

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Tuesday, January 23, 2018

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

**PLACE:** Room EW20

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

**ABSENT/  
EXCUSED:** Representative Perry

**GUESTS:** Hillarie Hagen, Idaho Voices; Sharon Hawkins, IACI; Dieuwke A. Disney-Spencer and Mary Sheridan, DHW-Division of Public Health; Susie Pouliot, Idaho Medical Assoc.; Stephanie Sayegh, Casey Suter, and Elke Shaw-Tulloch, DHW

**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 and 19, 2018, meetings. **Motion carried by voice vote.**

**RS 25777:** **Sharon Hawkins**, Idaho Association of Commerce and Industry, presented **RS 25777**, for the Idaho Immunization Assessment Board. The proposed Legislation makes a grammatical correction, adds one private self-funded insurance plan member, removes late or non-payment interest, and resets to a five-year sunset date of July 1, 2024.

Answering a question, **Ms. Hawkins** said the board manages immunization assessment funding and is not public, so members from providers not offering vaccinations would not be included.

**MOTION:** **Rep. Blanksma** made a motion to introduce **RS 25777**. **Motion carried by voice vote.**

**Pat Kelly**, Executive Director, Your Health Idaho (YHI), presented the 2018 YHI Legislative Update. Their main goal is to maintain maximum control of Idaho's health insurance marketplace with minimal cost to Idaho citizens.

In 2017 YHI experienced two enrollment periods, made extensive customer experience improvements, provided more product choices, remained nimble and adaptive to policy changes, maintained financial sustainability, increased customer service knowledge and skills, implemented technological improvements, and increased the number of consumer connectors.

The 2017 enrollment reached 93,000 Idahoans. More enrollees are women and adults over 55 years of age. Of the enrollees, 54% were between the ages of 26 and 54, 86% received a tax credit, and 71% selected a silver plan.

Total liabilities and net position is \$33,924,000, with \$23,233,000 in technology long-term assets. YHI implemented new requirements for special enrollments and provided a total of 299 plans, four medical carriers, and three dental carriers.

YHI continues to prepare for any future process and system changes, such as cost share reduction and the 2019 individual mandate.

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

**Mary Sheridan**, Bureau Chief, Bureau of Rural Health and Primary Care, Division of Public Health, Department of Health and Welfare (DHW), presented the loan repayment programs for physicians in the federally designated health professional shortage areas (HPSA). The action plan includes access to community paramedics, loan repayment, and telehealth. There are two loan repayment programs: the State Loan Repayment Program (SLRP), and the Rural Physician Incentive Program (RPIP).

The four-year SLRP federal grant provides \$250,000 per year and is in year four. Every federal loan repayment dollar must be matched by employers on behalf of the state. It requires an application by the clinician and the employer. The maximum grant is \$25,000 per year for two years, with renewal opportunities. Sites must offer a sliding fee scale and cannot deny service based on insurance status or ability to pay. Thirty-four clinicians are participating at twenty sites. Of the seventeen clinicians who completed a two-year service obligation, eight applied for continuations, and nine are practicing at their original SLRP site.

The Rural Physician Incentive Program (RPIP) is funded by students of the University of Washington and University of Utah medical school at an annual rate of \$1,608 per student. With 181 students in the programs the total annual receipt is \$291,048. Application priority is given for primary care, internal medicine, and pediatrics. Also given priority are those who paid into the fund or were Idaho residents before medical school. Participants can receive a maximum of \$25,000 per year for four years.

**Susie Pouliot**, Idaho Medical Association, Chair, RPIP Board, stated growing the HPSA physician workforce is a priority issue. Last year's award increase to \$100,000 has made Idaho more competitive with surrounding states and increased the outflow of monies from the RPIP pool. Continuing the current financial formula limits annual awards to three or four and will exhaust funds in six years. After considering many funding options, the Board will be presenting legislation for a \$640,000 appropriation, which, when combined with the \$320,000 expected from students, will provide \$960,000 per year going into the fund and increase funding to more applicants.

Responding to questions, **Ms. Pouliot** said the eight physicians this year receiving awards included two partial awards. Each application is scored on the area of practice, education components, payment into the fund, graduation from an Idaho high school, Idaho College of Osteopathic Medicine (ICOM) attendance, personal interests, and the sponsoring entity statement.

**ADJOURN:** There being no further business to come before the committee, the meeting adjourned at 9:48 a.m.

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Representative Packer  
Chair

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Irene Moore  
Secretary