal Fees	Sandra Evans, Board of Nursing
<a href="#">23-0101-1602</a>	Healthcare Preceptors	Sandra Evans
<a href="#">24-1601-1601</a>	Board of Denturity	Mitch Toryanski, Bureau of Occupational Licenses
<a href="#">24-1701-1601</a>	Board of Acupuncture	Mitch 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

Chairman Wood	Rep Blanksma
Vice Chairman Packer	Rep Hanks
Rep Hixon	Rep Kingsley
Rep Perry	Rep Zollinger
Rep Vander Woude	Rep Chew
Rep Redman	Rep Rubel
Rep Gibbs	

COMMITTEE SECRETARY

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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Monday, January 16, 2017

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel

**ABSENT/  
EXCUSED:** None

**GUESTS:** Steven Sumter, IAPA; Molly Steckel, IMA; Bill Morgan, TSE; Richard Howell and Rebecca Westerbeg, Denturity Board; Angela Wickham, Board of Medicine; Dennis Stevenson, Rules Coordinator; Susan Miller, Board of Dentistry; Toni Lawson, IHA; Wayne Denny and Christian Surjam, DHW/TSE; Sandy Evans, Board of Nursing; Bev Barr, DHW; Elizabeth Criner, ISDA; Colby Cameron, Sullivan & Reberger

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

**Dr. Bill Morgan**, Trauma Medical Director, St. Alphonsus Medical Center, Chairman, Idaho Time Sensitive Emergency (TSE) System Council, presented the history and update of the TSE trauma system.

There are forty hospitals, free standing emergency rooms, and clinics in the state who could qualify for a designation. Initial designations were given to St. Alphonsus Regional Medical Center in Boise and Eastern Idaho Regional Medical Center in Idaho Falls. Of the initial 22 applications, eight facilities have received a variety of level designations in trauma, stroke, and/or ST Segment Elevation Myocardial Infarction (STEMI), two receiving all three designations. An additional six locations are pending site surveys and two sites are awaiting their final committee vote.

TSE and regional committees effect change by engaging their respective member facilities to promote better communication, improve patient care, and shorten transport time to facilities with higher levels of care.

Responding to committee questions, **Dr. Morgan** detailed the American College of Surgeons trauma care levels used within the three designations. Funding is required for administrative oversight only and comes through the Department of Health and Welfare (DHW). The trauma centers pay an annual designation fee.

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

**DOCKET NO.  
16-0201-1601:** **Dr. Bill Morgan**, Trauma Medical Director, St. Alphonsus Medical Center, Chairman, TSE System Council, presented **Docket No. 16-0201-1601**, for changes to the TSE Standards Manual. The Level II STEMI and Level III Stroke survey fees are increased to \$1,500. The American College of Surgeons requires an MD Anesthesiologist in the room for every trauma case for the Level II designation. As one of seventeen "opt out" states, a Certified Registered Nurse Anesthesiologist (CRNA) can run a case without an MD Anesthesiologist in the room. The update provides a CRNA with the ability to request an MD Anesthesiologist be in the room. Other changes are grammatical.

**Bradley Huerta**, Chief Executive Officer, Lost Rivers Medical Center, Arco, Idaho, testified in support of **Docket No. 16-0201-1601**. As a frontier hospital with a TSE Level IV trauma center designation, their practice has dramatically improved with the additional training. They are better able to care for patients prior to transport to a tertiary medical center. The designation also helps financially by providing additional billing codes for services rendered.

**MOTION:** **Rep. Redman** made a motion to approve **Docket No. 16-0201-1601**.

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

**VOTE ON MOTION:** **Vice Chairman Packer** called for a vote on the motion to approve **Docket No. 16-0201-1601**. **Motion carried by voice vote.**

**DOCKET NO. 19-0101-1601:** **Susan Miller**, Executive Director, Idaho Board of Dentistry, presented **Docket No. 19-0101-1601**. Additions include specification of minimum infection control and sterilization requirements, consequences of false, misleading, or deceptive advertising, and patient records. The continuing education requirement is modified to include one hour on the use of the Prescription Monitoring Program (PMP). Moderate parenteral sedation is updated to include the option of either precordial stethoscope or end-tidal CO2 monitor.

Testing updates reflect board approval, required periodontal examinations for dentists, and local anesthesia examinations for dental hygienists. Cardiopulmonary resuscitation (CPR), licensure application by examination, and the advanced cardiovascular life support (ACLS) or pediatric advanced life support (PALS) requirements are clarified. The incorporated patient record document, expanded functions, and recognized hospital established protocol or admission requirement are removed. Dental hygienist N2O administration has been moved from indirect to general supervision.

Controlled substance references are changed to prescription drug. Permit non-renewal and reinstatement is expanded. The general advertising provision and CPR reference is deleted. Additional technical, grammatical, and housekeeping corrections are made.

Responding to committee questions, **Ms. Miller** stated most credentialing applicants have taken the periodontal portion of the exam and meet the length of practice and disciplinary action requirements. Dental hygienists credentialing into the state from a state without the exam requirement would have to take a clinical exam within a one-year period to solidify their provisional license.

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

**MOTION:** **Rep. Gibbs** made a motion to approve **Docket No. 19-0101-1601**. **Motion carried by voice vote.**

**DOCKET NO. 22-0103-1601:** **Angela Wickham**, Associate Director, Idaho State Board of Medicine (ISBM), presented **Docket No. 22-0103-1601**. She briefly described the ISBM mission, history, scope, regulation, and license fee funding. This Pending Rule updates the Physician Assistants (PA) accrediting boards' titles, clarifies the educational and certification requirements for initial and renewal licensure, adds the ability of a PA to order controlled substances for office use, streamlines the volunteer process, and includes housekeeping changes.

Answering questions **Ms. Wickham** explained the continuing education (CE) of 100 hours cover a two-year period of time and now they must attest to the CE. A graduate PA can be either a PA who just graduated and is working to getting licensed or a PA certified prior to the bachelor's degree nationwide requirement.

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

**MOTION:** Rep. Redman made a motion to approve **Docket No. 22-0103-1601. Motion carried by voice vote.**

**DOCKET NO. 23-0101-1601:** Sandy Evans, Executive Director, Board of Nursing, presented **Docket No. 23-0101-1601**, with updates to allow nurses to provide electronic and street addresses for Board notifications, as specified. Language is updated for the substance use and mental health disorders. The emeritus nursing license renewal and related fee are deleted, along with the Advance Practice Registered Nurses (APRN) application fee for prescribing and dispensing authority.

Ms. Evans said the current board's fund balance is about \$2M, which is more than one year's operating fund requirements.

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

**MOTION:** Rep. Perry made a motion to approve **Docket No. 23-0101-1601. Motion carried by voice vote.**

**DOCKET NO. 23-0101-1602:** Sandy Evans, Executive Director, Board of Nursing, presented **Docket No. 23-0101-1602**, amending the preceptor definition to include licensed physicians and physician assistants as clinical preceptors for APRN students.

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

**MOTION:** Rep. Chew made a motion to approve **Docket No. 23-0101-1602. Motion carried by voice vote.**

**DOCKET NO. 24-1601-1601:** Mitch Toryanski, Legal Counsel, Bureau of Occupational Licenses, representing the state Board of Dentistry, presented **Docket No. 24-1601-1601**. Additions include dentistry exam date flexibility, notification of eligibility and internship program requirements, supervisory rules, and a seven-year patient record retention requirement.

Mr. Richard Howell, Board of Dentistry, testified in support of **Docket No. 24-1601-1601**.

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

**MOTION:** Rep. Redman made a motion to approve **Docket No. 24-1601-1601. Motion carried by voice vote.**

**DOCKET NO. 24-1701-1601:** Mitch Toryanski, Legal Counsel, Bureau of Occupational Licenses, representing the state Board of Acupuncture, presented **Docket No. 24-1701-1601**, to eliminate the required practitioner trade name registration, which is already required by the Secretary of State.

**MOTION:** Rep. Hixon made a motion to approve **Docket No. 24-1701-1601**.

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

**VOTE ON MOTION:** Vice Chairman Packer called for a vote on the motion to approve **Docket No. 24-1701-1601. Motion carried by voice vote.**

**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 Packer  
Chair

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Irene Moore  
Secretary



AGENDA  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Tuesday, January 17, 2017**

<b>DOCKET</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
	<u>Department of Health and Welfare</u>	
<a href="#"><u>16-0303-1601</u></a>	Child Support Services	Cade Hulbert, Division of Welfare
<a href="#"><u>16-0304-1601</u></a>	Food Stamp Program	Kristin Matthews, Division of Welfare
<a href="#"><u>16-0305-1601</u></a>	Aid to the Aged, Blind, and Disabled (AABD)	Camille Schiller, Division of Welfare
<a href="#"><u>16-0308-1601</u></a>	Temporary Assistance for Families in Idaho (TAFI)	Ericka Rupp, Division of Welfare
<a href="#"><u>16-0612-1601</u></a>	Idaho Child Care Program (ICCP)	Ericka Rupp
<a href="#"><u>16-0506-1601</u></a>	Criminal History and Background Checks	Fernando Castro, Operational / Support Services
<a href="#"><u>16-0506-1602</u></a>	Criminal History and Background Checks	Fernando Castro

***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 Vander Woude  
 Rep Redman  
 Rep Gibbs

Rep Blanksma  
 Rep Hanks  
 Rep Kingsley  
 Rep Zollinger  
 Rep Chew  
 Rep Rubel

COMMITTEE SECRETARY

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

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Tuesday, January 17, 2017

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel

**ABSENT/  
EXCUSED:** Representative(s) Vander Woude

**GUESTS:** Fernando Castro, H&W; Joyce Broadsword, Kristin Matthews, Camille Schiller, Julie Hammon, Cade Hulbert, Rob Rinard, Callie Harrold, Malinda Reissig, Sarah Brenrusen, Ericka Rupp, Lori Wolf, and Russ Barron, DHW; Bev Barr, DHW Rules

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

**MOTION:** **Rep. Redman** made a motion to approve the minutes of the January 10, 2017 meeting. **Motion carried by voice vote.**

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

**DOCKET NO.  
16-0303-1601:** **Cade Hulbert**, Child Support Program Manager, Department of Health and Welfare (DHW), presented **Docket No. 16-0303-1601**. Consumer reporting agencies are one of the tools used to ensure children receive necessary financial and medical support from both parents. The support owed amount required for agency reporting is raised to \$2,000 and includes three months of arrearage after the court order is finalized.

**MOTION:** **Rep. Hixon** made a motion to approve **Docket No. 16-0303-1601**.

Responding to committee questions, **Mr. Hulbert** said the most effective tool is income withholding, which constitutes 60% of the Division's annual collections. Other means of collection include driver or fish and game license suspension, liens, seizure of bank accounts, as well as obtaining state and federal taxes.

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

**VOTE ON  
MOTION:** **Vice Chairman Packer** called for a vote on the motion to approve **Docket No. 16-0303-1601**. **Motion carried by voice vote.**

**DOCKET NO.  
16-0304-1601:** **Kristin Matthews**, Food Stamp Program Manager, DHW, presented **Docket No. 16-0304-1601**. The Supplemental Nutrition Assistance Program (SNAP) receives 100% U.S. Department of Agriculture funding. Updates in this Rule impact program regulations and process standards. The eligibility notification is updated to remove use of Rule citations. Also removed are the initial thirty-six month and additional three-year restart references for the able body adults with dependents (ABAWD).

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

**MOTION:** **Rep. Redman** made a motion to approve **Docket No. 16-0304-1601**. **Motion carried by voice vote.**

**DOCKET NO.  
16-0305-1601:** **Camille Schiller**, Program Manager, Health Coverage Assistance, Division of Welfare, DHW, presented **Docket No. 16-0305-1601**, with federal regulation updates for the Aid to the Aged, Blind and Disabled (AABD) Medicaid Program. Depreciation for equipment, machinery, or other capital investments is changed from a non-allowable to an allowable self employment income expense. Eligibility for a skilled nursing facility is clarified. The irrevocable annuities interest test is removed.

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

**MOTION:** **Rep. Rubel** made a motion to approve **Docket No. 16-0305-1601**. **Motion carried by voice vote.**

**DOCKET NO. 16-0308-1601:** **Erika Rupp**, Temporary Assistance for Needy Families (TANF) Program Manager, Division of Welfare, DHW, presented **Docket No. 16-0308-1601**, which changes the Temporary Assistance for Families in Idaho (TAFI) Program to update the caretaker relative definition, clarify qualifying relationships, and include step-parent in the parent definition.

**Julie Hammon**, Deputy Administrator, Division of Welfare, was invited to answer a committee question. A TAFI eligible family receives \$309 a month. A relationship of at least one child must exist for eligibility, although more children may be a part of the family.

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

**MOTION:** **Rep. Hixon** made a motion to approve **Docket No. 16-0308-1601**. **Motion carried by voice vote.**

**DOCKET NO. 16-0612-1601:** **Ericka Rupp**, Program Manager, Idaho Child Care Program, DHW Division of Welfare, presented **Docket No 16-0612-1601**, with an effective date of October 1, 2016, to coincide with federal legislative changes to the Child Care Development Fund (ICCP). This is part of the 2016 two-year ICCP funding plan.

Additions include a twelve-month certification eligibility period and phase out or transition periods when earnings have increased or there is a temporary break in employment, education, or training. Provider health and safety updates include unannounced inspections, pre-service training, annual professional development, and background checks every five years. Providers must report child abuse, neglect, serious injuries, or death resulting from participation in the child care program. An online consumer web tool will be developed to aggregate data for substantiated complaints, death, and serious injuries.

Responding to committee questions, **Ms. Rupp** said the healing arts provider types include a physician. The \$1M resource limit determined by Congress is well above the assets of a family below the 130% federal poverty limit (FPL). Background checks are run through the DHW Criminal History Unit.

**Ms. Hammon**, answering a question, stated child support payment verification is via court orders, pay stubs, check stubs, or accessing the child support program. The actual amount being paid is the amount of credit given.

In reply to questions, **Ms. Rupp** said volunteer background checks are the same as employees and cover all volunteers thirteen years of age or older who have direct contact with children.

**Aubrie McArthur**, Program Specialist, DHW, Child Care Program, was invited to answer a question. She described how both excessive physical punishment by a provider and multiple failed health inspections would be considered not in the best interest of the child, possibly impacting the provider's ability to receive funding.

**Ms. Hammon**, in response to a question, stated legal citizenship of all family members, including the children, can impact the number of eligible family members. The income determination, however, takes into account all family members, whether legal citizens or not.

Answering a question, **Ms. Rupp** said a team from child welfare, the division deputy administration, and local health districts address provider issues to assure ethics are maintained along with health and safety standards. A provider can request a hearing by the Fair Hearing Unit within thirty days after a determination.

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

**MOTION:** **Rep. Hixon** made motion to approve **Docket No. 16-0612-1601**.

**Rep. Hanks** stated she is in disagreement with **Subsection 750.10** and will be voting against the motion.

**SUBSTITUTE MOTION:** **Rep. Perry** made a substitute motion to approve **Docket No. 16-0612-1601**, with the exception of **Subsection 750.10**.

**MOTION WITHDRAWN:** **Rep. Hixon** withdrew his motion to approve **Docket No. 16-0612-1601**.

**VOTE ON SUBSTITUTE MOTION:** **Vice Chairman Packer** called for a vote on the substitute motion to approve **Docket No. 16-0612-1601**, with the exception of **Subsection 750.10**. **Motion carried by voice vote.**

**DOCKET NO 16-0506-1601:** **Fernando Castro**, Program Supervisor, DHW Criminal History Unit, Bureau of Audits and Investigations, presented **Docket No. 16-0506-1601**, a Pending Fee Rule change to ensure continued background check authority in alignment with changes to other departmental Rules.

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

**MOTION:** **Rep. Perry** made a motion to approve **Docket No. 16-0506-1601**. **Motion carried by voice vote.**

**DOCKET NO. 16-0506-1602:** **Fernando Castro**, Program Supervisor, DHW Criminal History Unit, Bureau of Audits and Investigations, presented **Docket No. 16-0506-1602**. Changes are in alignment with new standards for the Child Care and Development Block Grant by providing a separate enhanced set of criteria for passing or failing the required background check and collection of resulting external agency fees. Other changes respond to provider requests for clarification of procedures and compliance expectations.

Applicants cleared to the enhanced standard can use their background checks with other employers without restriction. However, those not cleared to the enhanced standard will be limited to employers not required to obtain enhanced clearance.

Answering questions, **Mr. Castro** said the additional access fee would occur when other state child protection registries are used. Because the eight states charging fees are spread across the country, a usage review will be made at the end of the year. The current \$65 fee covers the Idaho State Police and DHW processing costs. A federal background check clearing house is being developed, although the individual state closed record requirements are posing a roadblock. The Division of Behavioral Health waivers provide an avenue for persons with criminal histories to work in settings where their personal experience is a benefit.

**MOTION:** **Rep. Redman** made a motion to approve **Docket No. 16-0506-1602**.

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

**VOTE ON MOTION:** **Vice Chairman Packer** called for a vote on the motion to approve **Docket No. 16-0506-1602**. **Motion carried by voice vote.**

**ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 10:23 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  
Wednesday, January 18, 2017

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
	Annual Report - Your Health Idaho	Pat Kelly, Executive Director
<a href="#"><u>16-0102-1601</u></a>	<u>Emergency Medical Services (EMS)</u> Rule Definitions	Bruce Cheeseman, Division of Public Health
<a href="#"><u>16-0103-1601</u></a>	Agency Licensing Requirements	Bruce Cheeseman
<a href="#"><u>16-0103-1602</u></a>	Agency Licensing Requirements	Bruce Cheeseman
<a href="#"><u>16-0107-1601</u></a>	Personnel Licensing Requirements	Bruce Cheeseman
<a href="#"><u>16-0106-1601</u></a>	Data Collection and Submission Requirements	John Cramer, Division of Public 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 Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley  
Rep Zollinger  
Rep Chew  
Rep Rubel

COMMITTEE SECRETARY

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

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Wednesday, January 18, 2017

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel

**ABSENT/  
EXCUSED:** None

**GUESTS:** Bruce Cheeseman, Wayne Denny, John Cramer, Bev Barr, and Joyce Broadsword, DHW; Pat Kelly, and Karla Haun, YHI; Greg Casey, Veritas Advisors; Mckinsey Lyon, citizen; Colby Cameron, Sullivan & Reberger

**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 11, 2017 meeting. **Motion carried by voice vote.**

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

**Pat Kelly**, Executive Director, Your Health Idaho (YHI), presented the YHI legislative update. YHI's mission is to maintain maximum control of Idaho's insurance marketplace at minimal cost to its citizens. The Department of Insurance, the DHW, and the YHI Board of Directors have worked together to establish YHI among the leading exchanges in the nation.

2016, their third year of operation, shows a steady enrollment growth to more than 95,000 Idahoans. Idaho is second in the nation in per capita enrollment and leads in per capita enrollment among state-based exchanges. Operations are now covered by the fee assessment revenue.

The customer call center transition from the DHW to YHI has been completed and already indicates a 75% improvement in customer wait times and a 50% drop in appeals. With the help of the Department of Insurance, YHI offers more plan choices than ever before. Local expertise has been improved with mandatory training for agents and brokers.

As a state-based exchange, our plans are managed by Idahoans, consumers use local agents or brokers, the governing board is comprised of Idahoans, the assessment fee is approved by the board, and federal intervention is mitigated. This is exemplified by the 1.99% Idaho assessment fee, lower than the federal 3.5%, and resulting three-year savings of \$15M and \$29M to Idahoans and the catastrophic fund, respectively.

More than 95,000 Idahoans enrolled in the exchange in 2016. A slight majority of enrollees were women, and close to 60% were younger than 45 years of age. Eighty-seven percent of the enrollees received a tax credit and 69% selected a silver plan.

YHI has the lowest investment of any full-functioning state-based marketplace in the country. Cash reserves cover six to nine months of operating expenses. The majority of their expenses have been in technology development.

The YHI is prepared for change, anticipating new ideas and recommendations as the Affordable Care Act (ACA) is addressed. Our exchange model can serve as a successful foundation for reform. Investments in technology, workforce, and processes can be leveraged to accommodate future changes. Knowing any changes will take time to understand and implement, YHI remains committed to ensuring Idahoans reliant on health coverage through the marketplace experience minimal disruption.

In response to questions, **Mr. Kelly** said as they work through the upcoming financial year budget process, a slight increase in operating costs is expected to support the center integration.

**Vice Chairman Packer** commented the exchange has offered a choice when the state had no say about the ACA. Keeping agents and brokers involved has added to the great success of the exchange. A key component not mentioned is the non-biased shopping experience which allows customer review of every option without any identifying information on the insurance companies.

**Mr. Kelly**, answering questions, said they continue to work with policy makers to determine the best way to assist consumers while awaiting more information on the ACA outcome. The YHI receives about \$220M in tax credits to offset monthly premium costs of citizens, which would be a financial impact upon repeal of the entire ACA. Of the current enrollees, 87% receive a subsidy. He agreed to provide a more detailed income breakdown. Repeal of the ACA would mean the 87% would no longer receive any assistance with their premiums.

**DOCKET NO. 16-0102-1601:** **Bruce Cheeseman**, Emergency Medical Services (EMS) Section Manager, Bureau of EMS and Preparedness, presented **Docket No. 16-0102-1601**, with definition changes for several data characters, including EMS response and the National Emergency Medical Services Information System (NEMSIS). Other definitions cover Air Medical Support, a seasonal declaration, and the Recognition of EMS Personnel Licensure Interstate Compact Act (REPLICA).

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

**MOTION:** **Rep. Gibbs** made a motion to approve **Docket No. 16-0102-1601**. **Motion carried by voice vote.**

**DOCKET NO. 16-0103-1601:** **Bruce Cheeseman**, Emergency Medical Services (EMS) Section Manager, Bureau of EMS and Preparedness, presented **Docket No. 16-0103-1601** to remove all reference to records, data collection, and submission, which will have their own new chapter.

**MOTION:** **Rep. Chew** made a motion to approve **Docket No. 16-0103-1601**.

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

**VOTE ON MOTION:** **Vice Chairman Packer** called for a vote on the motion to approve **Docket No. 16-0103-1601**. **Motion carried by voice vote.**

**DOCKET NO. 16-0103-1602:** **Bruce Cheeseman**, Emergency Medical Services (EMS) Section Manager, Bureau of EMS and Preparedness, presented **Docket No. 16-0103-1602**. Licensed personnel are required to have an affiliation with a licensed agency, which creates a problem for personnel working in emergency rooms at hospitals not providing EMS. The hospitals were added as a declaration option to address this issue. Air medical support was added to address Idaho National Guard medevac unit short term care while not belonging to a licensed EMS agency. The new seasonal agency licensure accommodates fire agencies or ski resorts. The air medical declarations were streamlined to only one license type.

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

**MOTION:** **Rep. Perry** made a motion to approve **Docket No. 16-0103-1602. Motion carried by voice vote.**

**DOCKET NO. 16-0107-1601:** **Bruce Cheeseman**, Emergency Medical Services (EMS) Section Manager, Bureau of EMS and Preparedness, presented **Docket No. 16-0107-1601**. He gave a brief history of REPLICA and its anticipated activation in 2017. The Rule changes address reciprocity for licensed providers wishing to affiliate with an Idaho licensed EMS agency. When coming from another REPLICA state, provided they have a current license in that state, they will have ninety days to apply and obtain Idaho licensure, which will allow them to start working immediately. Their expiration date will coincide with their original state's expiration. Idaho licensure will not be required if they maintain primary affiliation in another REPLICA state.

**Mr. Cheeseman**, responding to questions, stated there are seven initial REPLICA states, with eight more seeking legislation to join. We have a separate EMS compact with Utah which stipulates licensees can provide care with the same protection amount as in their home state.

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

**MOTION:** **Rep. Redman** made a motion to approve **Docket No. 16-0107-1601. Motion carried by voice vote.**

**DOCKET NO. 16-0106-1601:** **John Cramer**, Program Manager, Bureau of EMS, Division of Public Health, DHW, presented **Docket No. 16-0106-1601**, a new chapter for the complexity of EMS data collection and submission requirements while conforming to the current NEMSIS national data standards. The compliant tools and software are already in place and being used.

Answering a question, **Mr. Cramer** said the electronic tool can be used in a free-standing or on-line manner. Rural users can work on their chart while driving back from the service area and then upload chart information at another time.

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

**MOTION:** **Rep. Redman** made a motion to **approve Docket No. 16-0106-1601. Motion carried by voice vote.**

**ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 9:48 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**  
**Thursday, January 19, 2017**

DOCKET	DESCRIPTION	PRESENTER
	<u>Department of Health and Welfare</u>	
<a href="#">16-0507-1601</a>	Investigation and Enforcement of Fraud, Abuse, and Misconduct	Steve Bellomy, Operational / Support Services
<a href="#">16-0319-1601</a>	Certified Family Homes	Steve Millward, Division of Licensing and Certification
<a href="#">16-0309-1601</a>	Medicaid Basic Plan Benefits	Tiffany Kinzler, Division of Medicaid
<a href="#">16-0309-1602</a>	Medicaid Basic Plan Benefits	Tiffany Kinzler
<a href="#">16-0310-1601</a>	Medicaid Enhanced Plan Benefits	Sheila Pugatch, Division of Medicaid
<a href="#">16-0318-1601</a>	Medicaid Cost-Sharing	Beth Kriete, Division of Medicaid

***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 Vander Woude  
 Rep Redman  
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COMMITTEE SECRETARY

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

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Thursday, January 19, 2017

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel

**ABSENT/  
EXCUSED:** Representative(s) Perry

**GUESTS:** Tiffany Kinzler, Clay Lord, Joyce Broadsword, Matt Wimmer, Lori Stiles, George Gutierrez, Camille Schiller, Dave Taylor, and Frank Powell, DHW; Bill Benkula and Becky Novak, IACP; Cindy Bahcra, VA; Jim Baugh, DRI; Elizabeth Criner, ISDA, ACSCAN; Lee Flinn, Idaho Primary Care Assn.; Jay Shaw, Admin. Rules

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

**MOTION:** **Rep. Redman** made a motion to approve the minutes of the January 12 and 13, 2017, meetings. **Motion carried by voice vote.**

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

**DOCKET NO. 16-0507-1601:** **Steve Bellomy**, Bureau Chief, Audits and Investigations, Department of Health and Welfare (DHW), presented **Docket No. 16-0507-1601** regarding civil monetary penalties for Medicaid providers. When violations occur, the minimum penalty is reduced from 25% of each claim line item to 10%. Allowance is made for increased penalty rates based on the severity and frequency of violations. Penalty assessments for background check requirements has been updated to apply a penalty based on each uncleared employee.

Answering questions, **Mr. Bellomy** said Medicaid continues to reach out to provide training to school districts. A violation has to be substantial and repeated to warrant a penalty. An overpayment violation would first recoup the overpaid amount and then a penalty would be assessed. Healthy Connections is used by the primary care physician for referrals to another care provider.

**Matt Wimmer**, Administrator, Division of Medicaid, was invited by the committee to answer a question. He stated Medicaid allows for urgent care situations when a referral cannot be obtained in a timely manner.

In response to additional questions, **Mr. Bellomy** said if an individual seeking a background check is delayed due to system issues, the client is not responsible. Any waivers issued are reviewed during the audit.

**MOTION:** **Rep. Redman** made a motion to approve **Docket No. 16-0507-1601.**

**Bill Benkula**, Idaho Association of Community Providers, testified **in support of Docket No. 16-0507-1601.** The division has agreed to provide documentation training and have also agreed to discuss their concerns about implementation, the dispute resolution process, documentation requirements, and why audits occur.

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

**VOTE ON MOTION:** **Vice Chairman Packer** called for a vote on the motion to approve **Docket No. 16-0507-1601. Motion carried by voice vote.**

**DOCKET NO. 16-0319-1601:** **Steve Millward**, Program Manager Certified Family Home (CFH) Program, Division of Licensing and Certification, presented **Docket No. 16-0319-1601**. Changes exempt Veterans Administration (VA) medical foster homes from additional state CFH certification, if they are caring only for veterans not receiving Medicaid benefits. The termination of admission agreement notice requirement has been increased to thirty days, unless it is being issued for any reason outside the statute.

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

**MOTION:** **Rep. Redman** made a motion to approve **Docket No. 16-0319-1601**. **Motion carried by voice vote.**

**DOCKET NO. 16-0309-1601:** **Tiffany Kinzler**, Bureau Chief, Medical Care, Division of Medicaid, presented **Docket No. 16-0309-1601**, to align with the Center for Medicare and Medicaid Services (CMS) adoption of actual acquisition cost pricing methodology.

340B pharmacies purchase drugs at a discounted rate which is roughly equivalent to the average manufacturer's price minus the Medicaid rebate amount. Changes specific to 340B pharmacies clarify enrollment requirements, disclosure of their 340B status, if Idaho Medicaid participants will be given 340B acquired drugs, and claim pricing not in excess of the actual acquisition cost plus their professional dispensing fee.

Other changes ensure alignment with federal regulations. Clarification is made to the process for physician administered drug pricing and reimbursement.

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

**MOTION:** **Rep. Rubel** made a motion to approve **Docket No. 16-0309-1601**. **Motion carried by voice vote.**

**DOCKET NO. 16-0309-1602:** **Tiffany Kinzler**, Bureau Chief, Medical Care, Division of Medicaid, presented **Docket No. 16-0309-1602** to both clarify requirements for the ordering and prescribing of home health services and durable medical equipment, as well as ensure federal regulation compliance. The clarifications allow home health services, usually provided in the participant's home, to be provided in any setting in which normal life activities take place, other than a hospital, intermediate care facility for the intellectually disabled, or nursing facility.

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

**MOTION:** **Rep. Redman** made a motion to approve **Docket No. 16-0309-1602**. **Motion carried by voice vote.**

**DOCKET NO. 16-0310-1601:** **Sheila Pugatch**, Bureau Chief, Bureau of Financial Operations, Division of Medicaid, presented **Docket No. 16-0310-1601**, with changes to align with the recently modified federal statute for hospice reimbursement, effective January 1, 2016. The two different payment rates for routine home care result in a higher base payment rate for the first sixty days of hospice care and a reduced base payment rate for sixty-one or more days of hospice care. It encourages increased visits when more resource-intensive patient needs typically occur.

Answering questions, **Ms. Pugatch** explained the Medicaid methodology recognizes the intensity of the last seven days of life and backs into those days when making the payment calculations. The seven days is a maximum, even if the resource-intensive patient needs last longer.

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

**MOTION:** **Rep. Gibbs** made a motion to approve **Docket No. 16-0310-1601**. **Motion carried by voice vote.**

**DOCKET NO. 16-0318-1601:** **Beth Kriete**, Bureau Chief, Bureau of Long Term Care, Division of Medicaid, presented **Docket No. 16-0318-1601**, a Temporary Rule effective since July 1, 2016, for Medicaid cost sharing. The Social Security Income (SSI) annual adjustments have not kept pace with increased Idaho housing and utility expenses. The amendments support an increase in the personal needs allowance from 150% of SSI to 180% of SSI for eligible waiver participants who incur a rent or mortgage expense.

The necessary funds to cover this increase were appropriated during the 2016 Legislative session and are on an ongoing basis starting in State Fiscal Year 2017.

After discussion, the committee requested **Ms. Kriete** provide the tax savings data.

**MOTION:** **Rep. Hixon** made a motion to approve **Docket No. 16-0318-1601**.

**Jim Baugh**, Executive Director, Disability Rights of Idaho, testified **in support of Docket No. 16-0318-1601**. The amounts described are not additional funds given for rent. Instead it is an increase in the amount of funds the clients are able to keep for living expenses. Persons wishing to live in their homes, especially when modified for their disability, will now stand a better chance.

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

**VOTE ON MOTION:** **Vice Chairman Packer** called for a vote on the motion to approve **Docket No. 16-0318-1601**. **Motion carried by voice vote.**

**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 Packer  
Chair

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Irene Moore  
Secretary

**AMENDED AGENDA #2**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Monday, January 23, 2017**

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#"><u>H 6</u></a>	Controlled Substances	Alex Adams, Board of Pharmacy
<a href="#"><u>RS24957</u></a>	Sign Language Interpreters	Rep. Kelley Packer
<a href="#"><u>RS24920</u></a>	Achieving a Better Life Experience Act	Rep. Caroline Nilsson Troy
<a href="#"><u>RS24847</u></a>	Mental Health Treatment Declarations	Ross Edmunds, Division of Behavioral Health
<a href="#"><u>RS24902</u></a>	Hospitalization, Mentally Ill	Ross Edmunds
<a href="#"><u>RS24922</u></a>	Behavioral Health Services	Ross Edmunds
<a href="#"><u>RS24890</u></a>	Medicaid	Matt Wimmer, Division of Medicaid
<a href="#"><u>RS24926</u></a>	Medical Assistance	Matt Wimmer
<a href="#"><u>RS24927</u></a>	Secure Treatment Facility Act	Cameron Gilliland, Dept. of Health & Welfare
<a href="#"><u>RS24928</u></a>	Dietitians	Anne Lawler, Board of Medicine
<a href="#"><u>24-1901-1601</u></a>	Board of Examiners of Residential Care Facility Administrators	Mitch Toryanski, Board of Occupational Licenses
<a href="#"><u>24-2301-1601</u></a>	Speech and Hearing Services Licensure Board	Mitch Toryanski
<a href="#"><u>24-2701-1601</u></a>	Board of Massage Therapy	Mitch 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

Chairman Wood	Rep Blanksma
Vice Chairman Packer	Rep Hanks
Rep Hixon	Rep Kingsley
Rep Perry	Rep Zollinger
Rep Vander Woude	Rep Chew
Rep Redman	Rep Rubel
Rep Gibbs	

COMMITTEE SECRETARY

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

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Monday, January 23, 2017

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel

**ABSENT/  
EXCUSED:** Representative(s) Perry

**GUESTS:** Alex Adams and Misty Lawrence, Board of Pharmacy; Jim Baugh, DRI; Andy Srook, A60/BOP; Anne Lawler, Bd of Medicine; Elizabeth Criner, ISDA, ACSCAN; Cameron Gilliland, DHW; Françoise Cleveland, AARP Idaho; Gary Moore, DHW; Sarah Tueller, Idaho Parents Unlimited.

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

**H 6:** **Alex Adams**, Executive Director, Idaho State Board of Pharmacy, presented **H 6**, the annual Controlled Substance Act schedule revision in alignment with the Drug Enforcement Administration (DEA) updates. Substances added this year are Eluxadoline (Schedule IV) and Brivaracetam (Schedule V). Other updates reschedule three products to DEA alignment and add two synthetic products requested by the state Bureau of Forensic Labs. A new emergency clause makes the changes effective upon signature of the governor. Clarification is made to the board scheduling through amending statute or Temporary Rule.

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

**MOTION:** **Rep. Chew** made a motion to send **H 6** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Chew** will sponsor the bill on the floor.

**RS 24957:** **Rep. Kelley Packer**, District 28, presented **RS 24957** a quality control measure to ensure that deaf and hearing consumers receive appropriate interpreting services in our state. Licensing will be housed with the Speech and Hearing Services Board, which will be renamed the Speech, Hearing, and Communication Services Licensure Board.

**MOTION:** **Rep. Redman** made a motion to introduce **RS 24957.** **Motion carried by voice vote.**

**RS 24920:** **Rep. Caroline Nilsson Troy**, presented **RS 24920**, proposed legislation to establish a qualified expenses savings program for Idahoans with disabilities, as allowed by the federal Achieving a Better Life Experience (ABLE) Act. This will help optimize financial planning while maintaining eligibility for other programs. An appropriation of \$45,000 is being requested to fund a half-time technical assistance position with the Idaho State Independent Living Council. This is part of the governor's budget recommendation.

Answering questions, **Rep. Troy** explained the \$45,000 half-time position links to another half-time position supporting the emergency response team. This combination was deemed a way to improve their hiring capabilities and includes benefits. If approved, the existing programs in other states will be reviewed.

**MOTION:** **Vice Chairman Packer** made a motion to introduce **RS 24920.** **Motion carried by voice vote.**

- RS 24847:** **Ross Edmunds**, Behavioral Health Division, Department of Health and Welfare (DHW), presented **RS 24847**, to recognize individuals have the ability to create a declaration for mental health treatment to stipulate their preferences or instructions.
- MOTION:** **Rep. Redman** made a motion to introduce **RS 24847. Motion carried by voice vote.**
- RS 24902:** **Ross Edmunds**, Behavioral Health Division, Department of Health and Welfare (DHW), presented **RS 24902**. This proposed legislation amends the termination or commitment and discharge of involuntary patients committed to inpatient facilities. The required notice is decreased from thirty to seven days for a timelier release.
- MOTION:** **Rep. Gibbs** made a motion to introduce **RS 24902. Motion carried by voice vote.**
- RS 24922:** **Trina Clark**, Program Manager, DHW, Division of Behavioral Health, presented **RS 24922** to add definitions for peer support specialist and family support partner to existing Idaho Code. Reference to the initial appointment of Regional Behavioral Health Board members is removed. The membership sections of the State Planning Council and Regional Boards are updated to include representation from the field of prevention.
- MOTION:** **Rep. Rubel** made a motion to introduce **RS 24922. Motion carried by voice vote.**
- RS 24890:** **Matt Wimmer**, Administrator, Division of Medicaid, DHW, presented **RS 24890** to direct the DHW to pursue value-based payment opportunities up to and including full-risk, provider-based managed care for the Medicaid program.
- MOTION:** **Rep. Redman** made a motion to introduce **RS 24890. Motion carried by voice vote.**
- RS 24926:** **Matt Wimmer**, Administrator, Division of Medicaid, DHW, presented **RS 24926**, proposed legislation directing the DHW to provide coverage for children under 18 years of age with serious emotional disturbance and family income up to 300% of the federal poverty level (FPL). The coverage will enable past trauma recovery, build resiliency, and comply with the Jeff D. settlement agreement.
- MOTION:** **Vice Chairman Packer** made a motion to introduce **RS 24926. Motion carried by voice vote.**
- RS 24927:** **Cameron Gilliland**, Deputy Administrator, Family and Community Services, DHW, presented **RS 24927**, which gives the DHW the power to establish, operate, and maintain a secure facility for individuals with development disabilities who pose a threat to the community during the pendency of their criminal cases.
- Mr. Gilliland**, responding to committee questions, stated this gives approval to start the building process for four facilities, so there is no fiscal impact. To address current needs, they will pursue secure elements in current facilities, such as locked doors, security cameras, and alarms. Any appropriate funding request will be brought forward at a later date. The included ability to remove private property is necessary to protect the community or staff and will impact workers compensation claims.
- MOTION:** **Rep. Redman** made a motion to introduce **RS 24927. Motion carried by voice vote.**
- RS 24928:** **Ann Lawler**, Executive Director, Idaho State Board of Medicine, representing the Dietetic Licensure Board, presented **RS 24928**, with new or updated definitions, practice clarification, licensure requirements, and disciplinary grounds. Disciplinary sanctions align with the Medical Practice Act.
- MOTION:** **Vice Chairman Packer** made a motion to introduce **RS 24928. Motion carried by voice vote.**

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

**DOCKET NO. 24-1901-1601:** **Mitch Toryanski**, Legal Counsel, Board of Occupational Licenses (BOL), representing the Board of Examiners of Residential Care Facility Administrators, presented **Docket No. 24-1901-1601**. Pursuant to changes in the board's law last year, this Rule adopts the BOL new renewal and licensing process.

In reply to committee questions, **Mr. Toryanski** said although the reinstatement fee is increased, the requirement to pay back fees for each lapsed year is removed. The board's current fund balance is approximately -\$97,000.

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

**MOTION:** **Rep. Redman** made a motion to approve **Docket No. 24-1901-1601**.

**Rep. Vander Woude** said he is against the motion because the Rule does not properly attack the issue of the negative balance and is not a method to get them back in the black.

**Tana Cory**, Executive Director, BOL, was invited to address the committee. She noted the board implemented a fee increase previously to slowly decrease the negative balance without drastically impacting their members. Through the single BOL account, the boards are maintained during times when their fund balance is negative due to unforeseen reasons, such as investigative or court costs.

**VOTE ON MOTION:** **Vice Chairman Packer** called for a vote on the motion to approve **Docket No. 24-1901-1601**. **Motion carried by voice vote**. **Rep. Vander Woude** requested he be recorded as voting **NAY**.

**DOCKET NO. 24-2301-1601:** **Mitch Toryanski**, Legal Counsel, Board of Occupational Licenses (BOL), representing The Speech and Hearing Services Licensure Board, presented **Docket No. 24-2301-1601**. Because this board's fund balance is two times their annual expenses, their original license and renewal fees are being lowered. Audiology support personnel are defined and supervisory responsibility tasks and training guidance are specified. The minimum requirements for audiology and hearing aid dealers and fitters who supervise permit orders are added.

**MOTION:** **Rep Gibbs** made a motion to approve **Docket No. 24-2301-1601**.

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

**VOTE ON MOTION:** **Vice Chairman Packer** called for a vote on the motion to approve **Docket No. 24-2301-1601**. **Motion carried by voice vote**.

**DOCKET NO. 24-2701-1601:** **Mitch Toryanski**, Legal Counsel, Board of Occupational Licenses (BOL), representing the Board of Massage Therapy, presented **Docket No. 24-2701-1601**, a Pending Fee Rule in alignment with the **H 519** tuition work off program. Additions include temporary licenses and provisional permits. The original license and renewal fee is reduced to \$65 because the board's fund balance is over two times their annual budget. One listed licensing exam is removed.

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

**MOTION:** **Rep. Chew** made a motion to approve **Docket No. 24-2701-1601**. **Motion carried by voice vote**.

**ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 10:14 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, January 24, 2017

<b>DOCKET</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#">H 10</a>	Chiropractic Practice Licensure	Mitch Toryanski, Bureau of Occupational Licenses
<a href="#">24-0301-1601</a>	Board of Chiropractic Physicians	Mitch Toryanski,
<a href="#">24-1001-1601</a>	Board of Optometry	Mitch Toryanski
<a href="#">24-1201-1601</a>	Board of Psychologist Examiners	Mitch Toryanski
	Immunization Waivers	Richard Armstrong, Department of Health & Welfare  Dr. Christine Hahn, Division of Public Health  Elke Shaw-Tulloch, Division of Public 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 Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley  
Rep Zollinger  
Rep Chew  
Rep Rubel

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
email: [hhel@house.idaho.gov](mailto:hhel@house.idaho.gov)

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Tuesday, January 24, 2017

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel

**ABSENT/  
EXCUSED:** Representative(s) Perry

**GUESTS:** Dennis Stevenson, Rules Coordinator; Francoise Cleveland, AARP-Idaho; Elke Shaw-Tulloch, DHW; Christine Hahn, Dr. Mary Jo White, and Dr. Hatzenbeuler, IDHW

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

**MOTION:** **Rep. Rubel** made a motion to approve the minutes of the January 16, 2017, meeting. **Motion carried by voice vote.**

**H 10:** **Mitch Toryanski**, Legal Counsel, Bureau of Occupational Licenses, on behalf of the state board of Chiropractic physicians, presented **H 10**, to raise the fee caps and modernize language governing deposits and expenditures of fees. Clarification is also made to the active license reactivation process. The application review and interview process is deleted.

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

**MOTION:** **Rep. Redman** made a motion to send **H 10** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Redman** will sponsor the bill on the floor.

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

**DOCKET NO. 24-0301-1601:** **Mitch Toryanski**, Legal Counsel, Bureau of Occupational Licenses, representing the State Board of Chiropractic Physicians, presented Pending Fee Rule **Docket No. 24-0301-1601**, which contains an annual fee increase to cover increased costs from complaints, prosecutions, and investigations. Changes will also speed up the peer review process.

**Dr. Mary Jo White**, Chairman, Idaho State Board of Chiropractic Physicians, was invited to answer a question. The peer review committee process has well-defined training to industry standards, is a blind process, is an industry improvement tool, and has active, licensed members. The chairman writes the final summary and fraudulent determinations lead to further investigation outside of the peer review committee.

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

**MOTION:** **Rep. Chew** made a motion to approve **Docket No. 24-0301-1601**. **Motion carried by voice vote.**

**DOCKET NO. 24-1001-1601:** **Mitch Toryanski**, Legal Counsel, Bureau of Occupational Licenses, representing the State Board of Optometry, presented **Docket No. 24-1001-1601**, a Pending Fee Rule to align with 2016 statute changes, decrease the reinstatement fee from \$115 to \$35, and increase the continuing education (CE) hours from six to nine annual hours.

**MOTION:** **Rep. Hixon** made a motion to approve **Docket No. 24-1001-1601**.

Answering a question, **Mr. Toryanski** stated the CE increases qualifications, experience, and knowledge of level. Volunteer services could be included at a future date, if they are determined to increase the licensee's quality of service.

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

**VOTE ON MOTION:**

**Vice Chairman Packer** called for a vote on the motion to approve **Docket No. 24-1001-1601. Motion carried by voice vote.**

**DOCKET NO. 24-1201-1601:**

**Mitch Toryanski**, Legal Counsel, Bureau of Occupational Licenses, representing the Board of Psychologist Examiners, presented **Docket No. 24-1201-1601**. This Pending Rule specifies licensees may receive online CE credit from the same organizations approved for in-person attendance. It establishes service extenders (psychologist helpers) can provide service only after supervisory plan board approval. Established are a service extender for only psychometrition services and telehealth rules to compliment the Telehealth Access Act. Definitions are updated for psychology services, including telepsychology in Idaho and across state lines.

An insurance company expressed concerns about one definition's interpretation and security requirements, which the board is monitoring for possible future changes. The American Association of Retired Persons (AARP) representative expressed concern regarding the need to have a written informed consent with each telepsychology patient encounter. The Board will be working with AARP over the next year to determine if Rule clarity is needed.

**Vice Chairman Packer** stated discussions determined it was not the Board's intent to require the consent at every meeting. The Board was comfortable to state, on the record, enforcement would not happen and clarifying changes would be presented next year. **Mr. Toryanski** agreed and added the Board has memorialized their interpretation within their meeting minutes.

**Dr. Linda Hatzenbeuler**, Board Member, Psychology Board, was invited to respond to a committee question. The face-to-face service extenders required supervisory provision assures all supervision is not provided using only video or telecommunication. A minimum of one hour of face-to-face supervision is required for each 20 hours of service during a calendar week, which can include individual and group formats.

**Dr. Hatzenbeuler** then testified **in support** of **Docket No. 24-1201-1601**, stating the telepsychology Rules are in the public's best interest. More electronic opportunities extend services, particularly in remote areas, and these Rules assure provider guidance.

**MOTION:**

**Rep. Redman** made a motion to approve **Docket No. 24-1201-1601.**

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

**VOTE ON MOTION:**

**Vice Chairman Packer** called for a vote on the motion to approve **Docket No. 24-1201-1601. Motion carried by voice vote.**

**Vice Chairman Packer** put the committee at ease at 9:45 a.m.

**Chairman Wood** called the meeting back to order at 9:54 a.m.

**Dick Armstrong**, Director, Department of Health and Welfare (DHW) presented information on the immunization waivers. The state is heavily involved in programs for reduced tobacco use, control of infectious diseases, decreased cardiovascular deaths, improved food safety, family planning, improved maternal and child health, and reduced vaccine-preventable diseases.

From 1900 to 2000, life expectancy has increased for women, from 48 years of age to 79 years of age, and men, from 46 years of age to 74 years of age. Globally, Japan has the highest life expectancy at 87.7 years of age. South Africa, where parasitic diseases are common, ranks lowest at 62.9 years of age. U.S. mortality rates from 1900 to 2015 indicate an infectious diseases decline and a slight noninfectious diseases increase and leveling.

**Dr. Christine Hahn**, Director, State Epidemiology, Division of Medical Health, DHW, was invited to continue the presentation. She said there are now twenty-three deaths reported for the current flu season. Idaho ranks among the lowest vaccination rates in the nation.

She dispelled four reasons people avoid getting the shots, emphasizing the vaccines are not live viruses. Even healthy individuals can bring the virus home to loved ones. Vaccination protects the recipient and keeps the virus from spreading, especially to those who are already weak.

Concern about vaccines causing autism began with a 1997 single white paper which has been discredited to the extent the coauthors retracted their names, the author lost his medical license, and the paper was retracted from the publishing journal. Extensive research since 1997 has found no association between vaccines and autism. Even autism advocates have stated other areas provide the cause of autism, not vaccinations.

The concept of natural immunity versus vaccine-acquired immunity still brings with it dangers that outweigh the relative benefits. For measles, there is a 1 in 500 chance of death without immunization. With the measles, mumps and rubella (MMR) vaccine the allergic reaction chances become 1 in 1,000,000.

The Idaho Immunization Program distributes vaccines to all Idaho healthcare providers immunizing children. The Centers for Disease Control contracts for the vaccine purchase, with distribution costs covered through federal funding programs and health insurers.

The immunization statute assures parental choice for non-vaccination. The schools maintain immunization records, providing conditional admission and exemptions to assist parents. Recent outbreaks in neighboring states have included mumps, meningitis, whooping cough, and flu, with attributable deaths in all age groups.

**Dick Armstrong**, stated he is charged with the general supervision of the promotion and protection of the life, health, and mental health of the people of Idaho. This is a balance between individual freedom and public safety for both today and future events.

Responding to committee questions, **Dr. Hahn** stated for some vaccines, such as measles, our state is already at the herd immunity threshold. The schools collect the exemption reasons and keep the information private. Any data collected by the DHW has been anonymous and used to provide information for health education.

**ADJOURN:**

There being no further business to come before the committee, the meeting was adjourned at 10:18 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  
Wednesday, January 25, 2017

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#">H 2</a>	Pharmacists - Reciprocal Licensing	Alex Adams, Board of Pharmacy
<a href="#">H 3</a>	Pharmacists - Tuberculin Protein Products	Alex Adams
<a href="#">H 4</a>	Pharmacists - Tobacco Cessation Products	Alex Adams
<a href="#">H 5</a>	Controlled Substances - Opioids	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 Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley  
Rep Zollinger  
Rep Chew  
Rep Rubel

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
email: [hhel@house.idaho.gov](mailto:hhel@house.idaho.gov)

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Wednesday, January 25, 2017

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel

**ABSENT/  
EXCUSED:** None

**GUESTS:** Alex Adams, Berk Fraser, Misty Lawrence, Kathryn Jonas, and Kristina Jonas, Board of Pharmacy; Vicki Wooll, MD, and Susie Poulliot, IMA; Andrea Winterswyk Pharm.D, Idaho Pharmacists; Pam Eaton, ISPA/IRPC; Elizabeth Criner, Pfizer

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

**H 2:** **Alex Adams**, Executive Director, Board of Pharmacy, presented **H 2**, legislation to update and align the licensure reciprocity qualifications with the Model Act of the National Association of Boards of Pharmacy by stating a pharmacist ineligible to practice in another state would not be licensed in Idaho.

**MOTION:** **Rep. Rubel** made a motion to send **H 2** 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 2** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Chew** will sponsor the bill on the floor.

**H 3:** **Alex Adams**, Executive Director, Board of Pharmacy, presented **H 3** to amend the practice of pharmacy definition to allow the administration and reading of the tuberculin purified protein derivative in the pharmacy setting. Pharmacists must follow the recommendation of the Centers for Disease Control and Prevention, document the test results, and coordinate referrals to the patient's primary care provider or a local clinic.

**Dr. Adams** explained the test is a tuberculosis (TB) intradermal injection with follow-up interpretation within forty-eight hours. This test can be required as a condition of employment or schooling. Pharmacies offer convenience and accessibility.

Responding to committee questions, **Dr. Adams** said the new accreditation standards require every pharmacy student graduate be ready to give intradermal routes. Students training in this specific test and the results interpretation are expected to become part of the pharmacy curriculum. This method provides both time and efficiency cost savings.

**MOTION:** **Vice Chairman Packer** made a motion to send **H 3** 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 3** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Chew** will sponsor the bill on the floor.

**H 4:**

**Alex Adams**, Executive Director, Board of Pharmacy, presented **H 4**, legislation to amend the practice of pharmacy definition and increase patient access to tobacco cessation products in certain scenarios.

Special and advanced tobacco cessation training will be required. Patients will be screened for appropriateness and referred for higher care as needed. **H 4** addresses documentation, primary care provider notification, and coordinates with other state programs.

Similar policies have been in place in Canada, for over fifty years, in New Mexico, for twelve years, and in California. In conversations, all locations reported no civil cases or complaints since inception. A national pharmacy liability insurer for New Mexico said there was no increase in pharmacy liability insurance rates because the policy was not found to be an increased risk for harm. This week the Centers for Medicare and Medicaid Services (CMS) wrote the seamless pharmacy process provides improved patient experience, encourages therapy adherence, and increases the patient's chances to overcome nicotine dependency.

Answering questions, **Dr. Adams** said clinical guidelines, screening procedures, and prescription records identify potential contra-indications. If identified as a high risk, the pharmacist would refer the patient to their primary care physician (PCP), if they have one, or to another location, like a clinic, to assure they get the additional attention warranted. If the pharmacist provides the product, the patient's PCP is notified within five days with a follow-up care plan to insure this is a team-based delivery of care.

**Susie Poulliot**, CEO, Idaho Medical Association (IMA), testified **in opposition** to **H 4** because the risks of non-medically trained pharmacists prescribing products with severe side effects are not in the best interest of their patients. Additionally patient prescription records are only available if the prescriptions have been filled at that location. Medical information acquired through the individual, not the PCP records, may leave out information of consequence. She expressed concern about the screening process, if a checklist or protocol would be developed or if drug manufacturer lists would be used. Standard of care requires ongoing follow up and monitoring, including additional lab tests and screenings. If health insurance is in place, this model could cost patients more. This fragments the intent to preserve health care integration.

**Vicki Wooll**, Family Physician, Eagle, Idaho, Board of Trustees Member, Idaho Medical Institution, American Medical Association Idaho Representative, testified **in opposition** to **H 4**. An in-depth tobacco quit plan includes many aspects beyond medication. Patients who smoke are sicker and can complicate easily. There can be poly-substance abuse, mental issues, and social issues related to the smoking. Side effects are common and unknown until the medication is taken. Patients may not remember or divulge information about bipolar, bulimia, or mental issues in a questionnaire. Are any clinical tests going to be done for the applicants? Is the PCP responsible for the outcome of a pharmacist prescribed medication? **H 4** has serious implications.

Responding to questions, **Dr. Wooll** said this type of visit would cost a patient about \$120 and is normally covered by insurance plans. The side effects could result in hospital visits or stays. Although the products can work well, about 40% of her patients have adverse reactions. She indicated the other states' data may involve socioeconomic issues and not be true reporting.

Removal of the PCP also removes additional knowledge about the patient, based on their history and relationship. She relies on a physical examination to give her more information about a patient. This level of clinical training is not present in the pharmacy setting.

**Rep. Chew** described the extensive clinical and strong non-touching inquiry training pharmacists receive. They are now required to have a doctorate and a residency. Medication selection will be very conservative out of concern for patient safety. Clinical questions are training based, not from any company's questionnaire.

**Andrea Winterswyk**, Member, Idaho Pharmacists, Psychiatric Pharmacist, Veterans Administration Hospital, testified **in support of H 4**. This legislation makes pharmacists a part of the medical home model. She explained the intense focus on smoking cessation during all three years of her training, including counseling and behavioral modifications. Pharmacists are highly trained in the motivational aspect of patient discussions.

Maintaining the one week minimum follow up can be difficult with a PCP and their scheduling limitations. Pharmacy hours and convenience improve services access, increasing the rate of adherence, success, and satisfaction. Pharmacists have the clinical decision making ability to determine appropriateness and can follow up with anything on a face-to-face basis. Patients with a psychiatric comorbidity are at a high risk for a psychiatric event with any of the medications. Quitting requires close follow up. Answering a question, **Dr. Winterswyk** said pharmacy students go on clinical rotation for twelve months and have the reputation of making excellent clinical decisions.

**MOTION:** **Rep. Blanksma** made a motion to send **H 4** to the floor with a **DO PASS** recommendation.

**Pam Eaton**, Idaho Pharmacy Association and the Idaho Retailers Association, stated both associations are **in support of H 4**.

In response to committee questions, **Dr. Adams** stated the cost at a pharmacy will probably be for just the product, although each pharmacy will make that determination. The pharmacist, as prescriber, would carry the responsibility of any side effects.

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 4** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Chew** will sponsor the bill on the floor.

**H 5:** **Alex Adams**, Executive Director, Board of Pharmacy, presented **H 5**. This legislation sets the Prescription Monitoring Program (PMP) record data retention deadline to five years. It requires all pharmacists register for the PMP. It expands the delegate definition to allow database access to students on behalf of their dispensing supervisor.

**MOTION:** **Rep. Hixon** made a motion to send **H 5** 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 5** 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 10:15 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary



**AMENDED AGENDA #1**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Thursday, January 26, 2017**

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
	Foster Care Annual Report	Miren Unsworth, 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 Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley  
Rep Zollinger  
Rep Chew  
Rep Rubel

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
email: [hhel@house.idaho.gov](mailto:hhel@house.idaho.gov)

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Thursday, January 26, 2017

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel

**ABSENT/  
EXCUSED:** None

**GUESTS:** Miren Unsworth and Michelle Weir, IDHW/FACS; Greg Casey, Veritas Advisors; Russ Barron, Stephanie Miller, Misty Wyatt, Sabrina Brown, and Gary Moore, DHW; Roger Sherman, Idaho Children's Trust Fund

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

**MOTION:** **Rep. Redman** made a motion to approve the minutes of the January 17, 2017, meeting. **Motion carried by voice vote.**

**Chairman Wood** welcomed **Rep. Green**, who is substituting for **Rep. Rubel**.

**Miren Unsworth**, Deputy Administrator, Division of Family and Community Services (FACS), presented the first annual Foster Care report. The Child and Family Services (CFS) program's primary commitment and responsibility is the safety, well being, and permanency of children who are victims of child abuse, neglect, or abandonment. FACS believes the best approach to support and protect children is to strengthen families to safely parent and meet their child's permanency and well being needs.

CFS program responsibilities fall into four broad areas: receiving abuse and neglect reports, assessing abuse and neglect allegations, providing ongoing case management services to children in their homes or in out-of-home placements, and, assuring children have safety and permanency in their own or other permanent homes.

Child and abuse reports for the entire state are directed to a Centralized Intake Unit in Boise for assessment, determination, and prioritization in coordination with law enforcement. The ability to take and respond to reports operates 24/7 across the state.

During state fiscal year (SFY) 2016, CFS received 22,346 referrals. Of these 8,884 were assigned for a safety assessment and 1,321 children were placed into foster care. Neglect is the most frequent referral reason. School personnel and parents are the primary reporting sources for maltreatment referrals.

The Comprehensive Safety Assessment is completed for all child protection referrals meeting the CFS priority response guidelines. If a safety threat exists, a circumstance specific safety plan is put into place.

Efforts to minimize the trauma of removing a child includes an immediate search for any fit and willing relatives for placement source. If a relative cannot be found, the child is placed either in a fictive kin or a non-relative foster care placement.

Beyond law enforcement determination of imminent danger, a department court petition can be used for removal of the child from the home. A judge determines whether or not to enter an Order of Removal. The court can also expand a Juvenile Corrections Act proceeding into a Child Protective Act (CPA) proceeding. The court has determination responsibility for removal of a child and for other key decisions as the case moves through the court process.

Over the past five years the number of children in foster care has averaged 2,477 children per year. During the 2016 SFY, 72% of 1,194 children exiting foster care were reunified with their parents. Other exit reasons included a non-relative or relative adoption, vacating foster care at age 18, transfer to another jurisdiction, and guardianship with a non-relative or relative.

The CFS strives to maintain the child in their community and with siblings. A transition plan assists the child with a planned move, including visitation and overnight visits with the new placement. Supportive services or other assistance is used to reduce foster parent placement change requests.

Social workers monitor the family's progress in achieving the service plan objectives and regularly assess the safety, permanency, and well being of the child. Court hearings review the case progress at six and twelve month post removal intervals, with additional hearings at the court's discretion. Placement determinations are subject to judicial review and approval when contested by any party. The court also finalizes all adoptions and guardianships.

The process revisions include the Standard for Comprehensive Safety, Ongoing, and Reassessment, the Concurrent Planning Standard, the Permanent Placement Selection, the Well-Being Standard, and the Infant Toddler Standard. Also being revised are the written materials provided to parents who have a child in foster care.

Implemented quarterly statewide all-staff video conferences provide ongoing communication and feedback. The Child Welfare Executive Steering Committee will ensure the strategic child welfare system transformation plan development and completion. Results from an adoptive parents survey are being compiled to identify program and policy needs. Revised court report templates include previous legislative changes and assure consistency with the comprehensive safety assessment.

During the second half of SFY 2017, CFS, along with internal and external partners, will develop a Program Improvement Plan to identify themes, trends, strengths, and target improvement areas.

Progress on the strategic plan goals has included foster parent recruitment strategies and training, work staff and leadership training, local stakeholder meeting development, Family Group Decision Making meetings, continued collaboration to include the Department in all CPA actions, and automated financial reports.

Responding to questions, **Ms. Unsworth** said there is a federal funds match for the information technology modernization and a two-year budget request to continue the project planning.

Placement rates are 26% with a relative and 41.7% with a non-relative. A standardized process for collectively supporting staff is being formalized. Additional funds have been requested to add service technicians to assist case workers in transport, visitations, and other ways to relieve their case loads.

As of July 1, 2017, a statute change provides a seven-day advance notice for any placement move if the child has been in the foster home over sixty days. When contested by any party, judicial approval is required. An unannounced move should only occur if there is a foster home safety issue.

The one-week-a-month, nine-month staff training process has specific competencies targeted. Trainers join field and embedded supervisors to offer further support. Staff surveys have indicated the need for more in-service training development, which they are pursuing with their Idaho State University contractor.

Any conflict between a foster parent and case worker not resolved by the reinstated foster parent resolution process progresses to the supervisory level and, if needed, to the central office level.

**ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 9:46 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

JOINT  
HOUSE HEALTH & WELFARE COMMITTEE  
AND  
SENATE HEALTH & WELFARE COMMITTEE  
8:00 AM to 10:00 AM  
Lincoln Auditorium  
Friday, January 27, 2017

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SUBJECT	DESCRIPTION	PRESENTER
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Public Hearing on Health and Welfare Issues

**Testimony will be limited to 3 minutes per person.**

***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 Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley  
Rep Zollinger  
Rep Chew  
Rep Rubel

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
email: [hhel@house.idaho.gov](mailto:hhel@house.idaho.gov)

MINUTES  
JOINT MEETING  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Friday, January 27, 2017

**TIME:** 8:00 AM to 10:00 AM

**PLACE:** Lincoln Auditorium

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel (Green)

Chairman Heider, Vice Chairman Souza, Senators Martin, Lee, Harris(32), Anthon, Agenbroad, Foreman, Jordan(17)

**ABSENT/  
EXCUSED:** Senators Martin, Harris(32), and Agenbroad

**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 8:01 a.m.

**Kleeta Newby**, KBM Transportation; **Amber Irish**, Early Birds and Blue Birds Transportation; **Beverly Hines**, Licensed Professional Counselor; and **Jenna Dewit**, Pathways of Idaho; and **Vanessa Johnson**, Director, Community Services to Access, testified **in opposition** to Veyo's current delivery practices for non-emergency medical transport (NEMT).

They stated clients suffer from no pick up, lengthy delayed pick ups, delivery to incorrect addresses or delayed deliveries due to driver personal stops. Clients are confused about the cause of the issues, missed appointments impact benefits, and change clinics, thinking it was the clinic's fault. One clinic noted eight drivers did not show up in one day and "no show" rates have increased from 12% to 22%. Decline in referrals has led to layoffs and business closure. The current system is understaffed, uneducated on mental health, and underfunded.

**Josh Komenda**, President, Veyo, testified **in support** of their current NEMT program service. He stated their current 1% complaint rate is in line with the previous contractor's record. Every complaint is investigated, with multiple interviews, to determine the cause and action. Veyo's transports were complicated by winter weather and road conditions. They are committed to Idaho communities, parents, participants, providers, and facilities.

**Darren Thalley**, White Tail Transportation, Priest River, testified **in support** of a return to the 2009 NEMT provider payment level of \$7.67. He explained the effects of the various contracts, which have led to the current level of \$6.25, resulting in the use of business assets and closures.

**Doug Loertscher**, Agency Owner; **Mary "M.C" Niland**, Witco; **Jennifer Zielinski**, Idaho Parents Unlimited; **Nicole Sherwood**, Community Professional; and **Joe Laden**, Job Coach and support at a Developmental Disabilities (DD) agency testified **in support** of improvements to the DD services.

They explained the need for improved application and processing methods beyond the current twelve-step process. A bottle-neck exists between the plan approval and funding. The DD services Medicaid rate has not been increased in twenty-one years, resulting in the loss of direct support professionals, leading to a lack of comprehensive mental health services and appropriate training by professionals. Optum must be evaluated where very limited out-patient services do not address the needs of these kids. Support was expressed for a cost study with brick model methodology. They shared concern regarding access, quality, and choices due to expected rate cuts and larger case loads.

**Patrick** and **Jessica Rachels** testified **in support** of educational legislation to insure women and their physicians have the most accurate and up-to-date information on Cytomegalovirus (CMV), which can pass to unborn children and cause disabilities.

**Laura Scuri**, Owner, Access Behavioral Health (BH) Services; **Dan Chadwick**, Ex-Chairman, Counties; and **Mike Berlin**, Idaho Alzheimer's Planning Group, testified **in support** of behavioral health care development.

There is a lack of providers, services, and code clarity. The solutions suggested were to improve law enforcement's ability to deal with the mentally ill in crisis situations, increase hospital bed availability, and to catalog provider assistance resources. Traditional psychiatric and long-term care facilities are no longer making their services available. Alzheimer's patients have behavioral issues and an increased falling risk, leading to access of care denial. Families are forced to take patients, and their Medicaid funds, to other states.

**Don Hansen (Jack)**, Citizen; **Kiran Spees**, Citizen; and **Lauren Necochea**, Director, Idaho Voices for Children, testified **in support** of Medicaid expansion and changes. They said Medicaid rates are confusing, treatment needs improvement, and Idaho must not fall behind other states in this area.

**Linda Anderson**, Boise resident, interim working group on health care issues; **Mellie DeHaven**, Caldwell resident; **Cathy Deckies**, BSU School of Nursing Clinical Professor; **Russ Duke**, Director, Central District Health Department; and **Kara Kuntz**, Family & Geriatric Physician, testified in support of closing the insurance coverage GAP.

They recommend the State come up with an Idaho solution to leverage federal money to help this uninsured population. There needs to be a thirty-day notice from the State for coverage discontinuance, allowing time to find another form of coverage. Without insurance, a patient's health is effected. The Idaho Caregivers Alliance's Idaho Lifespan Family Caregiver Plan improves health outcomes.

**Michelle Sterling**, Boise resident, testified **in support** of additional crisis centers. She explained her son's significant health costs, the need to seek out-of-state treatment, the application process for the Katie Beckett Program, her frustration with the DHW programs for children in crisis.

**Jessica Chilcott**, Citizen, testified **in opposition** to the possible Affordable Care Act repeal without a replacement and the potential pre-existing conditions impact.

**Ada Casazza**, Resident, Senior citizen, testified **in opposition** to Medicare limitations, sharing her struggle to obtain necessary existing rheumatoid medication beyond those approved for her rare autoimmune illness and the \$26,000 subsequent annual cost not covered with Medicare.

**Andra Wilson**, Citizen, testified **in support** of privatized healthcare. Government promotion of general welfare needs to be passive.

**Brian Hoyt**, Citizen; and **Jenny Wilison**, Cathedral of the Rockies, testified **in support** of removing faith healer exemptions, which disregard a child's right to life.

**Jenny Peterson**, representing the Health Freedom Idaho and herself, testified **in support** of parental freedom to choose their physicians, whether to vaccinate or not, and their children's type of healing.

**David DeHaas**, Boise; and **Velleri Charles**, Health Freedom Idaho, testified **in support** of changes to the immunization exemption form. Vaccine injuries do happen and can result in death. Entry to day care preschool requires acknowledged statements of risk on the current form when statute allows parents to provide a signed statement to school officials.

**Edwin Keener**, Reverend, Boise, testified **in support** of using excess funds to assure every individual has the best health possible.

**Ahniah Selene Summers**, Citizen, testified **in opposition** to the current DHW equipment policy. There is no payment for interim equipment and recipients must put their lives on hold during the wait.

**Robert Gerke**, Pocatello, Chairman, Recovery Support Services Committee, testified **in support** of recidivism reduction through medical care continuation as received in the facilities through Medicaid expansion without waivers.

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

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Representative Wood  
Chair

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Irene Moore  
Secretary



**AMENDED AGENDA #1**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Monday, January 30, 2017**

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
	Catastrophic (CAT) Fund Annual Report	Kathryn Mooney, Board Member

COMMITTEE MEMBERS

Chairman Wood  
Vice Chairman Packer  
Rep Hixon  
Rep Perry  
Rep Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley  
Rep Zollinger  
Rep Chew  
Rep Rubel(Green)

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
email: [hhel@house.idaho.gov](mailto:hhel@house.idaho.gov)

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Monday, January 30, 2017

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel (Green)

**ABSENT/  
EXCUSED:** None

**GUESTS:** Kathryn Mooney, CAT Fund; Greg Casey, Veritas Advisors;

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

**MOTION:** **Rep. Redman** made a motion to approve the minutes of the January 18, 2017, meeting. **Motion carried by voice vote.**

**Kathryn Mooney**, Program Director, Idaho Association of Counties, the contractor holder for the Catastrophic Health Care Cost Program (CAT fund), presented the annual report for the CAT fund, a financial assistance program of last resort through the counties based on medical indigency. The term "medical indigent" has a specific statute definition apart from that used by the court system. For approved applications, the counties pay the first \$11,000 and the CAT fund uses state funding to pay the balance. Each approved applicant receives one year of financial assistance coverage with additional costs prorated from the first date service.

Combined emergent care applications from hospitals go to the DHW designated unit for review and referral to Medicaid, DHW programs, or the CAT fund. The CAT fund is the payor of last resort.

The Counties and the CAT fund spent \$33,949,636 in 2016. Any applications involving pure mental health charges are borne by the counties and do not go to the CAT fund. The county operating and administrative costs, including legal expenses, is less than \$7M. The CAT fund appropriation, which includes administration, has never exceeded \$400,000. Although the case load has increased by 7.5%, the dollars paid have only increased by 3%.

The counties are polled to learn about case load increases and diagnoses trends. Applications take about three months from the first date of service to process and send to the CAT fund. High dollar cases are taken out of circulation by Medicaid or some other type of assistance. One case pending in the county would impact the CAT fund by \$350,000.

In 2010 the CAT fund program was moved from contractors to the Association of Counties. Because medical reviews are required by statute and the counties are not qualified to do the reviews, a review company was hired. Every non-emergent application goes to the reviewer for determination of medical necessity, the form of treatment, reasonable charges, and if there is a lesser level of care is available. There were 1,528 reviews in 2016.

Answering questions, **Ms. Mooney** said the hospitals and counties consider assets and net income when determining indigency and eligibility. All emergency applications must come from hospitals and go directly to the DHW. Non-emergent applications can be completed by hospitals and individuals through the county office. All emergency services have been provided by the time the case is sent to the CAT fund.

The active role by hospitals and the DHW unit in qualifying persons for the health care exchange has impacted the CAT fund. Charges are paid on an adjusted Medicaid rate, with the counties paying the first \$11,000. Providers are required to accept the payments as being in full. The CAT fund has more negotiation ability than other entities, especially when a recommended lower level of care is not available in the community.

The individuals sent to the CAT fund do not qualify for the insurance subsidy. Repayment is extended over 60 months at the reduced rate, although eligibility is based on the full billing amount. Liens and other means of collection are available. The CAT fund consistently collects \$2.9M to \$3.2M on liens.

**ADJOURN:**

There being no further business to come before the committee, the meeting was adjourned at 9:43 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

**AMENDED AGENDA #1**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Tuesday, January 31, 2017**

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#">RS25051</a>	Public Health Districts - Board of Trustees	Rep. Megan Blanksma
<a href="#">RS25086</a>	Health Care - J-1 Visa Waiver Program	Rep. Caroline Nilsson Troy
	Community Care Advisory Council Annual Report	Keith Fletcher, Council Member

COMMITTEE MEMBERS

Chairman Wood  
Vice Chairman Packer  
Rep Hixon  
Rep Perry  
Rep Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley  
Rep Zollinger  
Rep Chew  
Rep Rubel(Green)

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
email: [hhel@house.idaho.gov](mailto:hhel@house.idaho.gov)

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Tuesday, January 31, 2017

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel

**ABSENT/  
EXCUSED:** None

**GUESTS:** Keith Fletcher, Community Care Advisory Council; Kelli Brassfield, ID Assoc. of Counties; Maggie Mann, SE Idaho Public Health; Carol Moehrle, NC Idaho Public Health; Geri Rackow, Eastern Idaho Public Health; Bill Leake, Board of Trustees PH Dists; Scott Tiffany, Telligon; Steve Scanlin, Central Dist. Health Dept.; Mary Sheridan, IDHW, Public Health; Casey Suter, IDHH, Public Health; Russ Drake, CDHD

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

**MOTION:** **Rep. Rubel** made a motion to approve the minutes of the January 19 and 23, 2017, meetings. **Motion carried by voice vote.**

**RS 25051:** **Rep. Megan Blanksma**, District 23, presented **RS 25051**. This proposed legislation sets in code a standardized distribution formula for state funds allocated to the public health districts. An Office of Performance Evaluation (OPE) report determined the existing formula required a clear or consistent link to program needs and also suggested any new formula be phased in to avoid dramatic changes. The proposed formula in **RS 25051** has both population and poverty components, which are already public health program drivers. After a three-year phase-in, the formula will provide each district with a 67% county match. The remaining balance will be portioned to each district at 75% based on population and 25% based on poverty numbers.

**Rep. Blanksma** declared **Rule 38** as a member of the Central District Health Board.

**MOTION:** **Vice Chairman Packer** made a motion to introduce **RS 25051**. **Motion carried by voice vote.** **Reps. Hanks** and **Kingsley** requested they be recorded as voting **NAY**.

**RS 25086:** **Rep. Caroline Nilsson Troy**, District 5, presented **RS 25086**, proposed legislation for the placement of foreign trained physicians, a recruitment option of last resort, using the Conrad J-1 Visa Waiver Program. The inability to recruit an American physician must be demonstrated. Of the thirty waiver slots available, no more than ten can be used for specialist physician recruitments. Non-rural health care organizations can use the J-1 waiver slots if a rural health care organization has not been able to use them within six months. The physicians filling those slots must also be available for the rural areas.

**Casey Suter**, Program Manager, Department of Health and Welfare (DHW), was invited to respond to a committee question. Applications take thirty hours of review prior to sending for a final determination. The monitoring of physicians during the minimum three-year service obligation can include on-site visits, along with the required end-of-obligation report.

**MOTION:** **Rep. Perry** made a motion to introduce **RS 25086**. **Motion carried by voice vote.**

**Keith Fletcher**, Council Member, Community Care Advisory Council (CCAC), Owner, Assisted Living and Hospice Companies, presented the annual CCAC legislative report. The CCAC participates in the various aspects of Rules and standards pertaining to residential care/assisted living facilities (RALF) and certified family homes (CFH). CCAC members include providers, advocates, family members, clients, and the DHW.

RALF licensed beds have increased to 9,943; however, smaller facilities are closing and larger corporate facilities are moving into the state. The DHW hired and trained temporary surveyors to complete overdue surveys and complaint investigations, reflected in the increased citation numbers.

While the CFHs have slowed their growth, surveys have increased by 7.1% and core deficiencies have declined by 33%. This large group of small providers have developed peer groups and mentors to help each other use the DHW tools and increase regulation compliance. This effort is also expected to improve the high rate of certification fee non-payment.

Issues include outdated Medicaid reimbursement rates. The Medicaid Uniform Assessment Instrument (UAI) being used by RALFs and CFHs results in licensing or certification violations.

Locating appropriate residential placements for individuals who exhibit difficult behaviors is an issue, especially since it is also a facility licensing or certification requirement. Most of these individuals are Medicaid recipients. Providers do not receive adequate funding for the appropriate supervision and services to manage the behaviors.

The DHW has been training small facilities to bill accurately to alleviate the hardship they expressed from the twenty-four hour staff awake Rule change.

Answering questions, **Mr. Fletcher** said the DHW is testing a short-term-stay facility to address the difficult behavior need. Providers have requested a review of the Rules to delineate reoccurring and one-time difficult behavioral needs. The Medicaid in-depth cost study may provide a shock when comparing current needs to the low rates received. Any current rate increase request requires proof of an access or quality problem, which has proven burdensome. Access issues for Medicaid patients are serious because 40% of all Idaho RALFs do not take Medicaid. A two-year spend-down option is available in 25% of the facilities and most have no beds available.

**ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 9:37 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  
Wednesday, February 01, 2017

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#">RS25071</a>	Immunization - Registry	Susie Pouliot, Idaho Medical Association
<a href="#">H 45</a>	Dieticians - Licensing Provisions Revised	Anne Lawler, Board of Medicine

***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 Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley  
Rep Zollinger  
Rep Chew  
Rep Rubel

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
email: [hhel@house.idaho.gov](mailto:hhel@house.idaho.gov)

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Wednesday, February 01, 2017

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel

**ABSENT/  
EXCUSED:** None

**GUESTS:** Anne Lawler, Board of Medicine; Susie Pouliot, ID Medical Assoc.; Megan Williams, Jaclyn St. John, Crystal Wilson, Carla Chaplain, Ryan Vance, Jen Forbes, and Sue Linja, ID Academy of Nutr. & Dietetics; Renee Watson, Dietetic Licensure Board, St. Luke's; Greg Casey, Veritas Advisors

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

**RS 25071:** **Susie Pouliot**, CEO, Idaho Medical Association, presented **RS 25071**, proposed legislation using the Idaho Immunization Reminder Information System (IRIS) to avoid duplicate vaccine dosages. All providers shall enter every immunization into IRIS, except adult influenza. The opt-out provision for patients or parents shall continue to be provided.

**MOTION:** **Rep. Rubel** made a motion to introduce **RS 25071**. **Motion carried by voice vote.**

**H 45:** **Anne Lawler**, Executive Director, Idaho State Board of Medicine (BOM), presented **H 45** to update and amend the Dietetic Practice Act (DPA) in alignment with the Medical Practice Act (MPA) and current practice.

Definitions have been updated and consolidated. The scope of dietetic practice update reflects the advancement of the profession. Protected titles are updated to reflect current national practice. Reference to the first board has been removed and the board member term has been increased to a maximum of four years. Disciplinary action has been updated to allow milder options and align with the MPA. Licensure requirements have been clarified to match the national certifying agency's requirements. National certification and a two-year option have been added as renewal requirements.

Responding to questions, **Ms. Lawler** stated the national certification is an exam and provides no ongoing standard of care regulation. It is considered a baseline of standards met by the applicant. The updates address only the dietitians and do not impact the abilities of any Certified Nutrition Specialists, who are not regulated in Idaho. Dietitians must have both a bachelors degree in an accredited program and a supervised practice program.

**Megan Williams**, President, Idaho Academy of Nutrition and Dietetics, testified **in support of H 45**. Registered Dietitian Nutritionists (RDN) are found in a wide variety of settings. This update, developed in collaboration with the BOM, reflects and clarifies current practice, increasing RDN effectiveness and privileges, while improving patient outcome and public safety.



**Rene Watson**, Board Member, Idaho Board of Nursing and Dietetic Licensure Board, testified **in support** of **H 45**. In over two decades of working in the health system, she has been impressed by the passion of certified dietitians to improve the access of care for patients with diabetes. The updated DPA will allow protocol development so licensed dietitians can practice to their full scope, certification, and education.

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

**MOTION:** **Rep. Hixon** made a motion to send **H 45** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Reps. Kingsley, Zollinger,** and **Hanks** requested they be recorded as voting **NAY. Rep. Perry** will sponsor the bill on the floor.

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

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Representative Wood  
Chair

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Irene Moore  
Secretary

**AMENDED AGENDA #1**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Thursday, February 02, 2017**

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
	Idaho Life Span Family Caregiver Action Plan	Sarah Toevs, BSU Center For Aging
<a href="#"><u>RS25117</u></a>	Life Span Family Caregiver Action Plan	Rep. Christy Perry

***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 Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley  
Rep Zollinger  
Rep Chew  
Rep Rubel

COMMITTEE SECRETARY

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email: [hhel@house.idaho.gov](mailto:hhel@house.idaho.gov)

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Thursday, February 02, 2017

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel

**ABSENT/  
EXCUSED:** None

**GUESTS:** Sarah E. Toevs, Idaho Caregiver Alliance; Francoise Cleveland, AARP Idaho; Pam Oliason, Idaho Commission on Aging; Tim Heiaze, citizen

**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 24 and 25, 2017, meetings. **Motion carried by voice vote.**

**Sarah Toevs**, Director, Center for the Study of Aging, Boise State University, Member, Leadership Team, Idaho Caregiver Alliance, presented the Idaho Life Span Family Caregiver Action Plan.

Family caregivers include parents, spouses, friends, and siblings caring for a loved one, typically on an unpaid basis. The Caregiver Alliance promotes the collaboration of family caregivers over the individual's life span. The Alliance has been in place for five years, funded by a community living resources grant allocated to Commission on Aging. In August, 2017, the funds will be gone and other revenue options will be needed to continue the Alliance's roll as a caregivers' voice.

Idaho has approximately 300,000 family caregivers, many employed. The ratio of working age adults to older adults today is three to one, as opposed to ten years ago when it was six to one. Caregivers provide complex medical and psychological care, delaying institutional care or hospital readmissions while enabling individuals and caregiver families to thrive.

Suggested caregiver supports to develop include culturally appropriate information, respite provider standards, a provider registry, standardized terminology, and central tracking system of the units provided. Existing systems from other states could be reviewed and the best option brought to Idaho.

The Alliance program tools have been expanded statewide and focus on caregiver health. Caregivers may not recognize they are caregivers until they have a "come apart." The 211 Care Line now offers a specific caregiver respite support line. Use of the Department of Health and Welfare's Idaho Living Well program provides information to caregivers.

The Caregiver Alliance continues to embed its voice in improvements in state tax policy, employer engagement, healthcare, behavioral health (BH), long-term care, and support systems. The Alliance continues to work with the State Healthcare Innovation Plan (SHIP), the Alzheimer's Planning Group, the Idaho BH Planning Council, AARP, and other groups.

**Rep. Kingsley** shared his own experience and said family caregivers provide the knowledge and comfort to other family members that their loved ones are properly and well cared for in a loving environment.

Responding to questions, **Ms. Toevs** stated employer aids include how to create flex schedules, consideration of family medical leave, and other opportunities to share with employers nationwide. The recognition of the value of these employees already exists. Employers need an understanding of their employee's managed responsibilities beyond employment. There is a caregiver-friendly employers awards program to recognize family-friendly work practices.

**RS 25117:** **Rep. Christy Perry**, District 11, presented **RS 25117**, a Concurrent Resolution highlighting the family and friends care services provided without payment to Idaho citizens. The Resolution draws attention to the number of individuals in care, the state cost savings resulting from their efforts, and demonstrates the internal efforts by the Caregiver Alliance to address the demands and medical complexity placed on those who are an integral part of the Idaho care system.

**MOTION:** **Rep. Redman** made a motion to introduce **RS 25117**. **Motion carried by voice vote.**

**ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 9:33 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, February 03, 2017

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#"><u>H 7</u></a>	Massage Therapists - Board Authority	Mitch Toryanski, Bureau of Occupational Licenses
<a href="#"><u>H 8</u></a>	Massage Therapists - Criminal Background Checks	Mitch Toryanski
<a href="#"><u>H 9</u></a>	Massage Therapy Board Compensation	Mitch Toryanski
<a href="#"><u>H 11</u></a>	Optometrists - License Provisions Revised	Mitch 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

Chairman Wood  
Vice Chairman Packer  
Rep Hixon  
Rep Perry  
Rep Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley  
Rep Zollinger  
Rep Chew  
Rep Rubel

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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Friday, February 03, 2017

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel

**ABSENT/  
EXCUSED:** Representative(s) Chew

**GUESTS:** Chief Jeff Lavey, Meridian PD/ICOPA; Randy Young, Massage Envy; Leila McNeill, Idaho State Police; Rodney White, Dr. Jennifer Holman, Kris Ellis, and Dr. Randy Andregg, Idaho Optometric Physicians; Dr. Wayne Ellenbecker, Idaho State Board; Becky Olinger, American Massage Therapy Assoc., Idaho Chapter; Jack G. Zarybnisky, OD, Idaho Optometric; Debbie Karren and Linda Chatburn, Board of MAS; Steve Yerger, Citizen-Public

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

**H 7:** **Mitch Toryanski**, Legal Counsel, Bureau of Occupational Licenses, on behalf of the Idaho Board of Massage Therapy, presented **H 7**. This Legislation renames a massage therapy establishment to a massage therapy school. It also authorizes the Board to review and approve the curriculum of massage therapy schools registered with the State Board of Education (SBOE). Massage therapy schools are proprietary schools and do not issue diplomas or degrees at graduation. The review authority is at the request of the SBOE.

Answering questions, **Mr. Toryanski** said curriculums not meeting the standards required for licensing would be noted for the SBOE follow up. Students are unable to become licensed and practice their profession when their training does not match licensing standards. The curriculum review is authorized, not mandated, formalizing the process for the two entities working together. Any school's application to the SBOE includes their curriculum, which would be sent to the Board of Massage Therapy to assure it meets the minimum licensing requirements.

**Linda Chatburn**, Licensed Massage Therapist, Member, Board of Massage Therapy, testified **in support** of **H 7**. The curriculum review covers licensure standards only. Schools can always add other classes beyond the minimum standards.

Answering a question, **Mr. Toryanski** confirmed the SBOE would retain their authority to register the school and are, by Rule, only able to do this if the proprietary school's curriculum meets the trade standards.

**Matt Freeman**, Executive Director, SBOE, testified **in support** of **H 7**. Their current practice of registering proprietary schools without curriculum review for trade requirements has posed a conundrum. The Board of Massage Therapy has expertise and curriculum standards for licensing beyond SBOE capabilities. This legislation allows the appropriate review and recommendations back to the SBOE. There is one full-time employee at the SBOE who registers dozens of schools.

**MOTION:** **Rep. Hixon** made a motion to send **H 7** to the floor with a **DO PASS** recommendation.

**ROLL CALL  
VOTE:**

**Rep. Hixon** requested a roll call vote on **H 7. Motion failed by a vote of 5 AYE and 5 NAY and 3 absent/excused. Voting in favor of the motion: Reps. Wood, Packer, Hixon, Redman, Rubel. Voting in opposition to the motion: Reps. Vander Woude, Blanksma, Hanks, Kingsley, Zollinger. Reps. Perry, Gibbs, Chew were absent/excused.**

**MOTION:**

**Vice Chairman Packer** made a motion to **HOLD H 7** for time certain, February 8, 2017, or at the call of the Chair. **Motion carried by voice vote.**

**H 8:**

**Mitch Toryanski**, Legal Counsel, Bureau of Occupational Licenses, on behalf of the Idaho Board of Massage Therapy, presented **H 8**, legislation to add, in the interest of public safety and protection, fingerprint-based background checks as an existing and new licensing requirement to increase accurate and verified criminal history information. The \$37 one-time fee would be passed through to the Idaho State Police.

Answering questions, **Mr. Toryanski** stated this is a one-time requirement for new and renewal licensees and will be completed by July 1, 2018. All licensee annual renewals are tied to their birth dates. The \$30,000 funding covers computer costs and one part-time person to help process the 2,179 current licensee background checks.

**Tana Cory**, Chief, Bureau of Occupational Licenses, and **Dawn Hall**, Administrative Support Manager, Bureau of Occupational Licenses, were invited to answer further committee questions.

**Ms. Cory** said licensees would be notified about the background check requirement and where it can be obtained. Existing staff should be sufficient to process new licensees. Some of the issues leading to this requirement have surrounded existing members.

**Ms. Hall**, responding to questions, stated the background checks cover any individual's activity of record. The Board has the review criteria to consider the nature of the crime, when it occurred, the individual's record since the incident, and any impact on their profession. The background check would also reveal information on individuals coming in from other states.

**Chief Jeff Lavey**, City of Meridian, representing the Idaho Chiefs of Police Association, testified **in support of H 8**. The City of Meridian used to do background checks for massage therapists because, although there were professionals, there were also therapists with checkered pasts or using massage therapy as a guise for other activities. When the state took over licensing, the city's background check ability was removed. Two thousand individuals have been licensed based on provided, not verified, information and some have not told the truth. The intimacy of the massage demands the customer have full faith in the person putting hands on them.

**Randy Young**, Licensed Massage Therapist, Regional Manager, Massage Envy, testified **in support of H 8**. Most larger businesses do pre-hire background checks. The majority of states require initial licensing background checks. He is aware of Idaho licensed individuals who did not state everything on their background information. Getting background checks for existing and new licensees helps maintain their professionalism.

**Becky Olinger**, Licensed Massage Therapist, Idaho and Washington, President, Idaho Chapter, Massage Therapy Association, testified **in support of H 8**. Massage Therapists have worked hard to uphold their professional legitimacy. Massage therapy is done in a variety of venues, so there is great client vulnerability. The background check will help vet out any non-legitimate massage therapists.

**Debbie Karren**, Public Representative, Board of Massage Therapy, testified in support of **H 8**. The Board expects the fingerprint background check will also address concerns regarding Idaho human trafficking.

**Steve Yerger**, Citizen, testified in support of **H 8**, stating persons victimized in a massage therapy setting thought they were safe because the therapist was licensed. Victims, afraid they will not be believed, keep silent. After sharing his wife's story, he said the perpetrator can reapply for licensure in five years, even after he's been convicted. He suggested background checks be done annually for better public safety.

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

**MOTION:** **Rep. Hixon** made a motion to send **H 8** to the floor with a **DO PASS** recommendation.

**Rep. Rubel**, although in support of **H 8**, expressed concern regarding this approach and its impact on rehabilitated persons with criminal records.

**Chairman Wood** commented in support of **H 8**, stating the ability to secure a new identify in 24 to 48 hours makes it imperative to verify applicant statements though fingerprint checks, especially given the intimacy of massage therapy.

**VOTE ON MOTION:** **Chairman Wood** called for a vote on the motion to send **H 8** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Reps. Zollinger** and **Hanks** requested to be recorded as voting **NAY.** **Rep. Rubel** will sponsor the bill on the floor.

**H 9:** **Mitch Toryanski**, Legal Counsel, Bureau of Occupational Licenses, on behalf of the Idaho Board of Massage Therapy, presented **H 9**, which raises the board member face-to-face meeting honorarium from \$50 per day to \$100 per day. If the five board members attend each of the six meetings in a given year, the annual cost would increase from \$1,500 to \$3,000 and impact the Bureau's dedicated fund. Answering a question, Mr. Toryanski said travel and lodging expenses are currently paid.

**MOTION:** **Rep. Hixon** made a motion to send **H 9** to the floor with a **DO PASS** recommendation.

**Linda Chatburn**, Licensed Massage Therapist, Member, Board of Massage Therapy, testified in support of **H 9**. Self-employed Board members spend eight hours each meeting day processing applications and handling other issues. This is a reasonable increase to attract new board members.

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

**Rep. Blanksma**, in opposition to **H 9**, stated she receives \$75 per day as a member of another board and is also self employed. This increase is out of line with what is consistently paid to board members.

**VOTE ON MOTION:** **Chairman Wood** called for a vote on the motion to send **H 9** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Reps. Hanks, Blanksma, Vander Woude**, and **Kingsley** requested to be recorded as voting **NAY.** **Rep. Zollinger** will sponsor the bill on the floor.

**H 11:** **Mitch Toryanski**, Legal Counsel, Bureau of Occupational Licenses, on behalf of the Board of Optometry, presented **H 11**. This legislation requires all licensed optometrists be qualified to use therapeutic pharmaceutical agents (TPA) to diagnose and treat ailments of the eye. Although most consumers assume their optometrist is qualified, only 97% are and 3% are not. After over ten years of encouragement, full qualification has not happened. Serious conditions and diseases will go undiagnosed and untreated unless all optometrists are trained to the same skill level to use pharmaceutical agents.



Answering committee questions, **Mr. Toryanski** said the legislation also removes the license conspicuous display requirement. If following the law, the untrained optometrists are not using TPA. The January 1, 2019 deadline, allows time to complete the required training. This impacts six licensed doctors without the diagnostic therapeutic ability, two of which practice in Idaho, along with eleven licensed doctors without therapeutic ability, five of which are active in Idaho.

**Dr. Wayne Ellenbecker**, Chairman, Board of Optometry, testified **in support of H 11**. The public expects the same standard of care from all practicing optometrists. The unqualified optometrists have had significant time and notification to address this issue and assure public safety. Other states will not allow license by reciprocity due to this issue. Answering a committee question, he said the license posting change addresses the posting practicality of multiple offices.

**Dr. Jennifer Holman**, Optometrist, Citizen, testified **in support of H 11**. Looking inside the eye helps determine underlying systemic issues for preventive health care. Patients are known to rely on computer searches to locate a convenient doctor without researching their care level.

The committee invited **Dr. Jack Zarybnisky**, Optometrist, to answer a question. He said he took additional classes beyond his initial training and licensing to provide this service.

**Kris Ellis**, on behalf of the Idaho Optometric Physicians Association, testified **in support of H 11**. Medicare requires patients have their eyes dilated. One Idaho insurer no longer allows doctors on their panel without this training.

**MOTION:** **Rep. Redman** made a motion to send **H 11** to the floor with a **DO PASS** recommendation.

**Dr. Joy Johnson**, Idaho Board of Optometry, was invited to respond to a question. She stated the profession allows persons to continue practicing into their seventies. There are doctors located outside of Idaho without the TPA and are still paying their annual Idaho fees.

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

**SUBSTITUTE MOTION:** **Rep. Hanks** made a substitute motion to send **H 11** to General Orders.

**Chairman Wood**, **in support** of the original motion, commented anyone in a profession understands standards of practice and care, especially for diagnosing the pathology of the eye.

**VOTE ON SUBSTITUTE MOTION:** **Chairman Wood** called for a vote on the substitute motion to send **H 11** to General Orders. **Motion failed by voice vote.** **Reps. Zollinger** and **Hanks** requested to be recorded as voting **AYE**.

**VOTE ON ORIGINAL MOTION:** **Chairman Wood** called for a vote on the original motion to send **H 11** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Reps. Zollinger** and **Hanks** requested to be recorded as voting **NAY**. **Rep. Blanksma** will sponsor the bill on the floor.

**ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 11:01 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

**AMENDED AGENDA #1**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Monday, February 06, 2017**

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#">H 46</a>	Sign Language Interpreters	Rep. Kelley Packer
<a href="#">H 41</a>	Individuals With Disabilities - ABLE Accounts	Rep. Caroline Nilsson Troy
<a href="#">RS25132C1</a>	Interstate Medical Licensure Compact	Anne Lawler, Board of Medicine

***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 Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley  
Rep Zollinger  
Rep Chew  
Rep Rubel

COMMITTEE SECRETARY

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MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Monday, February 06, 2017

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel

**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.

**H 46:** **Rep. Kelley Packer**, District 28, presented **H 46**, Legislation at the request of the deaf community, who has also worked diligently on this issue and concern. She shared the history of the Americans with Disabilities Act (ADA) modification for hearing impairment, which included the provision of a qualified interpreter, not a family member, for specified industries. The First Amendment's freedom of speech is important for everyone.

Without the correct interpretation, a hearing-impaired person has no way of knowing what is going on in any situation. This becomes critical in our medical and judicial systems. Concerns expressed by the courts have been addressed. To minimize government footprint and costs, the licensing board will be merged with the Speech and Audiology Board.

**Director Steve Snow**, Executive Director, Idaho Council for the Deaf and Hard of Hearing, testified, through an interpreter, **in support of H 46**. The deaf and hearing-impaired community has struggled to get communication access. Although most fields do not want to be regulated, sign language interpreters are excited about this opportunity and have requested its pursuit. **H 46** protects the health, safety, and right to access for the deaf community.

Of the 200,000 deaf and hard of hearing Idahoans, 2.2% (approximately 34,000) have a profound hearing loss. Of that group, at least 4,000 are dependent on visual communication. Although qualified interpretive providers are critical, Idaho does not have standards, definitions, qualifications, or levels of accountability. This bill does not force any entity to provide interpreters, expand the interpreting services scope, or impact family or religious settings. It also does not apply to inconsequential interpreting, such as a casual conversation. There is an exemption for the judicial system, which has their own Legislative Rule interpreting requirements. There is also no state exam requirement.

There are 100 to 150 interpreters in Idaho who would qualify immediately for a license because they already have the necessary credentials. The licensing application is simple and provisional licenses can be issued to allow work continuation while the interpreter pursues additional requirements or training.

The deaf community needs the freedom to pursue full access to employment, mental health, medical services, and legal information. Businesses and entities hiring interpreters need to know they are hiring a qualified person and reduce their liability.

Seventeen other states who have enacted similar licensing have indicated minor or no increase in service fees. Idaho will save money from the consequences of misinterpreted information. Rural area challenges are addressed with exempted video conferences for out-of-state agencies.

Answering questions, **Director Snow** said ASL is one of 220 worldwide sign languages. **H 46** allows for the different sign language modes. Oral interpreters are exempted. The setting would determine when two people are sharing their thoughts, which is different from interpreting as a third party. Interpreters are required at specific, listed locations.

The license fee will be \$125; however, the Board they are merging with is currently proposing a license fee reduction to \$100. Hospitals are already using qualified interpreters. The Supreme Court has an established Rule regarding qualified interpreters, which is exempted.

The ADA provides accommodations for deaf persons through guidelines for communication in situations of employment, local and state government, public access, and of a technical nature. Items covered by the ADA are not addressed in **H 46**.

**Jill Muir**, National Certified Sign Language Interpreter; **Deena Flores-Brewer**, Advocacy Director, Disability Rights Idaho; **Lauven Seale**, Interpreter; **Christine Pisani**, Executive Director, Idaho Council of Development Disabilities; **Alan Wilding**, President, Idaho Association of the Deaf (IAD); **Kristy Buffington**, President, Idaho Registry for the Interpreters for the Deaf (RID), as read by **Clifford Hanks**, Owner, President, Network Interpreting Services; **Brian Darcy**, Administrator, Idaho Education Services for the Deaf and Blind; **Clifford Hanks**, Owner, President, Network Interpreting Services; **Elizabeth Morgan**, Citizen, Interpreter; **Jennifer White**, Vice President, Idaho Association of the Deaf, testified **in support of H 46**.

They said accurate communication is a basic need, especially in medical, legal, or employment environments. Misinterpretation impacts health, employment, and freedom. Previous school legislation assuring qualified interpreters did not protect the rest of the deaf community. Licensing assures businesses, often without ADA knowledge, of adherence to basic ethical rules and standards when hiring an interpreter. The RID's grievance enforcement authority is limited to their membership. During emergency medical situations when pain is extreme, writing back and forth is difficult and family members may be too emotionally distraught to interpret.

**Toni Lawson**, Idaho Hospital Association (IHA), testified **in support of H 46**. The hospitals' dedication to quality patient care includes good communication. The IHA urges the creation of Rules consistent with federal regulations and without provider ambiguity. They also request licensing requirements consistent with national certification agencies without any Idaho-specific add-ons.

Answering questions, **Ms. Lawson** stated rural hospitals struggle to find qualified interpreters and often use video conferences, which can become an issue when the patient moves into areas where the equipment cannot go. The two-year implementation is appreciated.

No one else indicated their desire to testify.

In closing, **Vice Chairman Packer** commented rule making will include each and every impacted organization to assure federal statute consistency without scope expansion. Unlike other languages, the deaf community relies on these services and the ADA. Their voices are heard when we allow them accurate interpretation. The emergency provision makes allowance for assistance by family members.

Answering a question, **Director Snow** said setting the licensing age at twenty-one is consistent with other state licenses. The Rules will also address the privacy and moral requirements because deaf individuals are open books to their interpreters.

**Chairman Wood** put the committee at ease at 10:56 a.m.

**Chairman Wood** called the meeting back to order at 10:59 a.m.

**MOTION:** **Rep. Perry** made a motion to send **H 46** to the floor with a **DO PASS** recommendation.

**Reps. Perry, Rubel, Redman, Hixon, and Chairman Wood**, commented in **support** of the motion. The interpreting need makes this population very vulnerable for manipulation. In other vulnerable situations we assure the person is protected with licensing and codes of ethics. This is a request for that protection. **H 46** allows competency and rectifies information problems for the deaf community, improving both the marketplace and marketplace conditions.

**Rep. Blanksma** remarked this is a language, like others, with communication difficulty and does not seem enough justification for licensing.

**Rep. Vander Woude** said he was conflicted in his vote because, although the need exists, the hospitals indicate their interpreters may have licensing issues.

**ROLL CALL VOTE:** **Chairman Wood** called for a roll call vote on **H 46**. **Motion carried by a vote of 10 AYE and 3 NAY. Voting in favor of the motion: Reps. Wood, Packer, Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Chew, Rubel. Voting in opposition to the motion Reps. Hanks, Kingsley, Zollinger. Vice Chairman Packer** will sponsor the bill on the floor.

Due to time constraints, **H 41** and **RS 25132C1** will be carried over to the meeting of February 7, 2017, at 9:00 a.m.

**ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 11:10 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

**AMENDED AGENDA #1**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Tuesday, February 07, 2017**

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#">H 41</a>	Individuals With Disabilities - ABLE Accounts	Rep. Caroline Nilsson Troy
<a href="#">RS25132C1</a>	Interstate Medical Licensure Compact	Anne Lawler, Board of Medicine
<a href="#">H 43</a>	Medical Assistance	Matt Wimmer, Division of Medicaid

***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 Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley  
Rep Zollinger  
Rep Chew  
Rep Rubel

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
email: [hhel@house.idaho.gov](mailto:hhel@house.idaho.gov)

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Tuesday, February 07, 2017

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel

**ABSENT/  
EXCUSED:** None

**GUESTS:** George Gutierrez, H&W-Medicaid; Toni Brinegar, Self; Joyce Broadsword, Matt Wimmer, and Lisa Hettinger, DHW; Mel Leviton, SILC; Allen J. Hansen, Self; April Smith and Sean R. Beck, Law Office; Angela Lindig, IPUL; Anne Lawler, Board of Medicine; Griselda Camachio, Self; Christine Pisani, DD Council; Roger Howard, LINC; Christie Stoll, IDEAL 529

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

**MOTION:** **Rep. Redman** made a motion to approve the minutes of the January 31, and February 1, 2017, meetings. **Motion carried by voice vote.**

**H 41:** **Rep. Caroline Nilsson Troy**, District 5, presented **H 41**. The Medicaid Disability Program prohibits savings accounts for participants and family members. The federal Achieving a Better Life Experience Act (ABLE) allows savings accounts to be used for qualified disability expenses without disruption of federal assistance program benefits. The maximum allowable annual contribution is \$1,400, with a \$100,000 cap. Because the program allows individual accounts outside of their state of residence, Idaho can avoid the high program development and administration costs while making the most of the ABLE opportunity through **H 41**, which allows state or local assistance programs or grants to disregard ABLE accounts under specified conditions. In-state technical assistance is provided by a part-time position within the State Independent Living Council (SILC).

**Sen. Grant Burgoyne**, District 16, said this approach represents the limited government values of our state. The ABLE Act recognizes the individual's need to achieve independence and dignity. Program implementation in neighboring states has exceeded \$2M. There is a separate appropriation request of \$45,000 to be used for a half-time technical assistance position to maintain the website and provide assistance to family members and individuals. The position is only referenced within **H 41**. If not appropriated there is no required spending for the position.

Savings account funds can be used for preventive dental care, eliminating advanced Medicaid care, computers, additional education, and home or vehicle adaptive devices. This is also a reasonable alternative to the high cost of a special needs trust.

National non-profit organizations may be able to provide technical assistance; however, their viewpoint is not Idaho-specific. This approach takes a federal opportunity with a federal implementation level of cost and gives it an Idaho approach at a tremendous cost reduction.

Responding to questions, **Christie Stoll**, Executive Director, IDEAL 529, Member, ABLE Work Group, said Washington and Oregon programs allow out-of-state participants. She described the various requirements of a state-run program, including notification of treasury rate changes, which are not finalized for ABLE accounts yet.

Answering a question, **Sen. Burgoyne** commented the account holders will have account charges from the state they select. The half-time person approach was determined more effective than the cost and time needed to train all of the DHW eligibility examiners and determine who would maintain the national website.

**Christine Pisani**, Executive Director, Council on Developmental Disabilities (DD), responded the ABLÉ Act requires the disability to have occurred before 26 years-of-age. Any other considerations are set by each state. Disability is defined in federal and state law as a condition where an individual's functional ability is limited in one or more life areas. A physician must write the disability diagnosis.

**Mel Leviton** Executive Director, State Independent Living Council (SILC), testified **in support of H 41**. ABLÉ accounts provide a way to promote independent living. SILC will house the part-time tech assistance position and provide instruction for this limited financial literacy community. This is neither a gatekeeper nor disability determination position. SILC staff will provide community face-to-face workshops with electronic follow up and support.

Answering additional questions, **Sen. Burgoyne** said people with Disabilities and their families are vulnerable and may not have the education, business experience, or background to work with a legal professional on an equal footing to set up a special needs trust at a cost they can afford. Reform of the special needs trust law involves complex federal law overlays. Without passage of **H 41**, persons are still able to participate in ABLÉ accounts in other states. The cost of one case where a Medicaid participant ends up in hospital due to dental problems would well exceed the \$45,000 cost of the half-time technical assistance person.

**Ms. Leviton** clarified current statute allows them four full-time positions. The technical assistance duties would be shared between Ms. Leviton and her program specialist. The \$45,000 breaks down to approximately \$23,900 salary, \$12,000 benefits, and \$9,300 operating costs. Travel will be coordinated with other programs to minimize costs.

**MOTION:**

**Rep. Gibbs** made a motion to send **H 41** to the floor with a **DO PASS** recommendation.

**Toni Brinegar**, Resident, testified **in support of H 41**. An ABLÉ account is a way to assure her son can purchase equipment, dental exams, and other needs for the best life possible, even beyond her lifetime. A technical assistant will provide an Idaho-based person to help them find the right account. Answering a question, she explained there are unique requirements when working with persons with disabilities to deliver the maximum information, something SILC understands and accomplishes.

**Sean Beck**, Attorney, testified **in support of H 41**. He provides many estate and special needs trusts planning with families with children with DD.

**Griselda Camachio**, Service Coordinator, testified **in support of H 41** and technical assistance funding. Local assistance provides resources and services information to make better choices. The fear of benefit loss actually causes some of these individuals to stay home, leading to unemployment. This helps them achieve independence by learning about finances and having the power to save for their needs.

**Christine Pisani**, Executive Director, Idaho Council on DD, **in support of H 41**. Many DD individuals are poor and unable to pay an attorney to set up a special needs trust. They want to save for simple things, providing peace of mind for family members.



**Roger Howard**, Executive Director, Living Independence Network Corporation (LINC), testified **in support** of **H 41**. He was involved with the technical assistance for the Americans with Disabilities Act for several years and learned Idahoans prefer to talk to someone in their state who understands the geography and travel limitations. LINC does not have the expertise or financial resources to provide the required technical assistance.

**Allan Jack Hansen, Jr.**, Citizen, testified **in support** of **H 41**. The technician position will help him understand how saving money works and select the right account to start saving for a house of his own and for things Medicaid does not cover. Right now if he saves more than \$2,000 he loses Medicaid, SNAP, and Social Security.

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

In her closing statement, **Rep. Troy** said the basic need for security and independence are jeopardized when the next medical bill or cost creates a crisis. We want people to participate in ABLE accounts and consider **H 41** to be the best way to manage the program and citizen interface.

**Reps. Redman, Perry, and Hixon** commented **in support** of **H 41**. This is a good investment to help all communities. The \$45,000 is a minimal expense, especially when compared to the \$50,000 cost of one Office of Performance Evaluation, the approximate \$1,000 cost of a single RS re-write, and the over \$6B state budget. People need information and this work group has done everything possible to minimize the assistance cost and place it with an organization specializing in service for a group of special needs persons.

**Chairman Wood** commented Idaho's baseline budgeting assures any program growth is at the future legislature's sole discretion through an appropriation increase. This savings account encourages citizens to handle their own expenses without state or federal government involvement.

**Rep. Zollinger** spoke **in opposition** to **H 41**. Although the legislation has sound principles and encourages good habits of savings, it will increase debt. Banks would jump at the opportunity to hold savings accounts for free through a simplified trust, also an Idaho solution without federal involvement.

**ROLL CALL  
VOTE ON  
MOTION:**

**Chairman Wood** requested a roll call vote on **H 41**. **Motion carried by a vote of 7 AYE, 5 NAY, 1 Absent/Excused. Voting in favor** of the motion: **Reps. Wood, Packer, Hixon, Perry, Redman, Gibbs, Chew. Voting in opposition** to the motion: **Reps. Vander Woude, Blanksma, Hanks, Kingsley, Zollinger. Rep. Rubel was absent/excused. Rep. Troy** will sponsor the bill on the floor.

**RS 25132C1:**

**Anne Lawler**, Executive Director, Idaho State Board of Medicine, presented **RS 25132C1**. The Interstate Medical Licensure Compact provides a multi-state licensure means after licensure in an applicant's home state. This allows under-served rural areas the use of services across their borders. While regular licensing can take up to twelve months in any state, Compact licensing takes a week. This Legislation adds background fingerprint checks as a Compact applicant requirement. The applicants will be paying the fee for the background check.

**MOTION:**

**Rep. Gibbs** made a motion to introduce **RS 25132C1**. **Motion carried by voice vote.**

**H 43:** **Matt Wimmer**, Division of Medicaid, Department of Health & Welfare (DHW), presented **H 43** to support behavioral health (BH) services for children with severe emotion disturbances and families up to 300% of the federal poverty level (FPL). When children with significant mental health needs are positively impacted early, their lives are improved on a life-long basis. BH services previously provided only through state general funds would be shifted to the Medicaid program to allow use of federal matching funds and comply with the Jeff D. lawsuit settlement agreement. The fiscal impact to the Medicaid budget is fully offset by the reversion of funds in the Division of BH budget.

Answering questions, **Mr. Wimmer** said the 300% FPL is the Medicaid federally allowable amount. The settlement agreement allows for either using state funds or tapping into federal dollars.

**Christine Pisani**, Executive Director, Idaho Council on DD, testified **in support of H 43** because the services available are essential to address children mental health needs, including suicides and other crises.

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

Responding to questions, **Ross Edmunds** Administrator, Division of BH, DHW, said the Jeff D. lawsuit settlement requires Idaho children with severe emotional disturbances be served. Although many families have access to services through a variety of means, the state must help those within the 187% to 300% FPL. These critical services impact the justice system, hospitalization, and other inpatient settings. If we try to set up a bifurcated system, the managing and structure costs increase. One system offering consistency and predictability for children and families is the best answer.

**MOTION:** **Rep. Packer** made a motion to send **H 43** to the floor with **DO PASS** recommendation.

**Rep. Vander Woude** expressed his concern regarding accepting federal funds which are known to have strings attached and loop holes. He suggested the state surplus as a possible funding source.

**VOTE ON MOTION:** **Chairman Wood** called for a vote on the motion to send **H 43** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Reps. Hanks, Vander Woude, and Zollinger** 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 10:59 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  
Wednesday, February 08, 2017

<b>DOCKET</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#">RS25193</a>	Medicaid - Payment Agreements	Matt Wimmer, Division of Medicaid
<a href="#">RS25194</a>	Dietitians - Dietetic Practice	Anne Lawler, Idaho State Board of Medicine
<a href="#">H 7</a>	Massage Therapists - Board Authority	Mitch Toryanski, Bureau of Occupational Licenses
<a href="#">H 38</a>	Mental Health - Declaration of Mental Health	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 Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley  
Rep Zollinger  
Rep Chew  
Rep Rubel

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
email: [hhel@house.idaho.gov](mailto:hhel@house.idaho.gov)

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Wednesday, February 08, 2017

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel

**ABSENT/  
EXCUSED:** None

**GUESTS:** Matt Wimmer and Lisa Hettinger, DHW; Val Fenske, SBOE; Jennifer Beazer, Self; Greg Casey, Veritas Advisors; Matt Freeman, State Board of Ed; Linda Chatburn, Board of Massage; Anne Lawler, Board of Medicine

**Chairman Wood** called the meeting to order at 9:02 a.m.

**RS 25193:** **Matt Wimmer**, Division Administrator, Medicaid, Department of Health and Welfare (DHW), presented **RS 25193**. This Legislation has a slight modification to previously heard code changes to pursue value-based purchasing models to improve care and Medicaid costs. The fiscal impact language has been updated with clarification of the DHW commitment to pursue value-based care management approaches. Value-based purchasing payment is aligned through the State Healthcare Innovation Plan (SHIP), Idaho Healthcare Coalition, and the Patient Centered Medical Homes (PCMH).

**MOTION:** **Vice Chairman Packer** made a motion to introduce **RS 25193**. **Motion carried by voice vote.**

**RS 25194:** **Anne Lawler**, Executive Director, Idaho State Board of Medicine, presented **RS 25194** to amend and update the Dietetic Practice Act. The previously presented Legislation was withdrawn to address concerns expressed by national nutritionist associations. **RS 25194** updates the twenty-three year old practice act to reorganize sections, align with the Medical Practice Act, and reflect the current practice of dietetics.

**MOTION:** **Rep. Redman** made a motion to introduce **RS 25194**. **Motion carried by voice vote.**

**H 7:** **Chairman Wood** returned **H 7** to the committee for consideration, which was held for time certain from the meeting of Friday, February 3, 2017.

**Mitch Toryanski**, Legal Counsel, Bureau of Occupational Licenses, presented **H 7** on behalf of the Idaho Board of Massage Therapy. At the request of the State Board of Education (SBOE), this Legislation gives the Board of Massage Therapy the authority to review and approve massage therapy school curriculums. As proprietary schools, they do not offer a degree upon graduation; however, students expect to qualify for licensure in their chosen profession. The SBOE has one employee charged with review of all school application curriculums. To address the expertise needed to follow applicable trade board curriculum standards, the SBOE requested the Board of Massage Therapy review applications and communicate any discrepancies back to the SBOE. Although it will result in more work for the Board of Massage Therapy, students will be assured their training will be within licensing standards. School application reviews will be performed at regular Board meetings.

**Matt Freeman**, Executive Director, SBOE, testified in support of **H 7**. Existing applicable school curriculums will be reviewed during their annual registration. Sharing resources in this manner is already in practice with the boards of dentistry, building safety, and Emergency Medical Services.

Answering questions, **Mr. Freeman**, stated proprietary schools, at their annual renewal, would have their curriculums reviewed for alignment. The SBOE program manager works closely with all schools to assure they are in compliance and can operate.

**MOTION:** **Vice Chairman Packer** made a motion to send **H 7** to the floor with a **DO PASS** recommendation.

In closing remarks, **Mr. Toryanski** said the reason behind the legislation is to address existing applicant licensing denials caused by curriculums not in line with licensure requirements.

**Linda Chatburn**, Member, Board of Massage Therapy, Licensed Massage Therapist, testified in support of **H 7**. Some of the school transcripts do not specify if they offer kinesiology and pathology, which are critical to their profession. With diploma mills opening and closing in other states, curriculum unification and communication with the SBOE assures students the available schools meet licensure requirements.

Answering questions, **Ms. Chatburn**, said the schools can always add programs. The Board wants to assure a good standard of education exists so a student can be confident the \$10,000 to \$12,000 cost will help them at licensing.

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 7** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Reps. Vander Woude, Zollinger, Kingsley**, and **Blanksma** requested they be recorded as voting **NAY**. **Vice Chairman Packer** will sponsor the bill on the floor.

**H 38:** **Ross Edmunds**, DHW, Administrator, Division of Behavioral Health, presented **H 38**. This Legislation allows state hospitals to provide treatment contrary to a declaration of mental health treatment when commitment is civil or for restoration to competency. Through this new section, hospitals will be able to provide the necessary treatment to fulfill the Department's legal obligation to stabilize the patient under court ordered treatment and restoration services.

Responding to questions, **Mr. Edmunds**, stated this would apply to situations with and beyond medication override. This does not give them the ability to do the court overrides for medication purposes.

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

**MOTION:** **Rep. Redman** made a motion to send **H 38** to the floor with a **DO PASS** recommendation.

**Rep. Zollinger** shared his concerns with the interplay with the medication override section.

**Chairman Wood** put the committee at ease at 9:47 a.m.

**Chairman Wood** resumed the meeting at 9:48 a.m.

**WITHDRAWAL OF MOTION:** **Rep. Redman** withdrew his motion.

**MOTION:** **Rep. Redman** made a motion to **HOLD H 38** to time certain, Monday, February 13, 2017. **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.

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Representative Wood  
Chair

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Irene Moore  
Secretary

**AMENDED AGENDA #1**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Thursday, February 09, 2017**

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#">HCR 003</a>	Friend and Family Caregivers	Rep. Christy Perry
	Idaho Criminal Justice Commission Annual Report	Sharon Harrigfeld Chairman
<a href="#">16-0202-1601</a>	EMSPC Standards Manual Edition Update	Dr. Curtis Sandy, EMS Physician Commission

***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 Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley  
Rep Zollinger  
Rep Chew  
Rep Rubel

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
email: [hhel@house.idaho.gov](mailto:hhel@house.idaho.gov)

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Thursday, February 09, 2017

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel

**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 9:01 a.m.

**MOTION:** **Vice Chairman Packer** made a motion to approve the minutes for the January 26 and 30, 2017, meetings. **Motion carried by voice vote.**

**HCR 3:** **Rep. Christy Perry**, District 11, presented **HCR 3**, a Concurrent Resolution highlighting the services provided by family and friends, without state monetary compensation, to care for over 100,000 Idahoans, ranging from children to the aged, at a total of 201M hours of annual care. The cost savings to the state and their challenges as caregivers are also recognized.

**MOTION:** **Vice Chairman Packer** made a motion to send **HCR 3** to the floor with a **DO PASS** recommendation.

**Mike Berlin**, Idaho Alzheimer's Planning Group, testified **in support** of **HCR 3**. The two initiatives in process relating to this piece of legislation deal with Alzheimer's disease and long-term care facility access.

**Kelle Sweeney**, Legacy Core Caregiver Support Program, Jannus, testified **in support** of **HCR 3**. Their family caregivers evidence-based workshops provide the emotional support and knowledge that they are not alone. The recognition in **HCR 3** is another step to encourage their caregiving efforts.

**Shirl Boyce**, Representative, Volunteer, American Association of Retired Persons (AARP), spoke **in support** of **HCR 3**. Supporting the needs of caregivers is important.

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 3** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Perry** will sponsor the bill on the floor.

**Sharon Harrigfeld**, Director, Department of Juvenile Corrections, Chair, Idaho Criminal Justice Commission (ICJC), presented the annual report. In existence since 2005, the Commission collaborates for a safer Idaho and develops cost effective and best practice solutions. All three branches of government are represented on the commission, along with county, city, and other stakeholders.

The ICJC address a variety of issues, including education, health, welfare, and community reintegration. Sharing data and cooperation with stakeholders is vital. Topic meetings help the ICJC members fully understand specific issues and develop strategies.



**Eric Fredricksen**, State Public Defender, further explained the ICJC sub committees consist of practitioners and other community members with expertise related to an assigned specific topic. For instance, the mental health sub committee reviews the effects of mental health issues within the justice system and ways to deal with them, which may not include strict incarceration. Data sharing between agencies can better track such things as medications administered in jail so the same medication can be administered when the person is transferred to the prison.

The leaders and decision makers from every significant entity in the criminal justice system join in the committee's goal to work together to make changes and improve the system. This ability to contact each other to address issues before they become significant makes an immediate impact.

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

**DOCKET NO.  
16-0202-1601:**

**Dr. Curtis Sandy**, Emergency Medical Services (EMS) Commission, presented **Docket No. 16-0202-1601**. The eleven appointed Commission members, from a variety of EMS stakeholder groups and geographic areas, establish standards and guidelines for licensed EMS personnel.

This Rule changes the version number of the EMS Standards Manual to 2017-1. The standards manual describes the current best practice skills, treatments and procedures performed by licensed EMS personnel. Updates include housekeeping changes, alignment with the EMS Bureau Rules, and the addition of specific practices.

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

**MOTION:**

**Rep. Redman** made a motion to approve **Docket No. 16-0202-1601**. **Motion carried by voice vote.**

**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 Wood  
Chair

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Irene Moore  
Secretary

AGENDA  
**HOUSE HEALTH & WELFARE COMMITTEE**  
9:00 A.M.  
Room EW20  
Friday, February 10, 2017

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
	Department of Health and Welfare Budget Report	Dick Armstrong, Director

COMMITTEE MEMBERS

Chairman Wood  
Vice Chairman Packer  
Rep Hixon  
Rep Perry  
Rep Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley  
Rep Zollinger  
Rep Chew  
Rep Rubel

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
email: [hhel@house.idaho.gov](mailto:hhel@house.idaho.gov)

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Friday, February 10, 2017

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel

**ABSENT/  
EXCUSED:** None

**GUESTS:** Tamara Prisock, Elke Shaw-Tulloch, and Lisa Hettinger, Health & Welfare; Jim Baugh, DRI

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

**MOTION:** **Vice Chairman Packer** made a motion to approve the minutes for the February 2, 2017, meeting. **Motion carried by voice vote.**

**Dick Armstrong**, Director, Department of Health and Welfare (DHW), presented the 2018 DHW budget overview and program improvements.

Of the total \$2.88B recommended budget, 61% is from Federal Funds, a 3.5% increase, and 25% is from General Funds, a 6% increase. The increase is fueled by strategic behavioral health issues. The \$10M Receipts request includes the additional spending authority to use Receipts dollars before using General Fund dollars. The 2,910 full time personnel count remains lower than prior to the recession.

Medicaid impacts 80% of the total budget. There are 300,000 Medicaid participants, 200,000 of which are children under eighteen years of age. Idaho has one of the most conservative Medicaid eligibility programs in the nation due to coverage choices.

The Medicaid \$580 per member per month cost continues the 2013 cost decline. Attributing factors are fixed price contracting methods, private insurance enrollment, and the allowance of children-only Medicaid enrollment. The patient centered medical home (PCMH) expansion continues statewide and has been instrumental in clinic certifications and declining hospital costs.

The new Youth Empowerment Services is a result of the Jeff D. lawsuit settlement agreement. Its purpose is to improve and expand access to children's mental health services. The four-year implementation process will use Medicaid to expand services and provide \$3M in addition to the requested \$1.2M General Fund dollars. The DHW is resolved to end the lawsuit, save additional funds from legal fees, and end up with the best children's mental health system in the nation.

These services will improve school performance. They will also decrease law enforcement issues, entrance into foster care, transitions to adult criminal behavior, and continuing unmet mental health needs. Every day improved opportunities will have a far reaching impact on communities and families.

The child welfare program must improve support for foster families through retention, increased stipends, and better communication. The welfare information system modernization will help social workers by reducing document demands. Six support staff will be added to schedule appointments and drive kids to family visitations. Both changes will help social workers focus on their core mission of working with the families.

Child support provides economic security to families. Of the 160,000 cases, two thirds depend on self reliance programs, such as food stamps. The continuing child support system redesign will improve management of the \$211M moving between custodial and non-custodial parents. At this point, the redesign will address state interfaces, case and workflow managing tools, security and privacy safeguards, and self-service information for families. This will be the second year of a three-year project. The Federal Funding match is 66% or \$5.3M.

The Idaho Child Care Program (ICCP) system move from the mainframe to the Idaho Benefit Eligibility System (IBES) is almost completed. The Child Care Federal Reauthorization Act helps parents get back to work or attend college. The requested \$1M in General Funds will have a 71%, or \$2.4M, Federal Fund match.

There has been a 326% increase, over the last five years, in court ordered commitments to restore competency. Our state hospitals are not designed, equipped, or staffed for high risk, dangerously ill, violent people. Resulting significant events have included increased self-harm and assaults on staff, other patients, and property, totalling 625 incidents in FY 2016.

The three-phase psychiatric facilities plan begins July, 2017, with the temporary increase of the Department of Corrections (DOC) secure mental health beds from three to nine at an estimated cost of \$300,000. Phase two, scheduled for Fall of 2018, is the building of a sixteen-bed adolescent mental health facility in the Treasure Valley. Two-thirds of the patients now at the Blackfoot facility came from the Treasure Valley. Upon building completion, one wing at the Blackfoot facility will become available for phase three, retrofitting for twenty high-risk adult beds. This will become an all-adult facility.

The DOC estimates 35% of all felony offenders return to prison within three years of release. A 2015 analysis indicated 7,388 moderate to high risk probationers and parolees were eligible but not receiving behavioral health services. The DHW, statutorily responsible for providing services to this population, has an \$11.2M General Fund budget request to address this need. The annual cost of \$20,000 per inmate is necessary for a successful program, although it would take only 560 (8%) of the 7,388 probationers and parolees to justify the expense.

The requested employee compensation (CEC) increase for surveyors addresses their 27% turnover rate. The previous 3% CEC increase and the comprehensive benefit package have helped, but there remains more than a 20% pay rate lag behind the private sector. With low unemployment, companies are looking everywhere for their employment needs.

Answering a question, **Director Armstrong** said the additional support staff will be distributed around the state to help the social workers. The federal reports show high marks on children being safe and the state report indicated the foster family relationships needed work. Next year's budget request will include additional social workers. The \$1.1M budget's Governor's recommendation will support more medical students in Idaho

**Lisa Hettinger**, Deputy, DHW, stated one of the SHIP directives is to improve workforce development. This budget item specifically looks at a program with proven outcomes in keeping new physicians in Idaho by training them in the state and are able to leverage some Medicaid dollars to offset the costs of the program.

**Matt Wimmer**, Administrator, Division of Medicaid, was invited to answer a question. He said hospital cost settlement frequencies have been adjusted to keep rates true after noticing the annual settlements were drifting apart from the interim rates.

Responding to further committee questions, **Director Armstrong** stated the CEC increase, using performance evaluations, will be distributed on a merit basis. Private sector reimbursements come from the Trustee and Benefits through cost studies and Medicaid billing allowances.

The previous nursing home survey delinquency has been remedied. There are still outstanding residential assisted living surveys to be done. They are using regional personnel to do the surveys and are considering using part-time persons, usually retirees. The level of harm determinations, which can result in fines, have been evaluated and improvements include a different review appeal process. The DHW receives no portion of the fines and has no incentive program to find fault. Because they need all the beds and access for clients, their goal is to work with, not discourage, facilities.

The Gap population needs to be addressed. If Congress reauthorizes Medicaid eligibility in a different way, the DHW will re-purpose the funds, perhaps as a block grant. Any approved service could be deployed to this group of individuals within months.

Protecting the budget to get the job done with the minimum amount of resources is always in conflict with providers who would like more. One of the strategies being used is moving away from fee-for-service to incentive programs for better efficiency and use of dollars. Some Idaho industries are now competing with Oregon and Washington, who have increased their minimum wage. A large provider employee turnover presents quality of care issues, requiring response.

**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  
Monday, February 13, 2017

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#">RS25148</a>	Medical Lab Science Practitioners	Rep. Phylis King
<a href="#">RS25224C1</a>	Health Care Assistance Program	Rep. Christy Perry
<a href="#">H 38</a>	Mental Health Declaration	Ross Edmunds, Department of Health & Welfare
<a href="#">S 1005</a>	Child Protection Act	Miren Unsworth, 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 Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley  
Rep Zollinger  
Rep Chew  
Rep Rubel

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
email: [hhel@house.idaho.gov](mailto:hhel@house.idaho.gov)

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Monday, February 13, 2017  
**TIME:** 9:00 A.M.  
**PLACE:** Room EW20  
**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel  
**ABSENT/  
EXCUSED:** None  
**GUESTS:** Miren Unsworth, Michelle Weir, and Russ Barron, IDHW; Greg Casey, Veritas Advisors

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

**RS 25148:** **Rep. Phylis King**, District 18, Registered Medical Laboratory Scientist, presented **RS 25148**, to license clinical laboratory practitioners. The profession of laboratory medicine has changed to include hundreds of new tests and methodologies for analyzing human body fluids, including genetic testing. Clinical laboratories provide as much as 70% of the data needed by caregivers to diagnose, treat, and monitor their patients.

This Proposed Legislation will set up three levels of practitioner and a professional board to establish and enforce licensure provisions, conduct standards, licensing qualifications, and ethics issues. There is a grandfather clause for anyone currently practicing. Accurate testing and aid for disease diagnosis are important to provide an effective way to keep patients safe.

**MOTION:** **Rep. Rubel** made a motion to introduce **RS 25148**. **Motion carried by voice vote. Reps. Hixon, Vander Woude, and Hanks**, requested to be recorded as voting **NAY**.

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

**RS 25224C1:** **Rep. Fred Wood**, District 27, presented **RS 25224C1**, the Healthcare Assistance Program. The purpose of this legislation is to authorize primary care, limited prescriptions, and care coordination to a specific population. This population has income levels below 100% of the federal poverty guideline, are not eligible for Medicaid or the Advanced Payment of Tax Credit, and are not currently eligible or enrolled in an employer sponsored or other government subsidized health care plan.

This program will only cover a limited subgroup of adults and is not comprehensive care. It will provide eligible participants with regular preventive primary care and chronic conditions care management. This will further the state's goal to transform Idaho's healthcare system from a volume based, fee-for-service model to a value based system of care.

In Fiscal Year (FY) 2018, the Idaho Millennium Fund has approximately \$10M available for appropriation to the Department of Health and Welfare (DHW) for the newly created Health Care Assistance Program in the Division of Public Health. In addition, the DHW would be provided with the spending authority for \$500,000 from the Dedicated Cooperative Welfare Fund for any donations or contributions received, up to that amount, for health care costs. The funds will be non-transferable. If donations come as expected, the total amount available in FY 2018 may be up to \$10.5 million. Subsequent year funding will be limited to the amount available for appropriation from the Millennium Fund.

**MOTION:** **Rep. Gibbs** made a motion to introduce **RS 25224C1**.

**Rep. Kingsley** commented this is important to Idaho's indigent population, whose circumstances can prevent initial care of a minor injury before it escalates.

Answering questions, **Chairman Wood** said donations could be contributions from charitable organizations or possible grants, providing a pre-event avenue, although no donations are planned or expected.

**VOTE ON MOTION:** **Vice Chairman Packer** called for a vote on the motion to introduce **RS 25224C1**. **Motion carried by voice vote.**

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

**H 38:** **Chairman Wood** returned **H 38** to the committee for consideration, which was held for time certain from the meeting of Wednesday, February 8, 2017.

**Ross Edmunds**, Administrator, Division of Behavioral Health, DHW, presented **H 38** to allow state hospitals to provide treatment contrary to a mental health declaration.

Answering questions, **Mr. Edmunds** explained the Division is charged, by code, to bring court-ordered clients to competency, whenever possible. This can be in conflict with the client's advanced mental health directive. Sometimes a person's mental illness affects their desire or ability to engage in treatment. When a court override for a commitment order is received, clients are informed of their due process and about the override. If refused, the client can take the issue to the Patients' Rights Board.

**MOTION:** **Rep. Redman** made a motion to send **H 38** 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 38** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Zollinger** will sponsor the bill on the floor.

**S 1005:** **Miren Unsworth**, Deputy Administrator, DHW, Division of Family and Community Services, presented **S 1005**. Sex trafficking of minors is an issue of increasing state and federal concern. This Legislation adds a definition for human trafficking based on the Justice For Victims of Sex Trafficking Act of 2015, as mandated by the amended Child Abuse Prevention and Treatment Act (CAPTA) state grant program requirements.

States are required to consider any child who is identified as a victim of sex trafficking or severe forms of trafficking to be a victim of sexual abuse, child abuse, and neglect. Through this Legislation, the definition of human trafficking will be included in the abused and sexual conduct as well as aggravated circumstances definitions of the Idaho Child Protective Act.

**MOTION:** **Rep. Hixon** made a motion to send **S 1005** to the floor with a **DO PASS** recommendation.

Answering questions, **Ms. Unsworth**, said this definition clarifies the civil and criminal action filing of a Child Protective Act petition. If involving the parents, the court can approve aggravated circumstances and allow the DHW to move quickly toward alternative permanency for the child and eliminate reunification with the parents.

CAPTA funding is used for safety assessments and the Keeping Children Safe Panels. The Governor's Task Force for Juveniles At Risk uses the Criminal Justice Act funds to offer grants to multi-disciplinary teams and child advocacy centers.



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 1005** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Hixon** will sponsor the bill on the floor.

**ADJOURN:**

There being no further business to come before the committee, the meeting was adjourned at 9:37 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  
Tuesday, February 14, 2017

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
	Idaho Council On Suicide Prevention Idaho Suicide Prevention Program	Dr. Linda Hatzenbeuhler, Chairman
		Elke Shaw-Tulloch Division of Public Health
		Kim Kane, Office of Suicide Prevention

COMMITTEE MEMBERS

Chairman Wood  
Vice Chairman Packer  
Rep Hixon  
Rep Perry  
Rep Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley  
Rep Zollinger  
Rep Chew  
Rep Rubel

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
email: [hhel@house.idaho.gov](mailto:hhel@house.idaho.gov)

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Tuesday, February 14, 2017

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel

**ABSENT/  
EXCUSED:** Representative(s) Chew

**GUESTS:** Joyce Broadsword, Kira Burgess-Elmer, Rebecca Sprague, Dave Taylor, and Jodi Osborn, DHW; Danielle Ahrens, Self; Kelli D. Brassfield, IAC

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

**Dr. Linda Hatzenbeuhler**, Psychologist, Chairman, Idaho Council on Suicide Prevention (ICSP), described the 2006 Executive Order charging the Council to oversee implementation of the Idaho Suicide Prevention Plan (ISPP), ensure continued relevance, and report annually to the Governor and Legislature. She explained the representation of the entire state within the Council membership.

The ICSP need is reflected in the 362 total deaths by suicide. Between 2011 and 2015 there were 102 school-aged children and 24 children aged 14 and under lost to death by suicide. A publication review of 365 studies found no broad or sub category of risk factors to predict the risk of suicide. Consequently, prevention is of paramount importance.

The ICSP is joined in their efforts by other organizations, ten of which are suicide-specific, such as families touched by suicide. The Idaho Suicide Prevention Program (ISPP) has identified and articulated the key prevention factors. Statewide progress is being made with the development of a hotline and establishment of ISPP suicide prevention activities.

**Elke Shaw-Tulloch**, Administrator, Division of Public Health, Department of Health and Welfare (DHW), presented information on the ISPP, which was established and appropriated in 2016. The ISPP, with its four full-time staff, develops, implements, and supports statewide suicide prevention programs. One staff member is seated in the Division of Behavioral Health.

**Kim Kane**, Program Manager, ISPP, Division of Public Health, DHW, shared information regarding the Interpersonal-Psychological Theory of Suicide by **Dr. Thomas Joiner**, the gold standard for understanding the problem. The Dr. Joiner model applies to only those who died or should have died, and did not, with their suicide attempt. She noted these individuals are not in a rational state of mind and have both the desire and ability to die by suicide.

In his theory, **Dr. Joiner** maintains three components come together for a successful suicide. First is a perceived burdensomeness, the wrong and irrational belief the people around them would find their death worth more than their life.

Second is thwarted or failed belongingness. This could be someone who, in their mind, perceives they are not understood, with resultant severe emotional suffering. Hopelessness occurs when feeling disconnected from others, perceiving value to their death, and when situations do not change. Many people feel both ways, even temporarily, and are not lost to suicide. Over 90% of individuals who attempt suicide do not die.

The third component is the circumvention of a person's strong basic survival instinct by the development of the capability to do self harm. In this capacity individuals gain fearlessness regarding physical pain, injury, and death. Some high suicide groups, such as soldiers and medical personnel, have become used to the idea of physical pain through personal witness or experience.

Improvement or removal of any one of the three components interferes with death by suicide. Hotlines provide someone who listens, asks if they are suicidal, and asks about their emotional pain level. Highly suicidal persons are still looking for a connection to another person.

ISPP initiatives provide support to the Idaho Suicide Prevention Hotline (ISPH), upstream youth suicide prevention education, public awareness campaigns, the ISPC, suicide prevention stakeholder groups, additional suicide prevention strategies, and other suicide-related requests.

The Idaho Lives Project for schools shifts the current emphasis from looking for signs of problems to focusing on strength, hope, and resilience. Other community and school strategies and requests are being reviewed and developed.

The 2016 accomplishments include establishing staff, infrastructure, 208 and 800 hotline numbers, hotline text service, ISPC support, stakeholder collaborative meetings, the Zero Suicide Initiative, downtown Boise parking garage safety investigation, and the Lethal Means Task Force. They have also responded to numerous requests for information and consultation.

Answering questions, **Kim Kane**, said teenagers have become habituated to pain through sports injuries, tattoos, piercings, and family events. There is also a sub group of kids who engage in self harming behaviors. Of the attempts, 96% have other reasons for their attempt and need help, while 4% are doing a suicide rehearsal. In a group of kids with feelings of burdensomeness, those who have engaged in self harm or have witnessed it will be more likely to pursue suicide.

She said the Idaho Lives Project, funded by a three-year federal grant, will have fifty schools trained this year. The school districts can also use the Sources of Strength Program. Although bullying does not cause suicide on its own, it is a risk factor because it hampers feelings of belongingness and may be a triggering event for someone already thinking about suicide.

Answering a question, **Matt McCarter**, Idaho State Board of Education (ISBOE), responded school counselors and administrators attend statewide training to fine tune prevention of peer conflict and bullying. Sources of Strength is a part of the Idaho Lives Project. When considering program costs, a school can select a range of one day to three year training events to fit their budget and needs.

**John Reuser**, Director, Idaho Suicide Prevention Hotline, was invited to answer committee questions. He said the Hotline experienced a marked increase from 437 calls in October to 660 calls in January and increased text contacts from three in October to 70 in January. The increase is attributed to the weather conditions and related feelings of isolation. Their current outreach has been focused on school mailings. A new television safe storage public awareness campaign prominently displays the hotline number.

**Kim Kane**, responding further, stated there is a worldwide suicide rate increase late each spring. Also, patients released after inpatient recovery are at a higher danger for suicide. When at their lowest level, individuals do not have the energy to do anything. Although still being studied, increased energy levels, whether from weather or emotional changes appear to also increase suicide rates.

Answering a question, **Dr. Hatzenbuehler** said when looking at the elderly suicide issue, better vigilance is needed at the primary care provider and primary care centers level to screen for suicidal isolation. They continue working with the Primary Care Association to address this need.

**Chairman Wood** opened the committee discussion of recommendations to be presented to the Joint Finance and Appropriations Committee regarding the DHW 2018 budget request.

**Dave Taylor**, Deputy Director, DHW, **Jared Tatro**, Legislative Services Office, and **Lisa Hettinger**, Deputy Director, DHW, were invited to answer committee questions.

**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

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Irene Moore  
Secretary

AGENDA  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Wednesday, February 15, 2017**

SUBJECT	DESCRIPTION	PRESENTER
<a href="#">RS25281</a>	Secure Treatment Facility	Cameron Gilliland Dept. of Health & Welfare
	<u>Suicide Advocacy Day</u> Coroner Reports	Nate Fisher, Idaho Suicide Prevention Council
	Judicial & Behavioral Health System Conflicts	Judge Jack Verin, Retired
	Safe Storage	Steward Wilder, LiveWilder

COMMITTEE MEMBERS

Chairman Wood  
Vice Chairman Packer  
Rep Hixon  
Rep Perry  
Rep Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley  
Rep Zollinger  
Rep Chew  
Rep Rubel

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
email: [hhel@house.idaho.gov](mailto:hhel@house.idaho.gov)

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Wednesday, February 15, 2017

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew (Reifers), Rubel

**ABSENT/  
EXCUSED:** Representative(s) Zollinger

**GUESTS:** Rebecca Sprague and Kira Burgess, DHW/SPP; Dina Flores-Brewer, Disability Rights Idaho; Kelli D. Brassfield, IAC; Brent King and Alana Minton, Dep AG - DHW; John Buck, Coroner's Assoc.; Kim Kane, Russ Baron, Cameron Gilliland, Jamie Newbry, Blake Brumfield, and Gary Moore, DHW; Gabe Rudow, Jannus; Shannon Decker, The Speedy Foundation; Jeni Griffin, SPAN Idaho; Carmen Stanger, AFSP; Debbie Wilder, Live Wilder

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

**MOTION:** **Rep. Redman** made a motion to approve the minutes of the January 27, February 3, 8, and 9, 2017, meetings. **Motion carried by voice vote.**

**RS 25281:** **Cameron Gilliland**, Deputy Administrator, Division of Family and Community Services, presented **RS 25281**, a revision to **H 44**. The Proposed Legislation gives the Department of Health and Welfare (DHW) the ability to establish, operate, and maintain a developmental disabilities (DD) treatment facility. This will improve the South West Idaho Treatment Center (SWITC) safety by allowing consideration of a secure four-bed facility on the SWITC campus. Dangerous clients are referred by court order to SWITC for treatment and competency evaluation.

Because they are licensed as an intermediate care facility, all clients are allowed to move freely within the facility. This includes the dangerous clients and has resulted in attacks on the staff and other clients. The attacks have led to increased workers compensation claims, permanent disability, property damage, and assaulted community members by run away clients. Immediate secure features are needed to protect the staff, other clients, and the public.

Changes from the originally approved legislation added language to allow attorney and state advocacy group visits. Ninety-day reviews were added for continued need determinations.

Secure features will be added this year to address the immediate need. They will also pursue determination of the costs and benefits of either a new building or remodeling an existing facility in coordination with the Governor's office and the Legislature.

Answering questions, **Mr. Gilliland** said immediate security will utilize what they have at the center, such as locks, cameras, and alarms. Any purchases will be from existing funds. There is currently one dangerous client, which would require modifying only one room. The court order referrals already occur.

The staff ratio of two to one during waking hours is necessary to prevent injury or persons leaving the campus. Staff members physically block clients wishing to do harm or leave. With security measures in place, the staff utilization would be less and safer. Oversight remains with the court, although the DHW Director has the final admittance or discharge authority.

**MOTION:**

**Rep. Gibbs** made a motion to introduce **RS 25281. Motion carried by voice vote.**

**Nate Fisher**, Idaho Suicide Prevention Coalition (ISPC), presented information for the committee. The coalition, organized in 2015 at a 501(c)(3)H non-profit organization, combines a large variety of groups to address Idaho's high suicide rate. The ISPC has secured additional funding for the Idaho Suicide Prevention Hotline's infrastructure and texting program.

**Steward Wilder**, President, ISPC and the Wilder Foundation, explained the Coalition saw the need for more immediate coroner reporting beyond the current five-day protocol. A more immediate reporting protocol of forty-eight hours for suicides would help the school system and community better handle the compounded and profound impact of a student's suicide. The Coalition identifies areas that may have weaknesses and provides a collaborative stakeholder approach to make the changes. Subsequent stakeholder meetings have led to a voluntary participation in a forty-eight hour initiative. Coroners now send an event notification, indicating only the school name, to the State Department of Education. The schools can then use evidence-based postvention practices to deal with the loss and prevent contagion.

**Jack Verin**, Retired Judge, discussed the ways the social science and the law intersect and conflict. Collaboration, although necessary, becomes difficult when different goals, agendas, and perspectives interfere with effective communication. There is an uneasy alliance between the law and social welfare or behavioral health.

Differences include terminology, environment, professional perceptions, public perceptions, philosophical viewpoints, ethical perspectives, types of relationships, personal rights, resolution methods, and opinions. Even with these differences, we can work together to prevent, intervene, and discuss the issues surrounding suicide.

Answering questions, **Judge Verin**, said the drug and other specialty courts are working very well to make a difference.

**Steward Wilder**, President, ISPC and the Wilder Foundation, presented information on the safe storage of medicine and firearms public service announcements being used to raise awareness. They are reaching out to partner with shooting range owners, firearm instructors, hunting organizations, healthcare organizations, and the pharmaceutical community.

**ADJOURN:**

There being no further business to come before the committee, the meeting was adjourned at 9:56 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary



AGENDA  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:15 A.M.**  
**Room EW20**  
**Thursday, February 16, 2017**

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#">RS25300</a>	Rule Section Rejection	Rep. Kelley Packer
<a href="#">RS25293</a>	Rare Diseases	Rep. Melissa Wintrow
<a href="#">RS25291</a>	Pharmacy - Prescription Authorization	Pam Eaton, State Pharmacy Association
<a href="#">H 81</a>	Health Care J-1 Visa Waiver Program	Rep. Caroline Nilsson-Troy
<a href="#">H 91</a>	Immunization	Susie Pouliot, Idaho Medical Association
<a href="#">H 115</a>	Physicians - License Background Checks	Anne Lawler, Board of Medicine
<a href="#">S 1004</a>	Nursing - Board Compensation Revised	Sandra Evans Board of Nursing

***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 Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley  
Rep Zollinger  
Rep Chew(Reifers)  
Rep Rubel

COMMITTEE SECRETARY

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

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Thursday, February 16, 2017

**TIME:** 9:15 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew (Reifers), Rubel

**ABSENT/  
EXCUSED:** None

**GUESTS:** Steven Sumter, IAPA; Dr. Alecia Laciando, Voices for Children, Idaho AAP; Alex Adams, Idaho Board of Pharmacy; Pam Eaton, IRA/ISPA; Anne Lawler, Board of Medicine; Rafe Hewett, ID Dept. Health & Welfare; Kathryn Turner, IDHW; Brian Whitlock and Baylee Malm, IHA; Lee Flinn, Id. Primary Care Assoc.; Sandy Evans, Bd. Nursing; Lyn D. Elliott, March of Dimes; Casey Suter and Mary Sheridan, IDHW; Susie Pouliet, ID Medical Assn.; Toni Lawson, Idaho Hospital Assoc.; Francoise Cleveland, AARP Idaho

**Chairman Wood** called the meeting to order at 9:21 a.m.

**RS 25300:** **Vice Chairman Packer**, District 28, presented **RS 25300**, a Concurrent Resolution to reject **Section 750.10** of the Department of Health and Welfare (DHW) Idaho Child Care Program Rules specified by the committee with **Docket No. 16-0612-1601**, heard on January 17, 2017.

**MOTION:** **Rep. Gibbs** made a motion to introduce **RS 25300** and recommend it be sent directly to the Second Reading Calendar. **Motion carried by voice vote. Vice Chairman Packer** will sponsor the bill on the floor.

**RS 25293:** **Rep. Melissa Wintrow**, District 19, presented **RS 25293**, a Concurrent Resolution to raise awareness about the importance of supporting recruitment and retention efforts for neurological pediatricians in Idaho in order to address the physician shortage and the need to better serve children with rare diseases.

**MOTION:** **Rep. Perry** made a motion to introduce **RS 25293. Motion carried by voice vote.**

**RS 25291:** **Pam Eaton**, President, CEO, State Pharmacy Association, presented **RS 25291**, to allow Rule designation by the Board of Pharmacy for the products patients may obtain directly from a pharmacist for certain conditions. These conditions would not require a diagnosis, be minor and self-limiting, and have a simple Clinical Laboratory Improvement Act (CLIA) waived test for clinical decision making. Similar policies in other states have resulted in improved health outcomes and lowered overall healthcare costs.

**MOTION:** **Vice Chairman Packer** made a motion to introduce **RS 25291. Motion carried by voice vote.**

**H 81:** **Rep. Troy**, District 5, presented **H 81** to amend the J-1 Visa Program. As a recruitment of last resort, the J-1 Visa Program addresses primary care physician shortages by allowing the placement of foreign-trained physicians when the recruitment of an American physician has been demonstrated to be unsuccessful.

The amendments allow no more than ten of the thirty total waiver slots to be used annually for recruiting specialist physicians in federally designated shortage areas. Further changes allow Idaho healthcare organizations not located in federally designated shortage areas to apply for primary care and specialist J-1 slots not utilized during the first six months of the federal fiscal year. The need must be demonstrated and an agreement to serve patients within the federally-designated shortage areas is required. No more than five of the ten flex waiver slots can go to specialists.

Answering a question, **Rep. Troy** said all J-1 physicians must serve in an under-served area, although they can be hired by an organization outside of the under-served area.

**Brian Whitlock**, President, CEO, Idaho Hospital Association (IHA), testified **in support of H 81**, which provides a way to address primary care and expand specialty care. It also allows hospital partnerships across state lines, which helps rural Idaho. The changes give credit to recruitment efforts already in process, should this legislation be signed.

Answering questions, **Mr. Whitlock**, said this mirrors other states by allowing specialists to be considered for the J-1 Waiver, beyond the already listed types of physicians. The IHA is committed to doing more to promote and raise awareness of the program. The physicians, medically trained in foreign countries, have spent three years or more in the U.S. doing their residencies.

**MOTION:** **Rep. Gibbs** made a motion to send **H 81** to the floor with a **DO PASS** recommendation.

**Baylee Malm**, Senior, Compass Honors High School, Apprentice, IHA, testified **in support of H 81**, to expand the opportunity for rural health care and availability of specialists.

**Casey Suter**, Program Manager, Division of Public Health, DHW, reviewer of J-1 Visa applications, testified **in support of H 81**. There is a \$1,000 application processing fee to cover forty hours of processing time which ranges from submission to the three-year obligation completion.

**Susie Pouliot**, CEO, Idaho Medical Association (IMA), stated the IMA is **in support of H 81**.

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

**Brian Whitlock**, answering a question, said the nationwide physician shortage has led to statewide competition. A physician doing residency in a rural area remains to practice in that area, while physicians doing residencies in other states are unfamiliar with Idaho. After practicing for three years, participants can return to their country, apply for immigration or other visas, or pursue additional options.

**VOTE ON MOTION:** **Chairman Wood** called for a vote on the motion to send **H 81** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Troy** will sponsor the bill on the floor.

**H 91:** **Susie Pouliot**, CEO, IMA, presented **H 91**. The 2016 immunization age decrease raised concern regarding duplication of vaccines administered at pharmacies. This Legislation requires vaccine providers enter information into the Immunization Registry Information System (IRIS), excluding the adult flu virus. This does not create new vaccination requirements and does not alter the opt out ability.

Answering questions, **Ms. Pouliot**, stated influenza vaccines are exempted because they are so common they would be burdensome to providers. IRIS is an open provider database already in use by the majority of physicians and vaccine providers.

**Rafe Hewitt**, Program Manager, Idaho Immunization Program, Division of Public Health, DHW, testified **in support** of **H 91**. IRIS is a helpful storage database with a voluntary participation option. It also determines when patients are due for their next immunizations with timely reminders. The system houses information spanning a person's life, even when the immunization is given at multiple locations.

**Alex Adams**, Executive Director, State Board of Pharmacy, testified **in support** of **H 91**. Pharmacists are required to report to IRIS within twenty-eight days, which is in the interest of public health.

**Dr. Alecia Laciando**, Pediatrician, Boise, testified **in support** of **H 91**. Requiring all providers use the system eliminates the stress of families trying to recall vaccination information necessary for offices and schools.

**Pam Eaton**, President, CEO, Idaho State Pharmacy Association, State Retailers Association, testified **in support** of **H 91**. Of the 85% of pharmacies already reporting to IRIS, a large group do not provide immunizations.

**Toni Lawson**, IHA, testified **in support** of **H 91**. Better information equals better care, particularly in emergency room situations.

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

**MOTION:** **Vice Chairman Packer** made a motion to send **H 91** to the floor with a **DO PASS** recommendation.

**Rep. Blanksma** stated she has no problem with the vaccination; however, when she decided to opt out of IRIS, her selection was, without her knowledge, not honored. She is strongly **in opposition** to **H 91**.

**Rep. Rubel**, **in support** of the motion, said, although she respects parental vaccination rights, this is legislation for an informational system to protect parents. The system has been useful, especially when she has been unable to locate vaccination records.

**VOTE ON MOTION:** **Chairman Wood** called for a vote on the motion to send **H 91** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Reps. Zollinger, Blanksma, Hanks, and Kingsley** requested to be recorded as voting **NAY**. **Rep. Gibbs** will sponsor the bill on the floor.

**H 115:** **Anne Lawler**, Executive Director, Idaho State Board of Medicine, presented **H 115** amending the Interstate Medical Licensure Compact, which is part of the Idaho Medical Practice Act (IMPA). There are currently eighteen compact member states. The Compact provides physicians a means to obtain an expedited license in any of the Compact states, once the home state clears the applicant. Although the IMPA authorizes fingerprint background checks for all licensure applicants, specific language is added to authorize the background checks to qualify for the Compact.

Answering questions, **Ms. Lawler**, said the Compact qualification lasts for one year. The background check is also applicable to any Compact states selected during that year. Another background check would be required to add any states after the qualification year has ended. Physicians doing relief work and specialty physicians working in rural areas would be able to use the Compact for licensure in other states.

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

**MOTION:** **Rep. Redman** made a motion to send **H 115** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Vander Woude** will sponsor the bill on the floor.

**S 1004:** **Sandy Evans**, Executive Director, Board of Nursing, presented **S 1004**, to increase the Board member compensation from \$50 per day to \$75 per day as an adjustment for inflation and in alignment with other professional licensing boards. Other changes are for clarification only.

For the record no one indicated their desire to testify

**MOTION:** **Rep. Hixon** made a motion to send **S 1004** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Hanks** will sponsor the bill on the floor.

**Chairman Wood** thanked **Mary Wonacott** for being the committee's page for the first half of the session.

**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

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Irene Moore  
Secretary

AGENDA  
**HOUSE HEALTH & WELFARE COMMITTEE**  
9:00 A.M.  
Room EW20  
Friday, February 17, 2017

<u>SUBJECT</u>	<u>DESCRIPTION</u>	<u>PRESENTER</u>
<a href="#">RS25307</a>	State Employee Group Insurance - Interim Plan Study	Rep. Fred Wood
<a href="#">RS25256C1</a>	Child Care Licensing Reform Act	Rep. Eric Redman
<a href="#">RS25310</a>	Clinical Nutrition - Certification	Ryan Fitzgerald Idaho Association of Chiropractic Physicians
<a href="#">H 128</a>	Medicaid - Payment Agreements	Matt Wimmer, Division of Medicaid
<a href="#">H 129</a>	Dietetic Practice	Anne Lawler, Board of Medicine

***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 Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley  
Rep Zollinger  
Rep Chew(Reifers)  
Rep Rubel

COMMITTEE SECRETARY

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

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Friday, February 17, 2017

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew (Reifers), Rubel

**ABSENT/  
EXCUSED:** Representative(s) Kingsley, Gibbs

**GUESTS:** George Gutierrez, H&W-Medicaid; Jaclyn St. John, Colleen Dibble, Jennifer Benrev, and Calla Chapin, IAND; Henry R. Thompson, St. Luke's; Matt Wimmer and Ericka Rupp, IDHW; Anne Lawler, Board of Medicine; Ryan Fitzgerald, IACP; Julie Walker and Barbara Grant, Idaho Academy of Nutr.

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

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

**RS 25307:** **Chairman Wood**, District 27, presented **RS 25307**, a Concurrent Resolution reauthorizing the employee healthcare benefits interim committee. Authorized in 2016, the committee recommendations included hiring a consultant for benefit structure review and suggested modifications in line with healthcare changes. Upon approval of this proposed resolution, nothing happens until the Legislative Council meets and gives its approval.

**MOTION:** **Rep. Hixon** made a motion to introduce **RS 25307** and recommend it be sent directly to the Second Reading Calendar. **Motion carried by voice vote.** **Chairman Wood** will sponsor the bill on the floor.

**Vice Chairman Packer** returned the gavel to **Chairman Wood**.

**RS 25256C1:** **Rep. Eric Redman**, District 2, presented **RS 25256C1**. This Proposed Legislation allows a guardian or parent, by a properly executed power of attorney, to approve counseling of a religious nature for their child regarding behavior and substance abuse issues, including continuous care of the child for a period not to exceed six months. The current program lasts four months at a cost to the parents or guardians of \$4,000.

**MOTION:** **Rep. Hixon** made a motion to introduce **RS 25256C1**. **Motion carried by voice vote.**

**RS 25310:** **Ryan Fitzgerald**, on behalf of the Idaho Association of Chiropractic Physicians, presented **RS 25310**, to establish a set of standards and educational requirements for a chiropractic certification in clinical nutrition for those licensed chiropractic physicians wishing to utilize vitamins and minerals via intravenous or injectable routes of administration in the treatment of their patients. This is in response to labeling changes by the U.S. Federal Drug Administration (FDA). The dedicated fund fiscal impact is estimated at \$15,000 from certification fees.

**MOTION:** **Vice Chairman Packer** made a motion to introduce **RS 25310**. **Motion carried by voice vote.**

**H 128:** **Matt Wimmer**, Administrator, Division of Medicaid, Department of Health and Welfare, presented **H 128**, the next step in Idaho's Medicaid payment method reform, in keeping with past efforts related to patient centered medical homes (PCMH) and the Statewide Healthcare Innovation Plan (SHIP). Existing statute is expanded to direct the DHW to pursue Idaho based approaches to care management. This will allow development of regional care networks to reward primary care, hospital, specialist, and other provider groups who work together effectively to improve patient care. Value based purchasing models pay healthcare providers based on their demonstrated ability to provide efficient care, positively impacting patient health, rather than a fee-for-service basis.

Answering questions, **Mr. Wimmer**, said 1915(b) federal waiver agreements, similar to the dental health plans, would be pursued after legislative approval of Rules. Waiver agreements, although conditional, allow more freedom in keeping with the needs of our state.

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

**MOTION:** **Rep. Perry** made a motion to send **H 128** to the floor with a **DO PASS** recommendation.

**Chairman Wood**, **Reps. Perry**, and **Zollinger** commented **in support** of **H 128** to transition from the fee-for-service environment and clarify the DHW's authority.

**VOTE ON MOTION:** **Chairman Wood** called for a vote on the motion to send **H 128** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Hixon** will sponsor the bill on the floor.

**H 129:** **Anne Lawler**, Executive Director, Idaho State Board of Medicine (BOM), on behalf of the BOM and the Dietetic Licensure Board, presented **H 129**, to update, streamline, and amend the Dietetic Practice Act (DPA) to align with the Medical Practice Act and current practices. This is the first substantive update since 1994 and helps the six hundred Idaho registered dietitians be utilized to their full ability and training.

**MOTION:** **Rep. Hixon** made a motion to send **H 129** to the floor with a **DO PASS** recommendation.

**Henry Thompson**, St. Luke's, Physician, Medical Director for 12 pediatric dietitians, testified **in support** of **H 129**, which allows dietitians to practice to their full certification level, improving efficiency.

**Julie Walker**, Consumer Protection Coordinator, Idaho Academy of Nutrition and Dietetics, testified **in support** of **H 129**. Because the DPA was not up to date, dietitians have been restricted and unable to work at the top of their training. The revisions reflect current expertise and competency found in their profession.

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

Answering questions, **Ms. Lawler**, explained the inclusion of disciplinary action upon conviction of a driving under the influence (DUI) charge is in line with MPA. While a DUI may seem like a personal thing, it does influence work performance. The inclusion allows investigation and recommendations for assistance. After a hearing or disciplinary action, a licensee agreement to make specific changes is called a board order. These are monitored for compliance and reference to them in the disciplinary section allows the authority to pursue further discipline if the licensee does not comply.

**VOTE ON MOTION:** **Chairman Wood** called for a vote on the motion to send **H 129** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Zollinger** requested to be recorded as voting **NAY.** **Rep. Perry** will sponsor the bill on the floor.



**ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 9:46 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 20, 2017

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#"><u>S 1003</u></a>	Nurses Licenses - Emeritus Renewal	Sandra Evans Board of Nursing
<a href="#"><u>S 1037</u></a>	Dentists - Licensing	Susan Miller Board of Dentistry

***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 Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley  
Rep Zollinger  
Rep Chew(Reifers)  
Rep Rubel

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
email: [hhel@house.idaho.gov](mailto:hhel@house.idaho.gov)

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Monday, February 20, 2017  
**TIME:** 9:00 A.M.  
**PLACE:** Room EW20  
**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley (Lohman), Zollinger, Chew (Gill), Rubel  
**ABSENT/EXCUSED:** None  
**GUESTS:** Susan Miller, BOD; Sandy Evans, Bd Nursing; Elizabeth Criner, ISDA

**Chairman Wood** called the meeting to order at 9:02 a.m.

**Chairman Wood** welcomed to the committee **Rep. Gill**, who is substituting for **Rep. Chew**, and **Rep. Lohman**, who is substituting for **Rep. Kingsley**, and **Tanna Adcock**, second half of the session committee page.

**S 1003:** **Sandy Evans**, Executive Director, Idaho Board of Nursing, presented **S 1003**. An emeritus license, issued to a retiring nurse in good standing, is inactive until reinstated to active practice. This legislation eliminates the necessity for biennially renewal and related fees. The estimated negative annual fiscal impact is less than \$5,000 on the Board's dedicated fund. The fund's current balance supports this revenue loss without the need to raise license fees.

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

**MOTION:** **Rep. Hixon** made a motion to send **S 1003** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Hanks** will sponsor the bill on the floor.

**S 1037:** **Susan Miller**, Executive Director, Idaho Board of Dentistry, presented **S 1037**. This legislation eliminates the retirement status license, allowing retiring practitioners the option of active, inactive, or cancellation of a license. The definition of active status is revised to provide for absent practice. The license conversion from inactive to active is revised to change the clinical practice requirement to continuing education, aligning with other professions in Idaho and surrounding states.

**Elizabeth Criner**, Idaho State Dental Association (ISDA), testified **in support of S 1037**. The ISDA appreciates the collaborative process used by the State Board of Dentistry.

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

**MOTION:** **Rep. Redman** made a motion to send **S 1037** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Blanksma** will sponsor the bill on the floor.

**ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 9:12 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  
Tuesday, February 21, 2017

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#">H 187</a>	Southwest Idaho Treatment Center - Secure Placements	Cameron Gilliland, 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 Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley  
Rep Zollinger  
Rep Chew(Reifers)  
Rep Rubel

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
email: [hhel@house.idaho.gov](mailto:hhel@house.idaho.gov)

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Tuesday, February 21, 2017

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley (Lohman), Zollinger, Chew (Gill), Rubel

**ABSENT/  
EXCUSED:** Representative(s) Vander Woude

**GUESTS:** Kathie Garrett, ID Federation of Families on Children MH; Cameron Gilliland, Jamie Newton, Gary Moore, Joyce Broadsword, and Russ Barron, DHW; Mel Leviton, SILC; Ian Freeman, Citizen; Christine Pisani, DD Council; Kelly Keele, Transitions Inc; Kathy Griesmyer, ACLU; Jim Baugh, DRI; Sheriff Kieran Donahue, Idaho Sheriffs Assoc.

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

**MOTION:** **Rep. Rubel** made a motion to approve the minutes of the February 6 and 20, 2017, meetings. **Motion carried by voice vote.**

**H 187:** **Cameron Gilliland**, Deputy Administrator, Division of Family and Community Services, Department of Health and Welfare (DHW), presented **H 187**. Giving the DHW the power to establish, operate, and maintain a secure treatment facility for individuals who pose a threat to themselves or others.

Serving dangerous clients without adequate security has led to Workers Compensation claims, assaults, and injuries. Since presenting the RS last week, there have been eighteen assaults at the center, property destruction, and six clients attempting to leave the building. If approved, locks, alarms, and cameras, can be installed immediately to address their current security need.

The cost for a new facility is estimated at \$1.7M. A remodel of an existing 1,500 square foot cinder-block gym located on the campus is estimated to cost \$350,000. Legislative approval and funding would be required to pursue either option.

Changes include visits with specified persons, ninety-day reviews, definition of treatment, parameters for restraint use, and oversight. Rules propagated for next year will also address the facility licensing change and requirements. This Legislation will protect the rights of the individuals served while protecting the other clients and public.

Answering questions, **Mr. Gilliland**, said entry to the facility begins with a court order and includes a determination of need by the Director of the DHW. Some court ordered clients require a less restrictive environment.

The right to communicate with family members or specified persons might be restricted when those persons are inciting the client to violence at the facility. Their process allows family interaction, unless the treatment team determines exclusion is needed. Their goal is to include families in conversations and the team. Federal regulations require a quick turnaround and response to any family questions.

They are addressing improved mental health treatment for clients and the physical requirements for their staff. They have instituted non-violent intervention staff training, resulting in a decline in restraint use. The secure facility is intended only for their extreme clients and a capacity of no more than four beds.

The facility has three buildings, each with two wings. They have one wing currently dedicated to house a dangerous client. Without other security measures, staff will, literally, step in front of clients intent on causing harm. This puts their staff in a position to receive strikes, bites, and injuries from weapons.

Although there are doors within the buildings, they are not locked, for fire protection. Their licensure as an intermediate care facility stipulates they cannot have a secure and intermediate care facility in the same building.

There are currently 25 clients, which is below their capacity. Because the capacity is low right now, one building wing is empty. They are using the wing temporarily to secure their one dangerous client.

**Jamie Newton**, Administrator, South West Idaho Treatment Center (SWITC), was invited to answer a question. She said during the day there are fourteen staff members for the twenty-five clients. During the night there are eleven staff members for the twenty-five clients. These numbers fluctuate with the number of clients.

Answering additional questions, **Mr. Gilliland** stated the clients have the right to be visited by their attorney or a state representative. Two-way access allows the advocacy organization and client to have contact. Rules will clarify the client's contact ability.

Invited to answer the question further, **Brent King**, Attorney General's Office, said the client can communicate by sealed mail or telephone to a person outside the facility. Changing the language could better clarify the client's right to communicate and have visitation.

To another question, **Ms. Newton** responded, attorneys or outside parties can visit privately with clients, away from cameras and other staff members. She noted they have not had anyone hurt in those situations.

**Christine Pisani**, Council of Development Disabilities, testified **in opposition** to **H 187**. She shared the Council's concern regarding the absence of a specific limit on the number of persons to be housed in the secure facility. They are also concerned the emergency clause would allow isolation and seclusion of a client before Rule approval. The Legislation also limits the client rights without procedural safeguards and due process. The staffing ratio and training requirements for working in a secure treatment facility are not clear. The Council wants to work with the Department to find a resolution for these issues.

Answering questions, **Ms. Pisani** stated the Council would prefer the Legislature address the issues of Dual Diagnosis, which would impact persons in this situation. Without the emergency clause stated in **H 187**, the Council would be able to work with the Department to craft meaningful Rules to support persons in the facility.

**Kathy Griesmyer**, Policy Director, American Civil Liberties Union, testified **in opposition** to **H 187**. The Legislation permits the DHW Director or designee to determine who would be admitted and when they would be allowed to leave the secure facility. This blurs the lines between the powers of the court and Director for placement, continuing authorization, readmission, and release. Without clarification, communication restriction will make it impossible for the individual to contact civil rights groups and attorneys.

Answering questions, **Ms. Griesmyer** said they believe the courts should have adequate supervision over who is admitted and released to provide a balance of powers. The court should be able to direct the Director to release a person. Due and transparency of process must be protected. Reference to a reasonably necessary length of time is too vague and removes contact without safeguards for the individual's rights.

**Jim Baugh**, Executive Director, Disability Rights of Idaho, testified **in opposition to H 187**. None of the persons in the statute are serving sentences for a crime. He expressed concern regarding some language not reflecting the actual Department's intent.

Communication restrictions are determined by the treatment team, who might be the object of abuse or neglect and the reason for a communication need. Administrative procedures available elsewhere are not available beyond the treatment team decision.

**Sheriff Kieran Donahue**, Canyon County Sheriff, Idaho Sheriff's Association, testified **in support of H 187**. He shared the story of the person who is the catalyst for this Legislation. This person belongs, not in the jail, but in a secure facility to prevent self-harm and injury to others. Determined by the experts to be incompetent to stand trial, this person will require lifelong care. With an additional seventeen charges for the injuries inflicted, this person, even if convicted, would never go to prison.

The concept of using staff to hold back patients is incomprehensible. Resultant injuries are severe and long lasting. The state needs to take steps to address the statewide mental health issues, and this is a starting place. These persons belong in the care of the DHW, who must have the tools to take care of them.

**MOTION:** **Rep. Hixon** made a motion to **HOLD H 187** for time certain, February 28, 2017.

Speaking to his motion, **Rep. Hixon** said the importance of this Legislation requires a delay to allow the parties to resolve their issues.

**VOTE ON MOTION:** **Chairman Wood** called for a vote on the motion to **HOLD H 187** for time certain, February 28, 2017. **Motion carried by voice vote.**

**ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 10:27 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

AGENDA  
**HOUSE HEALTH & WELFARE COMMITTEE**  
8:30 A.M.  
Room EW20  
Thursday, February 23, 2017

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#">RS25315</a>	Foster Care Study Committee	Rep. Christy Perry
<a href="#">H 195</a>	Clinical Nutrition - Certification	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 Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley(Lohman)  
Rep Zollinger  
Rep Chew(Gill)  
Rep Rubel

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
email: [hhel@house.idaho.gov](mailto:hhel@house.idaho.gov)



MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Thursday, February 23, 2017

**TIME:** 8:30 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley (Lohman), Zollinger, Chew (Gill), Rubel

**ABSENT/  
EXCUSED:** None

**GUESTS:** Ryan Fitzgerald, Corey Matthews, Joe Betz, and Lynn Hansen, IACP; Greg Casey, Veritas Advisors; Susie Pouliot, Id Medical Assn.; Stefanie Fry, St. Luke's Hospital; Russ Barron, DHW

**Chairman Wood** called the meeting to order at 8:30 a.m.

**MOTION:** **Rep. Redman** made a motion to approve the minutes for the February 15, 16, and 17, 2017, meetings. **Motion carried by voice vote.**

**RS 25315:** **Rep. Christy Perry**, District 11, presented **RS 25315**, a Concurrent Resolution to allow the Legislative Council to enable an interim committee to continue the study of the foster care program. The committee will consider issues not adequately addressed by the 2016 interim committee, including consequences of changes, judiciary feedback, review and understanding of the terms "consider" and "best interest of the child" when dealing with placements, visitation schedules set at shelter hearings, and the Office of Performance Evaluation (OPE) report.

The OPE report highlighted the need to recruit and retain foster parents. It also recommended and challenged the Department of Health and Welfare's consideration of a grievance and oversight committee. The OPE 2005 foster care study had no follow up, which led to the continuance of problems mentioned at that time.

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

**MOTION:** **Vice Chairman Packer** made a motion to introduce **RS 25315** and recommend it be sent directly to the Second Reading Calendar. **Motion carried by voice vote.** **Rep. Perry** will sponsor the bill on the floor.

**H 195:** **Ryan Fitzgerald**, on behalf of the Idaho Association of Chiropractic Physicians, presented **H 195**. Prior to 2008 Idaho chiropractors had been providing intravenous (IV) and injectable nutrition to their patients. The Federal Drug Administration (FDA) prescription definition was changed to include any substance injected into the body. As a result, Idaho chiropractors lost the ability to provide IV and injectable nutrition to their patients.

The Legislation establishes a standardized post-doctoral education accredited by the U.S. Department of Education, which, after successful completion, will allow a chiropractor to obtain a certification in clinical nutrition from the Idaho State Board of Chiropractic Physicians.

A stated formulary will be developed outlining a very specific and limited list of vitamins, minerals, sterile fluids, and emergency substances to be utilized by chiropractors holding the certification in clinical nutrition.

Patient safety during treatment will be ensured through standards, including following specific FDA dosing requirements. Nutritional substances must be purchased from a distributor licensed by the Idaho Board of Pharmacy. Other requirements include informed patient consents, and maintenance of basic lifesaving equipment.

The State Board of Chiropractic Physicians is directed to establish continuing education requirements and skill recertification guidelines. A certification fee will be established to provide income to the State Board of Chiropractic Physician's dedicated fund to cover the cost of application review.

Answering a question, **Mr. Fitzgerald** said the life saving equipment would consist of oxygen, epinephrine, paddles, and anything else established by the Board.

**Dr. Cory Matthews**, Chiropractic Physician, testified **in support** of **H 195**. Nutrition has always been an important part of their scope of practice. He is willing to return to school to meet the certification standards. This Legislation allows use, assures appropriate education, and provides oversight and safety standards for safe, effective, non-addictive treatments for patients.

Answering a question, **Dr. Matthews**, said after the FDA change, cease and desist notices were sent out, halting the practice in offices. In order to provide this service, a physician's assistant must be hired or the patient must be referred.

**Dr. Joe Betz**, Board Member, Idaho Association of Chiropractic Physicians, testified **in support** of **H 195**. Chiropractic Physicians have taken focused training to apply these treatments. Restoration returns the public's right to choose this type of alternative healthcare. Responding to a question, he said safety measures were recommended by the Board of Pharmacy as basic instruments to address any rare circumstances.

**Susie Pouliot**, Idaho Medical Association (IMA), testified **in opposition** to **H 195**. Each provider must work at the top of their scope of practice, with expansions through proven and evidenced-based methods of clinical practice. This Legislation exceeds the generally accepted definition of chiropractic care, with little scientific evidence of benefits and potential harm.

In answer to a question, **Ms. Pouliot** said the methods and therapies used by physicians are based on peer-reviewed scientific evidence, clinical trial, and study. These therapies lack the same sort of rigorous study.

**Stephanie Fry**, Physician, IMA, testified **in opposition** to **H 195** based on patient safety concerns. The FDA regulation of injectables was a result of associated dangers and potential complications, including immediate allergic reaction and long term complications. This practice is not allowed in other states for a reason.

Responding to committee questions, **Dr. Fry**, stated serious allergic reactions can lead to cardiac arrest. CPR training and oxygen may not cover the scope of the potential problems. She is aware of serious organ complications which have arisen from receiving chronic intravenous vitamins.

Appropriate training needs to be in keeping with the Boards of Medicine and Nurse Practitioners requirements for intravenous injectables in an office setting. Iodine administered in oral or IV form can lead to significant thyroid abnormalities. Informed consent does not adequately protect the patient or public safety.

**Alex Adams**, Executive Director, Idaho State Board of Pharmacy, was invited to answer a question. The listed substances must be used within the FDA dosage and in accordance with the manufacturer instructions.

**Dr. Lynn Hansen**, Chiropractor, Emergency Medical Technician (EMT), testified **in support of H 195**. As an EMT, a profession upon which doctors rely, he learned advanced life saving techniques with little training. Chiropractors today have advanced post doctoral training. The safety of their patients is paramount. Vitamins are natural aids for people who cannot take oral vitamins. They are given in micro-doses so the body can absorb them and start regulating itself.

**MOTION:** **Rep. Redman** made a motion to send **H 195** to the floor with a **DO PASS** recommendation.

Answering questions, **Dr. Hansen**, said the basic pharmacological training goal assures safety is first and the chiropractor is held to the highest accountability. Although school curriculums differ, they learn as much as possible about nutritional side effects. They do not advise any patient to stop taking any medical prescriptions.

Responding to committee questions, **Ryan Fitzgerald** stated every chiropractic core curriculum is 250 hours. The required additional training lists specific classes, for an additional 100 hours, to learn about drug interactions, safety issues, life saving requirements, and doing injections.

**Dr. Joseph Iaccino**, Western States University, Teacher, Masters Program, Human Nutrition, Chiropractor, Idaho, **Dr. Noah Edvalson**, Chiropractor, and **Dr. James Kranz**, Chiropractor, Acupuncturist, testified **in support of H 195**. This is micro-nutrient therapy, not scheduled drugs, which is a lot safer. Mixed nutrients work in a synergistic way at non-toxic levels. Tests help determine which patients are candidates for this therapy. The licensed chiropractic physicians have an extensive education that includes 120 hours of didactic and clinical upgrades.

**Misty Gardner Karlfeldt**, Health Freedom Idaho, shared her experience when medical help was not a choice and nutritional IV therapy saved her life and removed her need for all medications.

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

**Reps. Hixon, Hanks, Perry, Packer, and Chairman Wood**, commented **in support** of the motion. This will improve patient choice and broaden the chiropractic scope of practice. This requires continued education. Prior to the FDA changes, there was no violation of any law for these therapies. The FDA changes include sterile water injections. Transparency in alternative healthcare assures public safety.

**VOTE ON MOTION:** **Chairman Wood** called for a vote on the motion to send **H 195** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Redman** will sponsor the bill on the floor.

**ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 10:04 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

**AMENDED AGENDA #2**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**9:00 A.M.**  
**Room EW20**  
**Friday, February 24, 2017**

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#">RS25357</a>	Behavioral Health Services	Treena Clark, Division of Behavioral Health
<a href="#">RS25358C2</a>	Psychologists - Prescribing Drugs	Kris Ellis, Idaho Psychological Association
<a href="#">H 191</a>	Pharmacy - Prescription Authorization	Pam Eaton, Idaho State Pharmacy Association
<a href="#">HCR 9</a>	Rare Diseases - Alleviate	Rep. Melissa Wintrow

***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 Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley(Lohman)  
Rep Zollinger  
Rep Chew  
Rep Rubel

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
email: [hhel@house.idaho.gov](mailto:hhel@house.idaho.gov)

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Friday, February 24, 2017

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley (Lohman), Zollinger, Chew, Rubel

**ABSENT/  
EXCUSED:** None

**GUESTS:** Trent Galloway and Justin Bell, Student Pharmacists; Alex Adams, Berk Fraser, and Misty Lawrence, Board of Pharmacy; Kevin Cleveland, ISU College of Pharmacy; Tim Olson and Steve Rector, CVS; Kris Ellis, IPA; Susie Pouliot, ID Medical Assn; Susan Farber, Idaho Psychological Assn; Laura Churns, Albertsons Companies; Francoise Cleveland, AARP; Tanya Harvey, Citizen

**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 February 7, 2017, meeting. **Motion carried by voice vote.**

**UNANIMOUS  
CONSENT  
REQUEST:** **Chairman Wood** made a unanimous consent request to amend the agenda to hear **HCR 9** before **H 191**. There being no objection, the request was granted.

**RS 25357:** **Treena Clark**, Program Manager, Department of Health and Welfare (DHW), Division of Behavioral Health, presented **RS 25357**. This Proposed Legislation deletes the references for the initial Regional Behavioral Health Board member appointments. The State Planning Council and Regional Boards sections are updated to include representation from the field of prevention. Additions are made to definitions for peer support specialist and family support partner.

**MOTION:** **Rep. Hixon** made a motion to introduce **RS 25357**. **Motion carried by voice vote.**

**RS 25358C2:** **Kris Ellis**, Idaho Psychological Association, presented **RS 25358C2**, to allow psychologists, with specified requirements, prescriptive authority in their field. Collaboration with the patient's primary care physician is mandated. Also required is a panel of experts to advise the Board of Psychology on issues relevant to prescribing psychologists.

**MOTION:** **Rep. Chew** made a motion to introduce **RS 25358C2**. **Motion carried by voice vote.**

**HCR 9:** **Rep. Melissa Wintrow**, District 19, presented **HCR 9**, a Concurrent Resolution to raise awareness and knowledge for the diagnosing of rare neurological diseases and support the small community of Idaho neurological pediatricians.

**Tanya Harvey**, testified in support of **HCR 9**. She shared information about her son's rare disease. With only one genetics testing lab in the state and a long wait list, persons with rare disorders suffer. Early recognition is imperative, especially when brain development is impacted. Travel outside of our state puts a stress on families and moves resources away from Idaho. We are in need of physicians who are willing to learn about and work with national organizations to manage the rare disorders already impacting Idaho.

**Dr. Nicolas Camilo**, Pediatric Oncologist, St. Luke's, testified **in support** of **HCR 9**. Idaho's rurality brings many challenges, including self-reliant citizens. Telecommunication collaboration allows participation with experts, although he still has to send patients out of state for sophisticated treatments. Expert mentoring programs such as Project ECHO (Extension for Community Healthcare Outcomes) could be used to help treat rare diseases. It is important to explore recruitment methods for pediatric neurologists and other specialists while increasing community awareness.

**Rep. Wintrow**, said, in closing, this Resolution raises awareness about the shortage. Using telehealth and networks may be the best route for our state. Finding one town willing to take this project on will be the next step.

**MOTION:** **Vice Chairman Packer** made a motion to send **HCR 9** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Wintrow** will sponsor the bill on the floor.

**H 191:** **Pam Eaton**, President, CEO, Idaho Retailers Association and Idaho State Pharmacy Association, presented **H 191** to increase consumer access to certain low-risk medications through pharmacists. Already able to prescribe a variety of stipulated products, this gives the Board of Pharmacy limited rule making authority to add items to the existing approved product list in accordance with the Federal Drug Administration approved labeling.

Such products do not require a new diagnosis, are minor and self-limiting, are waived under the clinical laboratory improvement amendments (CLIA), or have an immediate life saving need. It would also restrict the Board from including any compound, biological products, or controlled substances. This would comply with the Legislative review of all Rules.

This addresses current bottlenecks for low-risk medications, such as those used for travel, cold sores, and lice. Expanding the scope of practice is evolutionary and happens in every profession.

**Trent Galloway**, Student Pharmacist, Idaho State University, testified **in support** of **H 191**. Student pharmacists are ready, willing, and able to provide the services to help pharmacists be better leveraged to their full potential.

**MOTION:** **Rep. Perry** made a motion to send **H 191** to the floor with a **DO PASS** recommendation.

**Susie Pouliot**, Idaho Medical Association, testified **in opposition** to **H 191**. This Legislation will provide a liberal, broad-based law. Only two states currently allow independent pharmacist prescribing authority, with parameters specifying drug classes, patient's age, and Board supervision. There is no Legislative direction on use of the broad authority and no guidance on the class of drugs, which could include contraceptives. There is a need for age limits, and parental consent or notification. Product discussions will be determined during the Rule making process, limiting public scrutiny and transparency.

**Laura Churns**, Pharmacist, Director, Pharmacy Legislative and Regulatory Affairs, Albertson's, testified **in support** of **H 191**. She stated the travel health program, available in thirteen states, is a quick and convenient way to come into the pharmacy during their extended and weekend hours, get screened, and receive the various medications and vaccinations needed.

**Francoise Cleveland**, AARP, Associate State Director of Advocacy, and **Kevin Cleveland**, Associate Dean of Student Services, Idaho State University, College of Pharmacy, appeared before the committee **in support** of **H 191**.

**Alex Adams**, Executive Director, Idaho State Board of Pharmacy, testified **in support of H 191**. He said this approach changes their current rule making submission for each drug and each class they want added to the existing approved product list.

Answering questions, **Dr. Adams** explained their negotiated rule making includes public notice, a live public meeting, additional time for the process, and the board deliberation on every comment. The process starts in the summer to provide time for more evidence and more public comment opportunities. Age and other limitations will be part of the rule making process, with individual requirements based on each drug and drug class.

The consumer pays no office visit cost when products are administered at a pharmacy location. Idaho allows physician dispensing and has 283 prescriber drug outlets. Physician dispensing regulations have been broadened to allow physicians to dispense substances without the government dispensing slip.

Responding to a question about Temporary Rule usage, **Dr. Adams** explained this is not a usual practice. Recent use addressed the immediate public safety need of a controlled substance which had caused two deaths in the state. Temporary Rules have strict requirements and have to be approved by the Governor.

**Rep. Hixon**, speaking **in support** of the motion, stated this is a good faith move and he expects the Board of Pharmacy to continue their transparency practice. Giving this authority requires very close Rules review.

**VOTE ON MOTION:**

**Chairman Wood** called for a vote on the motion to send **H 191** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Perry** will sponsor the bill on the floor.

**ADJOURN:**

There being no further business to come before the committee, the meeting was adjourned at 9:54 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

**AMENDED AGENDA #2**  
**HOUSE HEALTH & WELFARE COMMITTEE**  
**8:30 A.M.**  
**Room EW20**  
**Tuesday, February 28, 2017**

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#"><u>RS25393</u></a>	Fish and Game Programs	Sharon Keifer, Fish and Game Department
<a href="#"><u>RS25398</u></a>	Asbestos Bankrupt Trust Claims Transparency	Alex LeBeau, Idaho Association of Commerce & Industry
<a href="#"><u>RS25368</u></a>	Federal Facility Agreement - Consent Order	Rep. Jeff Thompson
<a href="#"><u>RS25381</u></a>	Secure Treatment Facility <i>(Testimony will be allowed on changes only)</i>	Cameron Gilliland Division of Family & Community Services
<a href="#"><u>H 187</u></a>	Secure Treatment Facility	Cameron Gilliland
<a href="#"><u>S 1081</u></a>	Immunization Assessment Board - Sunset	Rep. Jeff Thompson

***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 Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley(Lohman)  
Rep Zollinger  
Rep Chew  
Rep Rubel

COMMITTEE SECRETARY

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



MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Tuesday, February 28, 2017

**TIME:** 8:30 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley (Lohman), Zollinger, Chew, Rubel

**ABSENT/  
EXCUSED:** Representative(s) Lohman

**GUESTS:** Sharon Kiefer and Ed Schrerer, IDFG; Jay Stark, ISA; Cameron Gilliland, Blake Brumfield, and Gary Moore, DHW; Alex LaBeau, IACI; Sheriff Kieran Donahue, Canyon Country Sheriff's Office; Jim Baugh, DRI; Mel Leviton, SILC

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

**UNANIMOUS  
CONSENT  
REQUEST:** **Chairman Wood** made a unanimous consent request to remove **RS 25393** from the agenda and hear it, March 1, 2017. There being no objection, the request was granted.

**RS 25398:** **Alex LeBeau**, President, Idaho Association of Commerce and Industry, presented **RS 25398**, Proposed Legislation to establish new claimant procedures for required disclosures for civil action for damages due to asbestos exposure.

**MOTION:** **Rep. Redman** made a motion to introduce **RS 25398**. **Motion carried by voice vote.**

**RS 25368:** **Rep. Jeff Thompson**, District 30, presented **RS 25368**, a House Joint Memorial to show Legislative support of the Department of Energy, the Administration, and the Congress in the twenty-fifth anniversary of the signing of the Federal Facility Agreement and Consent Order.

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

**MOTION:** **Vice Chairman Packer** made a motion to introduce **RS 25368** and recommend it be sent directly to the Second Reading Calendar. **Motion carried by voice vote.** **Rep. Thompson** will sponsor the bill on the floor.

**UNANIMOUS  
CONSENT  
REQUEST:** **Chairman Wood** made a unanimous consent request to hear the merits of **RS 25391**. There being no objection, the request was granted.

**RS 25391:** **Cameron Gilliland**, Deputy Administrator, Family and Community Services, Developmental Disabilities Programs, presented **RS 25391**. This Proposed Legislation, for the South West Idaho Treatment Center (SWITC) , establishes a secure treatment facility with the addition of secure features. It also provides long term consideration of a four-bed facility on the SWITC campus. This replacement Legislation is a result of stakeholder and advocate meetings to address differences and concerns.

The agreed upon changes clarify both the court as a necessary and required front door for the secure facility and the Director of the Department of Health and Welfare's (DHW) authority. Clarification is made to court notifications, dual diagnosis, visitation rights, appeals, and restraints. The emergency clause has been changed to include advocates in both licensure development and rule making.

Answering questions, **Mr. Gilliland** said the facility licensure will continue the existing annual visit from the Department of Licensing and Certification. The prevention and advocacy organizations would have access to the facility to investigate any abuse issues. The \$1.7M new facility cost is based on a previous architectural design to move the entire SWITC campus. He assured the committee any building or retrofitting would occur at a future time and only with Legislative appropriation.

The immediate need requires temporarily moving clients out of one building so it can be fitted with locks, cameras, and staff. The required upgrade funding is available in the current budget. Nothing in this Legislation obligates funds at this time. The fiscal note clarifies funds may be needed in the future, depending on the demand.

Responding to questions, **Mr. Gilliland**, stated the admission criteria requires a primary diagnosis along with specific criteria. The person is civilly committed to the Department's custody after committing a crime, found to be incompetent to stand trial, and still considered dangerous. The less common way to enter the facility is through a court petition stating the person is a danger to themselves or others, with a resultant court ordered commitment. The court must also rule the person presents a substantial danger and the secure facility is required. A thirty-day appeal notice is given to a variety of parties.

Upon release and a finding of competency, the individual could return to the jail to stand trial for their crime. Those found incompetent would remain at SWITC to work toward stabilization, a step down in restrictions, rehabilitation, and possible return to the community. SWITC is a stabilization and transition center with an average stay length of less than two years. Staffing ratios, with a secure facility, would be less than the current two-to-one ratio.

**MOTION:**

**Vice Chairman Packer** made a motion to introduce **RS 25391** and recommend it be sent directly to the Second Reading Calendar.

**Sheriff Kiernan Donahue**, Canyon County Sheriff's Office, testified **in support of RS 25391**. He said over time the statewide mental health crisis may increase the number of beds. The safety of the staff and public is paramount and the immediacy to protect them needs to be underlined. He expressed hope in continued dialogue with stakeholders. This type of secure facility is unquestionably better than county jails, where staff and the facility are not equipped to handle the needs for this population.

**Jim Baugh**, Executive Director, Disability Rights of Idaho, testified **in support of RS 25391**. The jail is the worst place for someone with a mental illness. This facility is specialized and exclusive for those persons with developmental disabilities and a mental illness, a smaller population than those with mental illness alone. This situation is a result of eliminating early treatment through community-based mental health services. The long term remedy is to rebuild the community mental health system and include persons with dual diagnosis.

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

**Reps. Hixon, Chew, Vander Woude, and Chairman Wood** commented **in support** of the motion. This is a good first step to stop the staff injuries.

**VOTE ON MOTION:**

**Chairman Wood** called for a vote on the motion to introduce **RS 25391** and recommend it be sent directly to the Second Reading Calendar. **Motion carried by voice vote. Chairman Wood and Rep. Rubel** will sponsor the bill on the floor.

**H 187:**

**Vice Chairman Packer** made a motion to **HOLD H 187** in committee. **Motion carried by voice vote.**

**S 1081:** **Rep. Jeff Thompson**, District 30, presented **S 1081**, Proposed Legislation to reset the Immunization Assessment Board sunset date from July 1, 2017, to July 1, 2019. The date change continues the forward movement of the Board. Answering a question, he said they hope to bring Legislation forward in the future to eliminate the two-year sunset date cycle.

**Dean Cameron**, Director, Department of Insurance (DOI), was invited to answer committee questions. He explained the assessment board creation to reduce General Fund spending, inclusion of insured children, the insurance company vaccine costs, and the resulting two-tier system. Through the fund, the Board purchases all vaccines at the vaccines for children (VFC) rate and the program continues to work as expected. Without the Board, the need would still exist and the previous two-tier system would return, increasing the use of General Funds.

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

Responding to additional questions, **Director Cameron** explained the DOI is the collection agent for the fund because they have a relationship with the insurance carriers and self-funded plans. All of the collected funds are transferred to the DHW to purchase the vaccines. This is the only program without DOI or DHW administrative costs. All funds collected are used for the immunization of a child.

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

**MOTION:** **Rep. Hixon** made a motion to send **S 1081** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Reps. Zollinger** and **Hanks** requested to be recorded as voting **NAY.** **Rep. Thompson** will sponsor the bill on the floor.

**ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 9:48 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  
Wednesday, March 01, 2017

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#">RS25407</a>	Oil/Gas Commission Duties	Rep. Judy Boyle
<a href="#">RS25348C1</a>	Noxious Weed - Japanese Yew	Sen. Lee Heider
<a href="#">RS25393</a>	Fish and Game Programs	Sharon Keifer, Fish and Game Department
<a href="#">H 213</a>	Behavioral Health Services	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 Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley(Lohman)  
Rep Zollinger  
Rep Chew  
Rep Rubel

COMMITTEE SECRETARY

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

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Wednesday, March 01, 2017

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel

**ABSENT/  
EXCUSED:** None

**GUESTS:** Ed Sherman and Sharon Kiefer, IDFG; Larry Fry and Jay Stark, Idaho Sportsmans Alliance; Lee Heider, Senate; Austin Hopkins and Jonathan Oppenheimer, ICL

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

**MOTION:** **Rep. Redman** made a motion to approve the minutes of the February 10, 14, and 24, 2017, meetings. **Motion carried by voice vote.**

**RS 25407:** **Rep. Judy Boyle**, District 9, presented **RS 25407**, a rewrite of the Oil and Gas code with renumbering, new definitions, and a name change to the Land Owner Protection Act.

**MOTION:** **Rep. Blanksma** made a motion to introduce **RS 25407**. **Motion carried by voice vote.**

**RS 25348C1:** **Sen. Lee Heider**, District 24, presented **RS 25348C1** designating the Japanese Yew as a noxious weed and providing a specific exemption from the Director of the Department of Agriculture.

**MOTION:** **Rep. Redman** made a motion to introduce **RS 25348C1**. **Motion carried by voice vote.**

**RS 25393:** **Sharon Kiefer**, Deputy Director, Idaho Department of Fish and Game, presented **RS 25393**, Proposed Legislation for new revenues for the prevention of wild life depredation, compensation for private land damage, and sportsmen access programs.

**MOTION:** **Rep. Gibbs** made a motion to introduce **RS 25393**. **Motion carried by voice vote.**

**H 213:** **Treana Clark**, Program Manager, Idaho Department of Health and Welfare, Division of Behavioral Health, presented **H 213**. This Legislation amends Regional Behavioral Health Services. Changes include removal of references to the initial Regional Behavioral Health Board appointments and the addition of both a prevention specialist and county commissioner to the Board membership. Definitions are updated to include family support partner, peer support specialist, and supportive services.

Answering a question, **Ms. Clark** said a prevention specialist would be someone involved with a school district and providing prevention services in their community. These individuals are already attending and participating in Board meetings. Their inclusion allows them to be a part of the decisions for prevention services provided in the communities.

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

**MOTION:** **Rep. Rubel** made a motion to send **H 213** to the floor with a **DO PASS** recommendation.

**Rep. Zollinger** spoke **in opposition** to the motion, sharing his concern regarding a private organization choosing the board members for a government agency.

**Rep. Blanksma**, **in opposition** to the motion, noted the lack of county association representation in the meeting audience.

**Ross Edmunds**, Administrator, Division of Behavioral Health, was invited to answer a question. The Idaho Association of Counties requested this inclusion to insure counties have fair and equal representation on the regional boards. The current membership language stipulates a commissioner, not a designee, be on the Board. The boards move the locus of control to the community level to give them a local board which includes county commissioners and community behavioral health members.

**SUBSTITUTE MOTION:**

**Vice Chairman Packer** made a substitute motion to **HOLD H 213** for time certain, Friday, March 3, 2017.

Speaking to the substitute motion, **Vice Chairman Packer** stated this will allow the counties to attend the hearing and provide a better understanding of the language and county representation.

**Rep. Kingsley** commented, as a member of the Region Two Behavioral Health Board, the Association of Counties would be used to facilitate attendance at the meetings. He is **in opposition** to the substitute motion.

Responding to a question, **Ross Edmunds** said the Board has twenty-three members, including the new prevention specialist member.

**VOTE ON SUBSTITUTE MOTION:**

**Chairman Wood** called for a vote on the substitute motion to **HOLD H 213** for time certain, Friday, March 3, 2017. **Motion carried by voice vote. Rep. Kingsley** requested to be recorded as voting **NAY**.

**ADJOURN:**

There being no further business to come before the committee, the meeting was adjourned at 9:26 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

AGENDA  
**HOUSE HEALTH & WELFARE COMMITTEE**  
8:30 A.M.  
Room EW20  
Friday, March 03, 2017  
*Note Time Change*

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#">H 212</a>	Psychologists - Prescribing Drugs	Kris Ellis, Idaho Psychological Association
<a href="#">H 213</a>	Behavioral Health Services	Treena Clark, 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 Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley(Lohman)  
Rep Zollinger  
Rep Chew  
Rep Rubel

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
email: [hhel@house.idaho.gov](mailto:hhel@house.idaho.gov)

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Friday, March 03, 2017

**TIME:** 8:30 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel

**ABSENT/  
EXCUSED:** Representative(s) Kingsley, Redman

**GUESTS:** Daniel Chadwick, Idaho Assn of Counties; Kris Ellis, Susan Farber, Paige Haviland, Dr. Robert Colhan, and Deborah Katz, IPA; Ken McClure, IMA; Lyn McArthur, IPA & Health West; Kent Kunz, ISU; Alex Capple, Citizen

**Chairman Wood** called the meeting to order at 8:36 a.m.

**H 212:** **Kris Ellis**, Idaho Psychological Association, presented **H 212**. This Legislation sets the gold standard for education and training for prescribing psychologists. It adds access to mental health professionals, especially in rural communities. Two years of full time didactic education at an accredited institution with a resulting master's degree in psychopharmacology is required. Also required are a two-year supervision period, collaboration with the patient's primary care provider, and an advisory council to guide the Board of Psychology in matters relating to prescribing psychologists.

**Virginia Paige Haviland**, President, Idaho Psychological Association, Licensed Clinical Psychologist, testified **in support of H 212**, which allows properly trained psychologists the ability to have prescribing authority. This eliminates long wait times for comprehensive care and psychiatric intervention. The Idaho State University (ISU) proposed brick and mortar program will also provide a potential site for the Navy's psychologist training program.

**Lynn McArthur**, Licensed Psychologist, Health West, Member, Idaho Psychological Association, testified **in support of H 212**. She described her small town and community health center environment, where one third of her patients are uninsured, there are no qualified mental health medication management referral choices, there are three-month waits for visits to psychiatrists, prescriptions are given by unqualified professionals, and local psychiatric units must divert new short-term care patients to Twin Falls or Boise. With prompt care from thoroughly trained prescribers able to consider psychotherapy and medication treatments, there would be a decline in jail, hospital, and suicide rates.

Answering questions, **Dr. McArthur** said psychiatrists are willing to see uninsured customers, if they have the \$300 per consultation paid up front. Referrals are often to mid-level providers, who have had little training in mental health. Although Medicaid has visit timeliness requirements, providers have noted the inability to keep those requirements due to the demand.

**Alex Capple**, Citizen, testified **in support of H 212**. He shared his personal experience, which began in kindergarten, the benefits of consistent counseling, and the side effects of poorly prescribed medications. His treatment team has provided hope and an ability to move forward. Having the option to discuss medication side effects beyond a medical appointment is important to provide a different and whole way of treatment success.



**Ken McClure**, Idaho Medical Association, Idaho Psychiatric Association, testified they are **neutral** to **H 212**. Although concerns still exist regarding the scope of practice, this is a suitable educational process to substantiate the privileging they are seeking to obtain, based on ISU providing an appropriate educational system. This Legislation provides accommodation for public health.

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

**MOTION:** **Rep. Perry** made a motion to send **H 212** to the floor with a **DO PASS** recommendation.

Responding to a question, **Kris Ellis** said this group is housed within the Board of Psychology and an expert advisory board will cover the current lack of prescribing psychologists on the Board. The certification cost is expected to cover any costs related to Rule making and the advisory panel.

**Chairman Wood** commented a great deal depends on ISU developing a two-year brick and mortar program certifying a master of psychopharmacology with the equivalent knowledge of a psychiatric nurse practitioner with prescriptive authority.

Answering a question, **Kris Ellis** stated several studies have shown therapy with medication management is the best practice to reduce the patient's time on medication.

**VOTE ON MOTION:** **Chairman Wood** called for a vote on the motion to send **H 212** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Hixon** requested to be recorded as voting **NAY.** **Rep. Perry** will sponsor the bill on the floor.

**H 213:** **Chairman Wood** returned **H 213** to the committee for consideration, which was held for time certain from the meeting of Wednesday, March 1, 2017.

Answering a question, **Treena Clark**, Program Manager, Division of Behavioral Health, said the family support partner and peer support certification process and standards already exist.

**Dan Chadwick**, Executive Director, Idaho Association of Counties (IAC), testified **in support** of **H 213**. Using the IAC district is consistent with the Behavioral Health Board appointment process to link the actual Board participants to their regions. It is also consistent with other statutes, provides consistency, and allows reporting to keep officials up to date.

Answering questions, **Mr. Chadwick**, said all counties belong to the IAC. They have to assure there is large and small county representation. The IAC creates the districts for the convenience of getting the officials together.

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

**MOTION:** **Vice Chairman Packer** made a motion to send **H 213** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Reps. Zollinger, Hanks, and Blanksma** requested to be recorded as voting **NAY.** **Rep. Kingsley** will sponsor the bill on the floor.

**ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 9:22 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, March 06, 2017

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#">S 1060</a>	Health Care - Cytomegalovirus (CMV)	Sen. Lee Heider

***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 Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley  
Rep Zollinger  
Rep Chew  
Rep Rubel

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
email: [hhel@house.idaho.gov](mailto:hhel@house.idaho.gov)

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Monday, March 06, 2017

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel

**ABSENT/  
EXCUSED:** Representative(s) Perry

**GUESTS:** Lee Heider, Senate; Rebekah Hall, Erica Jensen, Jessica Rachels, Patrick Rachels, and Bianca Martinez; Christine Pisani, Idaho DD Council; Dieuwke A. Disney-Spencer, IDHW-Div. of Public Health; Emily McClure, March of Dimes

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

**MOTION:** **Rep. Redman** made a motion to approve the minutes of the February 21, 23, 28, and March 1, 2017, meetings. **Motion carried by voice vote.**

**S 1060:** **Sen. Lee Heider**, District 24, presented **S 1060**. Cytomegalovirus (CMV) is a member of the Herpes family, has no symptoms, has no known cure, and can pass through the placenta to an unborn child. This Legislation directs the Department of Health and Welfare (DHW) to provide information on CMV symptoms and prevention. There are approximately 30,000 babies born with CMV every year who may develop permanent and severe disabilities. Many health care providers are unfamiliar with CMV and its impact on an unborn child. We need to insure Idaho women and their doctors have access to accurate and updated information to prevent CMV infection.

**Rebekah Hall**, Idaho CMV Advocacy Project, testified in support of **S 1060**.

Although relatively unknown, most individuals are infected with CMV by forty years of age. CMV is typically harmless, displaying common cold symptoms in healthy persons. However, it is one of the few viruses able to cross the placental barrier, making it very dangerous if contracted by a pregnant woman.

The Center for Disease Control reports one in 150 babies is born with CMV and one in five will have resulting long-term disabilities. This makes it more prevalent than the well-known Zika Virus, HIV, Spina Bifida, and Downs Syndrome.

After sharing the impact of CMV on her daughter and her family, she said all women should be able to easily understand how and why to prevent the CMV infection. Fiscally, the information distribution will save the state millions of dollars in the care and treatment of the various disabilities associated with CMV infection.

Answering a question, **Ms. Hall** said the virus spreads from wet bodily fluid to wet bodily fluid. Women working in day care facilities or with toddlers at home are at more risk. The virus, in existence for a long time, has recently been identified as a cause for many disabilities, particularly hearing loss beyond genetic abnormalities.

**Erica Jensen**, Nampa Resident, Registered Nurse, testified in support of **S 1060**. She shared the story of her second pregnancy and the questions that led to a CMV test with a confirmed diagnosis. Cost of preventative programs are much less. Public education to prevent one child from being infected is well worth the cost and effort.

Answering questions, **Ms. Jensen**, said she learned that a positive mononucleosis test result can actually be a false positive and indicative of CMV. Like chickenpox, CMV stays in the system and can be reactivated. Education will address how common the virus is and the importance of early detection.

**Patrick Rachels**, Sandpoint Resident, read the testimony from **Claire Szewczyk**, Audiology Student, Idaho State University, Co-founder, Idaho CMV Advocacy Project, **in support** of **S 1060**. CMV is the number one non-genetic cause of sensorineural hearing loss, the most common birth defect. Hearing loss causes delays in speech and language development, which can lead to learning problems and social isolation. (See Attachment 1)

**Jessica Rachels**, Sandpoint Resident, Member, CMV Advocacy Project, testified **in support** of **S 1060**. As a child care provider, she was never informed of her increased CMV risk. The standard health care precautions, such as washing her hands often and using two tissues when wiping a child's nose, are ineffective CMV preventive measures. Had she known about CMV, she would have taken extra precautions to protect her unborn child, who now suffers from disabilities. It is not too late to save future children.

**MOTION:**

**Rep. Redman** made a motion to send **S 1060** to the floor with a **DO PASS** recommendation.

**Christine Pisani**, Idaho Council on Development Disabilities, testified **in support** of **S 1060**. CMV, if transmitted to a child or any other individual with a compromised immune system, may result in permanent life-long developmental disabilities and a significantly shortened life span. The proposed education would provide pregnant women with the knowledge they need to take steps to protect their unborn and newborn babies from this silent virus.

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

In closing, **Sen. Heider** stated with no cure, prevention is very important. The cost of educational materials becomes minor if just one child is kept from contracting CMV.

**Dieuwke Disney-Spenser**, Deputy Administrator, Division of Public Health, DHW, was invited to answer a question. She said the Division of Public Health receives only federal funds. They can use information developed by other states and work with medical community partners to get information about CMV into the community. With or without passage of the **S 1060**, the Division of Public Health is committed to work with the Idaho CMV Advocacy Program and develop a specific CMV campaign.

**SUBSTITUTE MOTION:**

**Rep. Hanks** made a substitute motion to send **S 1060** to the floor with a **DO PASS** recommendation without the funding stipulated in the Fiscal Note.

**SUBSTITUTE MOTION WITHDRAWN**

After further discussion, **Rep. Hanks** asked to have her substitute motion withdrawn.

Answering further questions, **Ms. Disney-Spenser** said the DHW can and will incorporate CMV education within their existing programs, which highlight specific issues each year with a bigger campaign. They can use information already produced by the Idaho CMV Advocacy Project. Their commitment exists with or without this Legislation.

**Mr. Rachels** answered an earlier committee question. CMV, an ancient virus, is the only survivor virus which has learned to live with the host. It is a silent virus with no significant illness signs. New research suggests there may also be side affects for the adults contracting the virus.

**VOTE ON  
MOTION:**

**Chairman Wood** called for a vote on the motion to send **S 1060** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Reps. Zollinger and Hanks** requested to be recorded as voting **NAY. 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 9:56 am.

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Representative Wood  
Chair

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Irene Moore  
Secretary

**Public Testimony Before House Health and Welfare Committee  
Regarding Health Care/Cytomegalovirus #S1060**

Senator Heider, Senator Souza and Members of the Committee,

My name is Claire Szewczyk and I am a first year audiology graduate student at Idaho State University. I am also one of the co-founders of the Idaho CMV Advocacy Project, a grassroots campaign that was started to spread awareness across the state.

In 2014 I was an undergraduate student at Utah State University working for the Sound Beginnings program in Logan, Utah. It was there I met and worked with Daisy, a young girl who inspired the Cytomegalovirus Public Education and Testing law for the state of Utah. I, like the majority of the hundreds of thousands of women in the state, had never heard of “Cytomegalovirus” or “CMV” before. That was until I became an employee for the Utah Department of Health.

The law that was passed by Utah directed the Department of Health to create an educational program to inform pregnant women, and women who may become pregnant, about CMV. As a former employee, I was also a part of the Cytomegalovirus Public Health Initiative and was able to see firsthand how this program impacted the state. In the three and a half years since its inception, the Utah Cytomegalovirus Public Health Initiative has provided a substantial amount of resources to women and families – everything from brochures and pamphlets for hospitals, physicians and daycares, to public transit campaigns, public service announcements, and even a public health conference. The program made such an impact to the community, I even had people who would tell me, “Oh I saw your advertisement about CMV on the bus today!” or “There were brochures about CMV at our health fair!”

Cytomegalovirus is also the number one non-genetic cause of sensorineural (inner ear) hearing loss. Outside of genetic factors, sensorineural hearing loss is the most common birth defect – with three times the prevalence of Down syndrome! Hearing loss is a very important thing to consider with the development of children. It causes delay in the development of speech and language. The language deficit causes learning problems that result in reduced academic achievement. Communication difficulties often lead to social isolation and poor self-concept, and ultimately it may play a role in vocational choices. Just think about that – Cytomegalovirus is the number one contributor to sensorineural hearing loss accounting for almost 50% of cases and sensorineural hearing loss is the number one birth defect in children. Yet only about 9% of women in the United States know what CMV it is!

It is time for Idaho to change this. We can make a difference by following suit with Utah through the passage of this bill for a CMV educational program. The consideration of this legislation would only be doing a service for the many children impacted by CMV every day. As a future audiologist, I can do nothing but advocate for this.

Thank you for the opportunity. I am happy to answer any questions you may have.

Claire Szewczyk  
Idaho CMV Advocacy Project  
[idahocmv@gmail.com](mailto:idahocmv@gmail.com)  
idahocmv.com

AGENDA  
**HOUSE HEALTH & WELFARE COMMITTEE**  
9:00 A.M.  
Room EW20  
Thursday, March 09, 2017

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#">RS25475</a>	Remote Testimony	Rep. Caroline Nilsson-Troy
<a href="#">RS25453</a>	Wildlife - Wilderness Access	Rep. Caroline Nilsson-Troy
<a href="#">SCR 113</a>	Medical Residencies - Idaho Hospitals	Sen. Chuck Winder
	<u>Office of Performance Evaluations</u> Child Welfare System Report	Rakesh Mohan Lance McCleve Amanda Bartlett

COMMITTEE MEMBERS

Chairman Wood  
Vice Chairman Packer  
Rep Hixon  
Rep Perry  
Rep Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley  
Rep Zollinger  
Rep Chew  
Rep Rubel

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
email: [hhel@house.idaho.gov](mailto:hhel@house.idaho.gov)

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Thursday, March 09, 2017

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel

**ABSENT/  
EXCUSED:** None

**GUESTS:** Toni Lawson, Id. Hospital Assoc.

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

**MOTION:** **Rep. Rubel** made a motion to approve the minutes of the February 13, March 3, and 6, 2017, meetings. **Motion carried by voice vote.**

**RS 25475:** **Rep. Caroline Nilsson-Troy**, District 5, presented **RS 25475**. There are occasions when individuals, wishing to testify, are unable to travel to Boise to appear in person before the committees. Utilizing existing technology, remote testimony would address both individual and group opportunities. The Proposed Legislation authorizes a pilot program to determine interest, availability, cost estimates, and needed technology. The standards of decorum and the Chairman's discretion would still apply. Answering a question, she stated any appropriation request would be prepared at a future date.

**MOTION:** **Rep. Hixon** made a motion to introduce **RS 25475**. **Motion carried by voice vote.**

**RS 25453:** **Rep. Caroline Nilsson-Troy**, District 5, presented **RS 25453**. The state's constitution provides a strong statement about wildlife, including the rights to hunt, fish, and trap using traditional methods. All wildlife are declared to be the state's property to be preserved, protected, and managed within Idaho's borders. This Memorial reiterates Idaho's proprietary wildlife interest and protection. It also issues objection to anything blocking our efforts on state and federal land within the state.

**MOTION:** **Vice Chairman Packer** made a motion to introduce **RS 25453** and recommend it be sent directly to the Second Reading Calendar.

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

**VOTE ON  
MOTION:** **Chairman Wood** called for a vote on the motion to introduce **RS 25453** and recommend it be sent directly to the Second Reading Calendar. **Motion carried by voice vote.** **Reps. Rubel** and **Chew** requested to be recorded as voting **NAY**. **Rep. Troy** will sponsor the bill on the floor.

**SCR 113:** **Sen. Chuck Winder**, District 20, presented **SCR 113**. This Legislation acknowledges the need for pediatric, general surgical, and emergency care residencies, as reported by the annual Washington, Wyoming, Alaska, Montana, Idaho Physician Program (WWAMI) presentation. Other residencies have excellent state participation. Physicians are known to remain in their state of residency, which is an added benefit.

Answering questions, **Sen. Winder**, said this is a request, with no directive to hospitals. If approved, the Resolution and a cover letter will be sent out to increase awareness and encourage various medical facilities to consider including the three specialties.



**Reps. Vander Woude and Hixon** commented **in support** of **SCR 113**. This Resolution assures hospitals of the Legislature's seriousness on the issue. Incentives may be required to increase these special residencies.

**MOTION:**

**Rep. Hixon** made a motion to send **SCR 113** to the floor with a **DO PASS** recommendation.

**Toni Lawson**, Vice President, Government Relations, Idaho Hospitals Association, testified **in support** of **SCR 113**. They appreciate the Legislature's encouragement and continue their long-standing commitment to residency programs. Although there are no general surgery or pediatric residency programs, they do have residency participants doing their pediatric rounds at Idaho hospitals. The facilities would be better able to financially support additional residency programs if the Legislature would decrease their charity care and bad debts costs.

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

**Chairman Wood** commented, **in support** of the motion, residency programs are based on the amount of necessary pathology for competency within a three or four-year period of time. Some residencies are limited by the available population. This Resolution encourages everyone to do what it takes to meet the population threshold, including sharing border communities.

**VOTE ON MOTION:**

**Chairman Wood** called for a vote on the motion to send **SCR 113** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Vander Woude** will sponsor the bill on the floor.

**Rakesh Mohan**, Director, Office of Performance Evaluations (OPE), presented the OPE Evaluation Report on the Child Welfare System. He said the social workers and foster parent groups need to connect for the fullest potential working relationship. The report findings highlight the need for a formal, system-wide oversight entity, such as a Legislative standing committee, and a well-established systems approach for the Child Welfare System.

**Lance McCleve**, Principal Performance Evaluator, OPE, explained how critical issues within the Child Welfare System have led to program inconsistencies, diminished fidelity, and lack of mobility. The worsening foster parents shortage makes it harder to place children in appropriate homes. Excessive workloads have compromised performance and created a gap between expectations and reality, leading to a program culture of compromise, with poor performance becoming excusable and expected. The Child Welfare System includes many programs, such as the Legislature, courts, law enforcement, schools, and foster homes. Collaboration and accountability at a systems level rests on child and family services, although positive outcomes depend on the performance of all the partners.

Creation of a dedicated entity is needed to bring together this system-wide oversight. Other states have had good results using a special Legislative committee to ensure ongoing accountability, visibility, and accessibility for all child welfare partners and stakeholders.

There are other areas in need of attention. Community services for children and families provide intervention to make change during the child protection cases. These services are either difficult to obtain or unavailable. Court Appointed Special Advocates (CASA) are not considered an effective accountability source for the Department of Health and Welfare. Preventive measures require a systems-based approach incorporating individual, family, community, and policy-level changes.

Additionally, the term "best interest of the child" requires a defined meaning and implementation. A consultant is currently working to provide term clarification and interpretations by other states.

**Amanda Bartlett**, Principal Performance Evaluator, OPE, said persistent nationwide problems arise from the goal to strengthen both families and protective parental capacities. To address the decrease in licensed foster parents, ongoing recruitment efforts are needed along with specific regional need assessments.

A child welfare worker survey indicated problems from a lack of case load management time. Case loads run 26% to 36% higher than those of social workers and managers. The daily inability to give immediate and full attention to every issue has led to lowered morale and a gap between work expectations and reality. This is a group of highly committed individuals who are putting action behind their passion for families and kids.

**Rep. Perry** commented the OPE report will be helpful to the interim committee. Different ideas, expectations, and ongoing issues need to be addressed correctly. Even the concept of who the client is has become blurred.

**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

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Irene Moore  
Secretary

AGENDA  
**HOUSE HEALTH & WELFARE COMMITTEE**  
9:00 A.M.  
Room EW20  
Tuesday, March 14, 2017

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SUBJECT	DESCRIPTION	PRESENTER
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Listening Session

Contract Management of Non-Emergency Medical Transportation

Veyo:

Josh Komenda, Anne Madsen, Shannon Frank,  
Steve Thomas

DHW/Medicaid:

Dick Armstrong and Matt Wimmer

**No public testimony will be taken**

COMMITTEE MEMBERS

Chairman Wood  
Vice Chairman Packer  
Rep Hixon  
Rep Perry  
Rep Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley  
Rep Zollinger  
Rep Chew  
Rep Rubel

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
email: [hhel@house.idaho.gov](mailto:hhel@house.idaho.gov)

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Tuesday, March 14, 2017

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel

**ABSENT/  
EXCUSED:** Representative(s) Zollinger

**GUESTS:** Adelita Woolf, Targhee Regional Public Transit; Terri Lindenberg, Miranda Murray, and Debbie Maxwell, Treasure Valley Transit; Jefferson Tsosi, TRPTA; Darren Talley, White Tail Transportation; Kelli Bodesheim, Community Trans. Assoc. of Idaho, CTAI; Ken Robius and Dave Holt, Idaho AG

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

**Chairman Wood** informed the committee of the meeting's focus to discover what the Department of Health and Welfare (DHW) and Veyo are doing to resolve the complaints and problems facing Idaho citizens using the non-emergency medical transport (NEMT) contract services.

**Dick Armstrong**, Director, DHW, gave an overview of the NEMT development, the previous trip payment method, the original 2010 contract, and the 2016 Veyo contract. The DHW is obligated to provide services in compliance with federal regulations and maintain individual rights. Federal changes required a more efficient contract arrangement with a per-member per-month (PMPM) basis. This new delivery method provides service quality and satisfaction at a lower and more predictable basis. The continuing DHW goal is improvement for better quality, better outcomes, and a healthier community.

**Matt Wimmer**, Administrator, Division of Medicaid, DHW, explained the transportation services approach. The 2010 contract was a shift from the existing state administration and a fee-for-service model to the nationwide brokerage method. This change addressed transportation duplication, cases of fraud, and driver termination restrictions.

To meet the contractor change challenge, stakeholders were asked for input prior to the request for proposal (RFP). Their response highlighted static rate difficulties. In response, the new contract included a provision stipulating 80% of all revenue go directly to transportation providers, raising the average per mile rate from \$1.65 to \$1.87.

The Veyo contract has stronger language to better monitor provider performance. In keeping with the value-based purchasing strategy, part of Veyo's payment is withheld based on their claims, call center performance, and driver performance. Veyo is currently meeting the requirements to receive the withheld amounts.

All contract requirements are subject to enforcement using a number of tools, including documented communication, formal corrective plan requests, penalties, and possible contract termination.

Two formal correction plans have been requested from Veyo to address customer service issues and assistance of persons with special health care needs. Both plans have been received, adjusted, and steady progress is being made by Veyo, who has been responsive to working with the DHW and community advocates to make improvements. The Joint Finance and Appropriations Committee (JFAC) has received a funding recommendation to be used for an NEMT audit and additional training. The goal is to build an excellent NEMT transportation system to be used as a model for other states.

Answering questions, **Mr. Wimmer** said the training will insure drivers are able to meet the special health needs of their passengers and provide a high level of service. Outside stakeholders, such as the Consortium of Individuals with Disabilities (CID) will continue providing input to help develop an effective training program.

Stakeholder feedback has led to reporting adjustments for more detailed information about missed trips. Although independent driver providers (IDP) are used, the majority of trips are by commercial providers. Passengers need to be surveyed about their experiences, which is expected to be part of the audit.

Because persons with disabilities thrive on routine, the contract requested Veyo not assign IDP drivers to this population. They were also instructed to honor patient driver requests as much as possible. There are times when health or mechanical issues make this impossible, raising the priority question of driver or appointment attendance. Another audit area is to determine if DD individuals are having their needs met.

Answering additional questions, **Mr. Wimmer** stated the DHW's use of an outside contractor is based on the specialized transport expertise involved, the extensive training required to use the existing DHW call center, and the desire to move from the fee-for-service model.

**Josh Komenda**, President, Veyo, appeared before the committee. Veyo is a privately held company based in San Diego, California, with a significant Boise team and presence. They operate NEMT contracts in six states and manage 2.5 million lives nationwide. Veyo's Idaho NEMT contract became effective July 1, 2016.

The Veyo team is sensitive to the challenges and disruptions of a new contract. They are committed 110% to working with both the DHW and stakeholders. As demonstrated in other states, they recognize the unique Idaho population requirements and the need to adapt their operations to assure Idaho's Medicaid participants are served well.

Statewide, Veyo completes approximately 100,000 trips each month, or 5,000 trips per business day. They work with over seventy contract providers. Five percent of the trips are completed by the IDP network. The call center answers between 20,000 and 25,000 calls per month. With this complex transportation logistical volume, mistakes sometimes happen. They are building quality assurance checks and balances in order to minimize the mistakes and address issues.

Complaints, which can originate from a variety of sources, are tracked and documented within Veyo's data base, which is open for the DHW to review. Investigation includes review of trip request phone calls, transport provider identification, transport provider information requests, and database searches for additional trip information. The use of GPS mobile applications to track trips gives call centers immediate knowledge of vehicle locations and participant movement.

Once all of the information is gathered, the team determines the complaint's substantiation within the NEMT scope. If substantiated, possible actions could be training, retraining, suspending, or terminating drivers. If an unsubstantiated determination is made, the reasons will be documented and shared with the DHW for their agreement. In either event, Veyo will work with the participant to prevent reoccurrence.

Their current complaint average rate is 0.1%, or 5 complaints per work day. This is comparable with the previous contractor's peak performance complaint rate.

Weather issues caused a temporary January and December cancellation spike, which has now lowered. Of the submitted complaints, 40% have been substantiated. The types of complaints include missed pickup (44%), late pickup (25.3%), scheduling error (9.3%), and driver issues (8.7%). To address these issues Veyo has adjusted their training programs, provider score cards, and introduced better tracking technology. Safety is their number one priority.

A unique Idaho trend is to request multiple trips at one time. Call center personnel were hanging up before the additional trips could be requested. Other call center issues were inconsistent responses to questions and a delay in call transfers to managers. These issues have been aggressively addressed through call center personnel retraining and new training programs.

The larger Idaho refugee community has required better use of Veyo's translation services and additional IDP driver training. With stakeholder assistance, development therapy and DD participant needs have led to improved methods for setting up trips. The unique Idaho use of NEMT to transport unaccompanied minors has required procedural adjustments to assure maximum transport safety.

The stakeholder comments and meetings have led to software changes and development of a provider advisory panel. Veyo continues to work with the community and has one-on-one meetings with health care facilities to understand and adapt to their needs.

Answering questions, **Mr. Komenda** said there are four call centers, Boise, Glendale, Arizona, Denver, Colorado, and Tuscon, Arizona. The Glendale location is a large 24/7 center for overflow and urgent after-hours calls.

**Mr. Komenda** said privacy issues prevent discussion of any specific complaint. He suggested the committee members contact the DHW regarding any particular issue.

Loaded mileage trips is the industry standard payment model. The GPS system is used for IDP trips and a new provider system is being rolled out as providers and drivers adjust their business models. Although unavailable for the public, the call center can look up a vehicle on the system and share the information with the DHW.

In closing, **Matt Wimmer** stated the DHW and Veyo are willing to provide additional information and meet individually with committee members regarding any other questions or concerns. The goal is to make issues and errors as minimal as possible to assure individuals arrive at their destinations.

**ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 10:03 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  
Wednesday, March 15, 2017

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SUBJECT	DESCRIPTION	PRESENTER
<a href="#">S 1126aa</a>	Safe Haven - Definition Revision	Sen. Bart M. Davis
<a href="#">S 1038aa</a>	Dentistry Board - Emergency Proceedings	Michael Kane, State Board of Dentistry

***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 Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley  
Rep Zollinger  
Rep Chew  
Rep Rubel

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
email: [hhel@house.idaho.gov](mailto:hhel@house.idaho.gov)

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Wednesday, March 15, 2017

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel

**ABSENT/  
EXCUSED:** Representative(s) Vander Woude

**GUESTS:** Mike Kane, ID Bd of Dentistry; Elizabeth Criner, ISDA

**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 March 9, 2017, meeting. **Motion carried by voice vote.**

**S 1126aa:** **Sen. Bart Davis**, District 33, Idaho Falls, presented **S 1126aa**. The Safe Haven Act, adopted in 2001, specifies locations where a newborn child can be surrendered without prosecution for abandonment. This Legislation extends the statute language to include fire stations, including tribal, and Emergency Medical Services, including stand alone facilities, as locations authorized to receive an infant. This inclusion provides the advantage of their medical training without the inclusion of law enforcement. The rest of the statute remains the same, including the putative father's rights.

As of 2001 a total of twenty-eight safe haven babies have been surrendered. Of those babies, twenty-five have been adopted, one died from birth complications, and two are in pre-adoptive foster care. The safe haven need still exists, as evidenced by the death of a child left at the side of the road last year.

Answering questions, **Sen. Davis** said the thirty-days from birth surrender limit was selected because this time frame has proven to have the greatest likelihood for such a need. The licensing requirement assures the appropriate training for the care and processing of the surrendered child.

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

**MOTION:** **Rep. Blanksma** made a motion to send **S 1126aa** to the floor with a **DO PASS** recommendation.

Responding to questions, **Sen. Davis** said the Safe Haven Act does not solve the issue of child abuse or neglect. Instead, it offers a parent, who has reached a certain point, the ability to surrender a child without hesitation, protecting the infant. The parent is not prosecuted for abandonment when a safe haven location is used. However, if a surrendered infant is obviously abused, the parent is not protected from prosecution for the abuse.

**Rep. Hixon** commented, **in support** of the motion, regarding the need for additional media coverage to get the information out to potential young mothers to assure they go to the right location.

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

**VOTE ON  
MOTION:** **Vice Chairman Packer** called for a vote on the motion to send **S 1126aa** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Vice Chairman Packer** will sponsor the bill on the floor.



**S 1038aa:** **Michael Kane**, on behalf of the Idaho State Board of Dentistry, presented **S 1038aa**, Legislation to give the Board of Dentistry the authority to respond quickly in an emergency, public danger situation. Although not a common practice, a recent situation required their immediate action and discovered their inability to proceed. This authority is similar to what other agencies have and the language is taken from the Board of Veterinary Medicine.

Answering questions, **Mr. Kane**, stated the Senate amended the right to appeal process, clarifying the right to an interlocutory appeal would still exist. Other actions beyond emergency proceedings would include temporary license suspension until the full hearing could occur.

**Elizabeth Criner**, Idaho State Dental Association, testified in support of **S 1038aa** to provide a tool to protect both their professional integrity and the public.

**MOTION:** **Rep. Redman** made a motion to send **S 1038aa** to the floor a **DO PASS** recommendation.

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

**VOTE ON MOTION:** **Vice Chairman Packer** called for a vote on the motion to send **S 1038aa** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Zollinger** will sponsor the bill on the floor.

**ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 9:44 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  
Monday, March 20, 2017

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#">H 11aaS</a>	Optometrists	Rep. Megan Blanksma
<a href="#">S 1139aa</a>	Health Care - Hospital Admissions	Rep. Caroline Nilsson-Troy

***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 Vander Woude  
Rep Redman  
Rep Gibbs

Rep Blanksma  
Rep Hanks  
Rep Kingsley  
Rep Zollinger  
Rep Chew  
Rep Rubel

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
email: [hhel@house.idaho.gov](mailto:hhel@house.idaho.gov)

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Monday, March 20, 2017

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel

**ABSENT/  
EXCUSED:** Representative(s) Vander Woude

**GUESTS:** Michael McGrane, Nurse Leaders of Idaho

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

**MOTION:** **Rep. Redman** made a motion to approve the minutes of the March 14 and 15, 2017, meetings. **Motion carried by voice vote.**

**UNANIMOUS  
CONSENT  
REQUEST:** **Chairman Wood** made a unanimous consent request to hear **S 1139aa** before **H 11aaS**. There being no objection, the request was granted.

**S 1139aa:** **Rep. Caroline Nilsson-Troy**, District 17, presented **S 1139aa**, Legislation to provide relief to rural understaffed medical facilities by clarifying the use of non-physician practitioners for patient admissions. The medical facilities would be able to grant admission privileges to physicians, physician assistants, and advanced practice nurses.

**Morgan Howard**, Senate Intern for **Sen. Dan Johnson**, was invited to answer a question. The Senate amendments stipulate non-physician practitioners have admission privileges within their licenses and with the facility's governing body and medical staff oversight. DHW Rule changes will be required for physician assistants and advanced practice nurses, although privileges are already allowed through their licensing boards.

**Michael McGrane**, Nurse Leaders of Idaho, testified in support of **S 1139aa**. Current statute facility limitations require the facility director admit patients. This legislation clarifies and updates standards of admission, recognizing it as a process. Mr. McGrane expressed concern with the wording of the amendment to Section 2. Upon questioning he agreed it is poorly stated but does not change the structure of the bill.

**MOTION:** **Rep. Redman** made a motion to send **S 1139aa** 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 **S 1139aa** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Troy** will sponsor the bill on the floor.

**H 11aaS:** **H 11aaS** was brought before the committee again for consideration of the Senate amendments.

**Mitch Toryanski**, Legal Counsel, Bureau of Occupational Licenses, on behalf of the Board of Optometry, presented the Senate amendments to **H 11aaS**. The Legislation requires every optometry licensed professional be certified to administer pharmaceutical agents, as specified. The first amendment changes the certification requirement date from January 1, 2019, to January 1, 2021. The amendment also changes the license expiration date, when a certification has not been obtained, from December 31, 2018, to December 31, 2020. A second amendment provides grandfathering to all optometrists licensed before 1990, allowing their continued practice to the end of their professional life without the authority to administer pharmaceutical agents.

**MOTION:** **Rep. Gibbs** made a motion to concur with the Senate amendments.

**Reps. Redman, Kingsley, and Chairman Wood**, spoke **in support** of the motion, although not in total agreement with the amendments. Concurrence moves the Legislation forward for the safety of the vast majority of optometry patients and prepares the way for a unified standard of practice.

**VOTE ON MOTION:** **Chairman Wood** called for a vote on the motion to concur with the Senate amendments. **Motion carried by voice vote.** **Reps. Blanksma, Perry, Zollinger, and Packer** 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 9:27 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary

AGENDA  
**HOUSE HEALTH & WELFARE COMMITTEE**  
8:30 A.M.  
Room EW20  
Tuesday, March 21, 2017

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#">S 1090aa</a>	Healthcare - Advance Directives	Robert Aldridge, Quality of Life Coalition

***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 Vander Woude

Rep Redman

Rep Gibbs

Rep Blanksma

Rep Hanks

Rep Kingsley

Rep Zollinger

Rep Chew

Rep Rubel

COMMITTEE SECRETARY

Irene Moore

Room: EW14

Phone: 332-1138

email: [hhel@house.idaho.gov](mailto:hhel@house.idaho.gov)

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Tuesday, March 21, 2017

**TIME:** 8:30 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel

**ABSENT/  
EXCUSED:** None

**GUESTS:** Ginger Wardhaugh and Clarke Hamon, Self; Judy Cross, The Interfaith Alliance of Idaho; Gail Vasquez, St. Lukes; Ruth Goldthwaite and Corey Surber, Saint Alphonsus; Kris Ellis, ID. Health Care Assoc.

**Chairman Wood** called the meeting to order at 8:31 a.m.

**MOTION:** **Rep. Redman** made a motion to approve the minutes of the March 20, 2017, meeting. **Motion carried by voice vote.**

**S 1090aa:** **Bob Aldridge**, Quality of Life Coalition, presented **S 1090aa**. This Legislation pertains to the fundamental human right to make our own medical decisions. Current practice often interprets existing statutes to deny the ability of a person diagnosed with developmental disabilities (DD) to make medical decisions for themselves. DD includes a wide range of disabilities and severity. Even with limited physical conditions, a person may have unaffected mental capabilities. The capacity tests for making medical decisions already exist in Idaho Code.

A respondent (an individual with DD and a guardian) has federal law and Idaho Administrative Code protections which do not exist in current Idaho DD statutes. The statute regarding advanced directives is out of date, especially regarding directive revocation, suspension, and presumed resuscitation consent.

**S 1090aa** clarifies statute to include persons with DD, who are not respondents, as persons who may consent to their own care. Revocation of advance directives has been updated to allow for any action showing the maker's intent to revoke the advance directive.

Other changes align with federal law and Idaho Administrative Code. New language clarifies the conditions and guidelines for a guardian's withdrawal or withholding of treatment. Appropriate nutrition or hydration is excluded from the treatment withdrawal. A guardian cannot refuse or withhold consent for medically necessary treatment when it would seriously endanger the respondent's life, health, or well-being. It also stipulates the health care provider or caregiver must provide, even without a valid guardian consent, the medically necessary treatment as authorized in the Medicaid Consent and Natural Death Act.

Revocation and suspension of an advance directive has been updated to include occasions when the directive no longer reflects the patient's wishes. There is also provision for the provider's use of an otherwise valid advance directive when there is no knowledge of a revocation or suspension.

Updates to cardiopulmonary resuscitation (CPR) consent presumption reflect current practice. Additional grammatical and terminology updates are made.

Answering questions, **Mr. Aldridge** said a surrogate decision maker (SDM) is someone appointed by the individual or court to make decisions on the persons behalf. If temporarily or permanently incapacitated, an SDM would be used. The SDM can be named in the healthcare durable power of attorney.

If the person with DD has no ability to communicate medical decisions, the guardian must go by their latest authentic expression. Nutrition and hydration are always to be provided, in alignment with the Baby Doe regulations. Guardians are required to complete a variety of training, including supportive decision making in extreme circumstances.

**Ginger Wardhaugh**, Boise Resident, testified **in support of S 1090aa**. She described her brother, Curtis, his pneumonia diagnosis, emergency room visit, acute respiratory distress syndrome, and care restrictions based on the existing statute. He had to endure medical interventions the family would not have chosen and he did not want. Their efforts to change his care plan were thwarted by the statute. Ms. Wardhaugh was finally able to get amended orders of guardianship to remove Curtis from life support, allowing him to die with his family and his dignity. The changes in **S 1090aa** provide that dignity.

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

**MOTION:** **Rep. Redman** made a motion to send **S 1090aa** to the floor with a **DO PASS** Recommendation. **Motion carried by voice vote. Rep. Rubel** will sponsor the bill on the floor.

**ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 9:21 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, March 23, 2017

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
<a href="#">S 1191</a>	Dietitians	Anne Lawler, Board of Medicine

***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	Rep Blanksma
Vice Chairman Packer	Rep Hanks
Rep Hixon	Rep Kingsley
Rep Perry	Rep Zollinger
Rep Vander Woude	Rep Chew
Rep Redman	Rep Rubel
Rep Gibbs	

COMMITTEE SECRETARY

Irene Moore  
Room: EW14  
Phone: 332-1138  
email: [hhel@house.idaho.gov](mailto:hhel@house.idaho.gov)



MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Thursday, March 23, 2017

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel

**ABSENT/  
EXCUSED:** Vice Chairman Packer, Representative(s) Hixon

**GUESTS:** Anne Lawler, Bd of Medicine

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

**MOTION:** **Rep. Redman** made a motion to approve the minutes of the March 21, 2017, meeting. **Motion carried by voice vote.**

**S 1191:** **Anne Lawler**, Executive Director, Idaho State Board of Medicine, presented **S 1191** on behalf of the Board of Medicine and the Dietetic Licensure Board. This Legislation replaces **H 129** and addresses concerns regarding assessment of costs and attorney's fees in a disciplinary proceeding.

The driving under the influence language previously found under the Grounds For Discipline Section has been removed. References to disciplinary sanctions of a fine up to \$1,000 and assessment of attorney's fees and costs have also been removed. The specified language had been added to be consistent with the Medical Practice Act and other state medical-related practice acts. The Board believes updating the scope of practice is more important at this time than retaining these sections.

**MOTION:** **Rep. Blanksma** made a motion to send **S 1191** to the floor with a **DO PASS** recommendation.

Answering questions, **Ms. Lawler**, said because the existing statute had not been updated for twenty-three years and there have been no legal proceedings for this group of professionals, the Board was willing to make the changes.

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 1191** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Reps. Zollinger** and **Hanks** requested to be recorded as voting **NAY.** **Rep. Perry** will sponsor the bill on the floor.

**Chairman Wood** thanked the committee page, **Tanna Adcock**, for her help during the second 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