MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Wednesday, February 07, 2018
TIME:	3:00 P.M.
PLACE:	Room WW54
MEMBERS PRESENT:	Chairman Heider, Vice Chairman Souza, Senators Martin, Lee, Harris, Agenbroad, Foreman, Potts, and Jordan
ABSENT/ EXCUSED:	None
NOTE:	The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.
CONVENED:	**Chairman Heider** called the meeting of the Health and Welfare Committee (Committee) to order at 3:00 p.m.
RS 26015	**Insurance Coverage for Contraceptives**. **Senator Buckner-Webb** explained that this bill would require health providers and insurers to make a 12-month supply of contraceptives available under certain health care benefit plans. **Senator Buckner-Webb** asserted that 11 states have similar legislation. She stated that this bill would improve women's health care, reduce costs, and increase convenience. The bill would be especially beneficial for women in the military, professional women on long-term assignments, and women away from home on extended stays. **Senator Buckner-Webb** emphasized the importance of using birth control consistently in order to avoid unintended pregnancies. One in four women have missed birth control pills because they could not obtain their prescription in a timely manner. This bill would make birth control more accessible, especially for women in rural communities. **Senator Buckner-Webb** noted that birth control pills are not only a form of contraception, but can also be used to treat endometriosis, polycystic ovary syndrome, hormonal imbalances, and menopause.
MOTION:	There being no more questions, **Senator Martin** moved to send **RS 26015** to print. **Senator Jordan** seconded the motion. The motion carried by **voice vote**. **Senator Potts** and **Senator Foreman** voted **nay**.
PASSED THE GAVEL:	Chairman Heider passed the gavel to Vice Chairman Souza.
DOCKET NO. 16-0309-1702	**Rules Relating to Medicaid Basic Plan Benefits**. **Tiffany Kinzler** introduced herself as the Bureau Chief for Medical Care in the Division of Medicaid within the Idaho Department of Health and Welfare (DHW). **Ms. Kinzler** explained that the proposed rule changes align Idaho administrative rules with federal law. The proposed changes update the procedures for requesting inpatient stays for medical procedures, surgical procedures, mental health, and substance use disorders. This docket would also remove caps on physicians providing psychiatric evaluations and psychotherapy to ensure access to medically-necessary services. **Ms. Kinzler** noted that the proposed rules also define terms and coverage for behavioral health services. DHW conducted negotiated rulemaking and held a public hearing. DHW provided clarification and made changes to the proposed rules based upon the concerns of stakeholders. **Ms. Kinzler** stated that the proposed rules, if approved, would become effective on July 1, 2018.

DISCUSSION: **Senator Martin** expressed concern that a patient's length of stay would be determined by DHW, not a doctor. He asked why DHW is responsible for determining an individual's length of stay. **Ms. Kinzler** explained that DHW partners with a Quality Improvement Organization (QIO), which uses nationally-recognized medical criteria to evaluate inpatient stays. A QIO ensures that inpatient stays align with acceptable medical practices. **Ms. Kinzler** noted that this allows DHW to provide inpatient prior authorizations. **Vice Chairman Souza** sought clarification regarding prior authorizations. She asked if someone from a QIO investigates a patient's medical records and decides whether the patient is ready for discharge. **Ms. Kinzler** noted that no one from a QIO physically enters the medical facility. The physician treating the patient provides documentation to the QIO and suggests a discharge or length of stay. The QIO then approves or denies the suggested length of stay. **Vice Chairman Souza** asked if this process creates excess work for physicians. **Ms. Kinzler** explained that the process is a typical management tool used in the medical industry. She noted the process only applies to a small set of conditions.

Senator Harris asked why "within 25 miles" was added to Paragraph 403.05.c. **Ms. Kinzler** stated that the addition was made to align Idaho administrative rules with federal regulations.

Senator Jordan sought more information regarding the prior authorization process previously described. She asked how many and which kind of stays are subject to prior authorization. **Ms. Kinzler** stated that she did not know how many stays are subject to prior authorization. She offered to search for that information and share it with Senator Jordan at a later time. **Ms. Kinzler** used hospitals stays for childbirth as an example of hospital stays not subject to prior authorization. As long as a mother's hospital stay does not exceed the medical industry standard, DHW does not require prior authorization for discharge.

Senator Jordan expressed concern that a QIO must approve a length of stay. **Ms. Kinzler** explained the QIOs use national criteria when deciding to approve or deny a suggested length of stay. If the QIO detects a problem, a doctor from the QIO will call the physician to discuss the issue. If a length of stay is denied, the physician can appeal the denial. **Ms. Kinzler** stated the majority of denied stays are denied due to lack of documentation. **Senator Jordan** asked if there are many stays that are questionable. She sought more information regarding the need for the prior authorization process. **Matt Wimmer** introduced himself and the Administrator of the Division of Medicaid within DHW. **Mr. Wimmer** noted that using a QIO is a federal requirement for all Medicaid programs. He explained that QIOs ensure that Medicaid only pays for appropriate services.

Senator Martin asked if the prior authorization process is meant to control costs. He also asked for reassurance that patients are not discharged until it is appropriate. **Ms. Kinzler** stated that hospitals do not discharge patients whose prior authorizations have been denied.

MOTION: There being no more testimony or questions, **Senator Harris** moved to approve **Docket No. 16-0309-1702**. **Senator Martin** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 16-0310-1702 **Rules Relating to Medicaid Enhanced Plan Benefits**. **Ms. Kinzler** stated that this docket would align the rules with the changes made in **Docket No. 16-0309-1702**. The proposed rule changes include a reference to the previous docket and clarify that individuals over the age of 65 are eligible for inpatient behavioral health services. If approved, the rule changes will become effective on July 1, 2018.

MOTION: There being no testimony or questions, **Senator Martin** moved to approve **Docket No. 16-0310-1702**. **Senator Jordan** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 16-0309-1703 **Rules Relating to Medicaid Basic Plan Benefits**. **Ms. Kinzler** explained that DHW's Medicaid and Infant Toddler programs are required by federal law to provide access to and reimbursement for early intervention services. Idaho's Infant Toddler Program provides early intervention services to children under three years of age who have a developmental delay or conditions which may result in a developmental delay. The services are provided at no cost to the family; the cost is covered by various State and federal programs.

Ms. Kinzler stated that this docket would consolidate the rules regarding Medicaid payment for early intervention services provided by the Infant Toddler Program. The proposed rule changes add three new sections supporting program eligibility, service coverage, limitations, provider qualifications, and reimbursement requirements. The changes also clarify: 1.) that early intervention services can only be provided pursuant to a current, individualized family service plan signed by a physician; 2.) that Medicaid reimbursement for early intervention services is based on the Idaho Medicaid fee schedule; and 3.) that payments are subject to pre-payment and post-payment review.

Ms. Kinzler asserted that these changes will ensure the appropriate use of federal Medicaid matching funds and State funds. These proposed changes will increase federal expenditures for early intervention services, but will not increase State General Fund expenditures.

DISCUSSION: **Senator Lee** indicated that most of the proposed rule changes were in section 585 of this docket. She asked which portions of the rule were completely new. She asked which changes were a result of federal compliance and which were left to State discretion. **Ms. Kinzler** explained that the entirety of section 585 included new language. She explained that this section consolidates rules regarding the Infant Toddler Program. **Senator Lee** asked if the provisions in section 585 are new. She inquired as to which policies were changed. **Ms. Kinzler** stated that the policies in section 585 are not new; the consolidated rule reflects current policy.

Senator Potts noted that the definition of a toddler was changed from a child under three years old to a child under 36 months of age. He stated that the proposed rules allow for coverage until the end of a child's 36th month. As an example, he noted that a child born February 1 would receive coverage until the end of February, as would a child born February 28. **Senator Potts** asked why this change was proposed, when it could cause some children to receive coverage for longer than others. **Ms. Kinzler** stated that this proposed rule changes reflects federal regulations. **Senator Potts** asked if all Medicaid benefits follow this timeline, ending on the final day of an individual's birthday month. **Ms. Kinzler** responded in the affirmative.

Senator Agenbroad commented that the acronym ITP (Infant Toddler Program) is used throughout this docket. He noted that a definition for the acronym is provided roughly halfway through the docket. He suggested that it be defined the first time the term is used. **Ms. Kinzler** stated that DHW will make a technical change to the rule to resolve the issue.

MOTION: There being no more testimony or questions, **Chairman Heider** moved to approve **Docket No. 16-0309-1703**. **Senator Lee** seconded the motion. The motion carried by **voice vote**.

Senator Martin clarified that the approval of this docket will include DHW's technical change to the definition of ITP.

DOCKET NO. 16-0310-1703 **Rules Relating to Medicaid Enhanced Plan Benefits**. **Ms. Kinzler** explained that this docket would remove rules related to early intervention services, which were consolidated in **Docket No. 16-0309-1703**.

MOTION: There being no more testimony or questions, **Senator Martin** moved to approve **Docket No. 16-0310-1703**. **Chairman Heider** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 16-0202-1701 **Rules of the Idaho Emergency Medical Services Physician Commission**. **Dr. Curtis Sandy** introduced himself as an Emergency Medicine and Emergency Medical Services (EMS) Physician, as well as the Chair of the Idaho EMS Physician Commission. He explained that this docket would update the Standards Manual from version 2017-1 to 2018-1. The Standards Manual clarifies the responsibilities of licensed EMS agencies' medical directors and describes the skills, treatments, and procedures that licensed EMS personnel may perform. The EMS Physician Commission, refines the Standards Manual during quarterly meetings to reflect current best practices in EMS. **Dr. Sandy** stated this docket would incorporate the latest version of the Standards Manual. **Dr. Sandy** explained that the EMS Physician Commission made the following changes to the Standards Manual: 1.) changes to the required qualifications of an EMS medical director; 2.) clarification of indirect medical oversight; and 3.) modifications to the types of EMS personnel required to be present during critical care transport.

Senator Potts expressed concern that the Committee did not have access to a synopsis of changes for this docket.

MOTION: **Senator Potts** moved to hold **Docket No. 16-0202-1701** until the Committee received a Synopsis of Changes. **Senator Foreman** seconded the motion. The motion failed by **voice vote**.

DISCUSSION: **Vice Chairman Souza** sought information regarding the proposed changes to the Standards Manual that Dr. Sandy did not highlight. **Dr. Sandy** explained that the three changes he previously highlighted were the only changes in the Standards Manual.

Senator Lee asked if there would be consequences if the Committee did not approve the incorporations by reference contained in this docket. She asked if incorporation by reference was the result of an annual review. **Dr. Sandy** stated that the EMS Physician Commission holds quarterly meetings which are open to the public. The EMS Physician Commission also holds regular medical director and provider education sessions where participants discuss the Standards Manual. The Standards Manual has been in use since 2006 and has been updated annually. **Dr. Sandy** also noted that the Standards Manual includes the scope of practice for emergency medical technicians and paramedics.

Senator Jordan asked how the changes to personnel requirements for critical care transport will affect small jurisdictions and volunteer operations. **Dr. Sandy** explained there were previously no requirements regarding who accompanies a patient in an ambulance. He asserted that the proposed changes in the Standards Manual clarify that two providers should be present in the back of an ambulance for critical care transports. **Senator Jordan** clarified having two providers in the back of an ambulance is listed as an expectation, but not a requirement. She asserted two

providers in the ambulance may be a best practice, but it may be impossible in small communities. **Dr. Sandy** confirmed it is a best practice to have two providers in the ambulance. He noted that, in some cases, the risk of having only one provider in the ambulance is mitigated due to time saved not waiting for an additional provider.

Senator Potts asked if a synopsis of changes was available online. **Dr. Sandy** stated that there is a summary of changes online which highlights changes in the updated Standards Manual.

SUBSTITUTE MOTION: There being no more questions or testimony, **Senator Martin** moved to approve **Docket No. 16-0202-1701**. **Senator Lee** seconded the motion. The motion carried by **voice vote**. **Senator Potts** and **Senator Foreman** voted **nay**.

PASSED THE GAVEL: Vice Chairman Souza passed the gavel back to Chairman Heider.

PRESENTATION: **Graduate Medical Education in Idaho**. **Susie Pouliot** introduced herself as the Chief Executive Officer of the Idaho Medical Association. **Ms. Pouliot** explained that, by 2022, Idaho will have 200 medical school graduates per year. After graduating from medical school, students must enter a residency program. **Ms. Pouliot** asserted that Idaho does not have an adequate number of physicians to offer residencies to medical school graduates. In order to combat this problem, a workgroup created a ten-year strategic plan for residency expansion.

Dr. Ted Epperly introduced himself as a family physician. He explained that a physician cannot be licensed without residency training. Idaho's physician shortage will cause students to seek a residency elsewhere. **Dr. Epperly** noted that many physicians remain in the state where they completed their residency. He referenced several tables in his slideshow (see Attachment 1) displaying statistics about physicians. Idaho ranks 49th in the United States (US) for number of physicians per capita and the number of residents per capita. **Dr. Epperly** noted that 27 percent of Idaho's physician workforce is over 60 years old. He also noted that Idaho is currently the fastest-growing state in the US. He asserted that these factors will exacerbate the current physician shortage.

Dr. Epperly stated there are currently nine program specialty and fellowship locations in Idaho. The Ten-Year Strategic Plan suggests increasing this number to 21 and creating programs which focus on rural health and family medicine. This will increase the amount of physicians in residency training from 154 to 347. **Dr. Epperly** noted that the cost of training a resident is currently $180,000 per year. In 2017, training programs bore 50 percent of the cost, sponsoring institutions bore 33 percent of the cost, and the State bore 17 percent of the cost. The Ten-Year Strategic Plan suggests splitting the training cost evenly between the State, the sponsoring institution, and the training program. **Dr. Epperly** referenced a table displaying the amount of money that Idaho currently contributes to medical students and residents (see Attachment 1). Increasing the amount paid by the State will allow medical residency programs to expand.

Dr. Epperly commented that the initial cost of the Ten-Year Strategic Plan would be $5 million and the total cumulative budget increase over 10 years would be $16 million. The plan would produce an additional 1,480 physicians; this would move Idaho to 41st in the US for physicians per capita. **Dr. Epperly** also noted that the State's return on investment would be $15 for each dollar spent. He then referenced a table displaying estimated growth created by the Ten-Year Strategic Plan (see Attachment 1).

DISCUSSION: **Chairman Heider** asked Dr. Epperly if he was optimistic about the plan. **Dr. Epperly** responded that he was optimistic that Idaho's physician shortage could be resolved with State support. He noted that rural areas will suffer in the State does not take steps to solve the problem. He explained the benefits of training primary care and family physicians.

Senator Martin asked what percent of Idaho students in the WWAMI Regional Medical Education Program and the University of Utah return to Idaho upon graduation. He also asked what percent of physicians remain in the Idaho after completing a residency here. **Dr. Epperly** stated that 55 percent of students from Idaho's family medicine programs and psychiatry programs remain in Idaho. Roughly 43 percent of Idaho students in the WWAMI Program return to Idaho after residency. Physicians are more likely to remain in the location of their residency training.

Senator Potts asserted the residency program at the Eastern Idaho Regional Medical Center (EIRMC) met resistance from physicians. EIRMC itself supported the program, but individual physicians were reluctant to participate. **Senator Potts** asked how to convince physicians to train a resident. **Ms. Pouliot** acknowledged there has been conflict between EIRMC and its physicians. She also acknowledged that some physicians are reluctant to train residents. **Ms. Pouliot** noted physicians, despite their reluctance, understand the need for and importance of residency programs. She asserted that a sufficient number of physicians support residency programs. **Dr. Epperly** explained that many programs utilize a paired training model in which a physician is paired with a resident and medical student. This allows physicians to continue seeing as many patients as necessary while the resident mentors the medical student.

Senator Agenbroad expressed concern regarding the odds of the 15:1 return on investment. He sought more information regarding residency retention rates. **Dr. Epperly** stated that Idaho ranks 10th in the United States for post-residency retention. Retention is especially high in rural areas.

Senator Jordan asked how many of the physicians produced by the Ten-Year Strategic Plan would be needed to replace physicians who retire or relocate. **Dr. Epperly** stated that there are currently 3,000 active physicians in Idaho. Roughly 1,000 physicians could retire in the next ten years. Idaho will gain 1,480 additional physicians through the Ten-Year Strategic Plan. **Dr. Epperly** voiced his concern regarding physician burnout, which affects around 50 percent of primary care physicians. He asserted that one solution to physician burnout is to ensure that physicians have support from other physicians.

Vice Chairman Souza asked why it is necessary to subsidize residency programs. She asked if it is typical for students and/or other non-state entities to fund residency programs. **Dr. Epperly** noted that all states surrounding Idaho provide support for residency programs. He stated that the majority of funding is derived from revenue generated by residents; the second largest funding source is the federal government. **Dr. Epperly** noted that students in residency programs receive roughly $55,000 per year and work between 60 and 80 hours per week. He commented that a 60 to 80-hour work week is necessary for physician training.

ADJOURNED: There being no further business, **Chairman Heider** adjourned the meeting at 4:42 p.m.

Senator Heider
Chair

Rachel Goodman
Secretary