AGENDA

SENATE HEALTH & WELFARE COMMITTEE

3:00 P.M.
Room WW54
Wednesday, January 10, 2018

SUBJECT	DESCRIPTION	PRESENTER
Page Welcome	Welcome and Introduction of Committee Page	Chairman Heider
Docket No. 27-0101-1701	Rules of the Idaho State Board of Pharmacy	Alex Adams, Idaho State Board of Pharmacy Executive Director
Docket No. 27-0101-1702	General Provisions	Alex Adams
Docket No. 27-0102-1701	Rules Governing Licensure and Registration	Alex Adams
Docket No. 27-0103-1701	Rules Governing Pharmacy Practice	Alex Adams
Docket No. 27-0104-1701	Rules Governing Pharmacist Prescriptive Authority	Alex Adams
Docket No. 27-0105-1701	Rules Governing Drug Compounding	Alex Adams
Docket No. 27-0106-1701	Rules Governing DME, Manufacturing, and Distribution	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 Heider
Vice Chairman Souza
Sen Martin
Sen Lee
Sen Harris
Sen Agenbroad
Sen Potts
Sen Foreman
Sen Jordan

COMMITTEE SECRETARY

Rachel Goodman
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Wednesday, January 10, 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.
PAGE INTRODUCTION:	**Chairman Heider** welcomed Heidi Kofoed from Eagle as the Committee Page for the first half of the 2018 Legislative Session. **Chairman Heider** asked Ms. Kofoed to tell the Committee about herself.
DOCKET NO. 27-0101-1701	**Rules of the Idaho State Board of Pharmacy. Alex Adams**, Executive Director of the Idaho State Board of Pharmacy (BOP), presented this docket. **Dr. Adams** introduced himself and BOP members Nicole Chopski, Edmund Sperry, and Holly Henggeler, who were also in attendance. **Dr. Adams** explained that the BOP repealed its existing rule book and replaced it with six new rule chapters that are better organized around specific topics. **Dr. Adams** noted that Docket 27-0101-1701 is the chapter repeal. He mentioned that the repeal and replacement chapters reduce the overall word count in the BOP rules by 55 percent, reduces restrictions by 62 percent, and eliminates six categories of licensure and registration. **Dr. Adams** assured the Committee that the BOP preserved or strengthened rules relating to compounding and controlled substances such as opioids.
MOTION:	There being no more testimony or questions, **Senator Harris** moved to approve **Docket No. 27-0101-1701**. **Senator Jordan** seconded the motion. The motion carried by **voice vote.**
DOCKET NO. 27-0101-1702	**Rules of the Idaho State Board of Pharmacy Relating to General Provisions. Dr. Adams** noted that this docket is the BOP's chapter of General Provisions. It establishes definitions and abbreviations, establishes parameters for BOP inspections and investigations, and specifies grounds for unprofessional conduct and professional discipline. **Dr. Adams** stated that only a few changes were made to the existing rules. Some definitions were added (e.g., CLIA-waived test, clinical guidelines), and two items were added to the unprofessional conduct rule to increase pharmacist accountability. **Dr. Adams** reported that the docket was presented at 15 public meetings. He did not recall any public concerns or comments regarding this docket.
MOTION:	There being no more testimony or questions, **Senator Foreman** moved to approve **Docket No. 27-0101-1702**. **Senator Harris** seconded the motion. The motion carried by **voice vote.**

DOCKET NO. 27-0102-1701 **Rules of the Idaho State Board of Pharmacy Governing Licensure and Registration. Dr. Adams** explained that this docket is the BOP's chapter on Licensure and Registration. **Dr. Adams** noted three primary changes to the relevant rules. First, the rules eliminate six categories of licensure that the BOP found to be redundant or which exist only in a minority of states. As an example, he reported that the BOP's category of non-pharmacy retail outlets appears to be licensed in just two states. The BOP does not have a history of receiving complaints against such entities, nor have periodic inspections yielded concerns. Second, the rules change the BOP's license renewal deadline from June 30th for most individual licenses to a birth month renewal deadline. **Dr. Adams** explained that the birth month renewal model requires individuals to renew their licenses by the end of their birth month. He asserted that this is designed to stabilize staff workload and revenue collection throughout the year, guarding against the need to increase staffing. Third, this docket adjusts several fees. **Dr. Adams** pointed out that some of the fees appear to increase, but separate fees were eliminated, ultimately yielding overall dollar savings to licensees. He stated that 97 percent of Idaho pharmacists would realize a savings of $20 per year due to elimination of redundant fees. He also noted that Idaho's pharmacy licensing fees generally fall below national averages. Across 15 public hearings, the BOP heard no complaints or comments regarding the proposed fee adjustment. **Dr. Adams** announced that the Idaho Veterinary Medical Association submitted a letter in support of the docket (see attachment #1).

TESTIMONY: **Chairman Heider** invited testimony.

Mark Johnston introduced himself as the former Executive Director of the Idaho State Board of Pharmacy and the current Senior Director of Pharmacy Regulatory Affairs for CVS Health. He announced his support of all seven BOP rule dockets before the Committee. **Mr. Johnston** commended the BOP for the open, transparent, and collaborative nature of their rulemaking process.

Senator Jordan inquired whether the elimination of the inactive pharmacist license category would cause individuals in that category to lose benefits they may be receiving from professional associations. **Dr. Adams** reported that there are currently only four individuals in the inactive pharmacist category. The BOP will grandfather those individuals into the category, so that they may retain their inactive pharmacist status and any associated benefits.

MOTION: There being no more testimony or questions, **Senator Martin** moved to approve **Docket No. 27-0102-1701**. **Vice Chairman Souza** seconded the motion. The motion carried by **voice vote.**

DOCKET NO. 27-0103-1701 **Rules of the Idaho State Board of Pharmacy Governing Pharmacy Practice. Dr. Adams** stated that this docket is the BOP's chapter on Pharmacy Practice. This docket establishes professional practice standards, rules for filling and dispensing prescriptions, and recordkeeping and reporting requirements. **Dr. Adams** noted substantive updates in this chapter related to removing restrictions on telepharmacy, physician dispensing, return of unused medications that remain in the custody of the pharmacy, and one-time emergency refills. He stated that the BOP removed restrictions on the types of doors, windows, and bathrooms that pharmacies must have for pharmacists. In addition, the pending rule would: allow electronic recordkeeping in place of paper recordkeeping; remove restrictions on out-patient and emergency room dispensing; and eliminate the requirement for health systems to discard unused medication, as long as product integrity was maintained and the medication did not leave the custody of the health system.

Chairman Heider asked how long it takes to obtain a prescription from a telepharmacy and how prescriptions are delivered. **Dr. Adams** explained that telepharmacies involve a remote dispensing site which looks like a brick-and-mortar

pharmacy, but which has no pharmacist on-site. Instead, there is a pharmacy technician on-site, along with all necessary drug products. A pharmacist in a remote location oversees all operations via secure video feed. **Dr. Adams** stated that the wait time at a telepharmacy is similar to the wait time at a traditional pharmacy.

Chairman Heider asked Dr. Adams to clarify whether a telepharmacy has pharmaceuticals on hand. **Dr. Adams** confirmed that telepharmacies do possess a stock of pharmaceuticals. He remarked that telepharmacies are subject to stricter requirements than traditional pharmacies because there is no pharmacist on-site.

Senator Martin requested additional information regarded the limitations of telehealth. **Dr. Adams** reported that other states have implemented mile restrictions on telepharmacies; Idaho has not done so. **Dr. Adams** commented that the BOP did not want to limit the competitiveness or scope of telepharmacies by imposing a mile restriction.

Senator Lee commended Dr. Adams for his work on the docket. She also commended Idaho pharmacists for their willingness to expand the prescriptive authority of physicians. **Senator Lee** then asked how the number of physicians with dispensing authority compares to the number of pharmacists in Idaho. **Dr. Adams** responded that there are more dispensing physicians in the state than retail pharmacies. He cited that there are around 293 physician dispensing outlets and 287 retail pharmacies in Idaho.

MOTION: There being no more testimony or questions, **Senator Harris** moved to approve **Docket No. 27-0103-1701**. **Senator Lee** seconded the motion. The motion carried by **voice vote.**

DOCKET NO. 27-0104-1701 **Rules of the Idaho State Board of Pharmacy Governing Pharmacist Prescriptive Authority. Dr. Adams** explained that the statutory authority for this docket stems from H 191, which was passed during the 2017 Legislative Session. However, pharmacists in Idaho have been able to prescribe certain medications since the 1990s. While working on **Docket No. 27-0104-1701**, the BOP held negotiated rulemaking sessions with stakeholders, 15 public hearings, and several meetings with the Food and Drug Administration and the Federal Trade Commission. As a result of these meetings, the BOP developed a four-part litmus test to determine which drugs pharmacists can prescribe to patients. Pharmacists may only prescribe drugs that meet all four criteria, which are: 1.) The drug must fit within the statutory intent of H 191; 2.) Pharmacists elsewhere must already be prescribing the drug; 3.) There must be published studies regarding the results of pharmacist prescription of the drug; and 4.) BOPs in other states must confirm the findings of published studies.

Dr. Adams addressed the concern that the wording of the docket created ambiguity regarding pharmacist prescription of statins. The BOP's intent was for pharmacists to prescribe statins only to individuals with an existing diagnosis of diabetes. **Dr. Adams** declared that the BOP plans to promulgate a temporary rule to eliminate the ambiguity in the docket.

Dr. Adams described the safeguards that the BOP built into the rules, including the requirement that pharmacists use a protocol based upon clinical guidelines or evidence-based research. The goal of the protocol is to filter out high-risk and medium-risk patients so that they may seek a more appropriate venue for care. The protocol establishes guidelines for when a pharmacist must refer a patient to another health care professional, and it must be submitted to the BOP annually for review. BOP inspectors will also proactively inspect the protocols while in the field. For the drugs of highest concern, such as those for cold sores, the BOP developed

template protocols.

Senator Harris requested that Dr. Adams repeat and clarify the fourth point of the litmus test used to determine which drugs are eligible for pharmacist prescription. **Dr. Adams** stated that the fourth point of the litmus test is Board of Pharmacy attestation. The Idaho BOP spoke with its counterparts in other states that allow pharmacist prescribing in order to learn from their experience.

Senator Jordan stated that she received many emails citing statutory concerns about this docket, but none of the emails cited a specific conflicting statute. She asked Dr. Adams to explain the statutory concerns people had about the docket. **Dr. Adams** stated that H 191 establishes four categories of drugs which can be prescribed by pharmacists. Drugs only need to fit in one of the categories to be eligible for pharmacist prescription. **Dr. Adams** explained that there is some confusion about whether a drug has to be in all four categories or just one. The BOP heard many questions about this and about the categorization of drugs in **Docket No. 27-0104-1701**. In the docket, the BOP categorizes drugs by condition, in accordance with the World Health Organization's categorization of drugs. **Dr. Adams** noted that he received many questions about whether statins and urinary tract infection (UTI) medications fall within legislative intent. The BOP believes UTIs fit within legislative intent because they are minor and generally self-limiting, which is one of the eligible drug categories listed in H 191. The BOP also believes statins fit within legislative intent because they do not require a new diagnosis, another H 191 category of eligible drugs. Pharmacists can only prescribe statins to individuals who have a diagnosis of diabetes.

Senator Jordan asked if the BOP had seen an increase in complaints as a result of the increase in pharmacist prescribing authority. **Dr. Adams** stated that the BOP has not seen an increase in complaints. He told the Committee that the BOP has heard many reports of pharmacist prescriptions helping patients. There is also no known increase to potential pharmacist liability .

Senator Martin asked how the docket would affect consumer cost and safety. **Dr. Adams** responded that the prices depend upon market forces, but pharmacist prescribing in other states has caused prices to decrease. He stated that there is a safe track record for pharmacist prescribing due to accountability mechanisms such as the four-part litmus test.

Vice Chairman Souza thanked Dr. Adams for the many discussions they have had about statins. She stated that she appreciates the new wording of the rules regarding the prescription of statins.

TESTIMONY: **Chairman Heider** invited testimony.

Ken McClure introduced himself on behalf of the Idaho Medical Association (IMA). He noted that many doctors emailed the Committee in opposition to the rule docket. The BOP spoke with other jurisdictions that allow pharmacists to prescribe drugs, but **Mr. McClure** asserted that none of these jurisdictions were in the United States. He stated that Idaho is the first state to grant pharmacists such broad prescribing authority. The IMA participated in the BOP's negotiated rulemaking session and submitted comments expressing concern. **Mr. McClure** explained that health care professionals are making efforts to coordinate and manage care as to prevent unnecessary duplication. He stated that H 191 and this docket run counter to this effort. He referenced the four categories of drugs eligible for pharmacist prescription as listed in H 191. **Mr. McClure** explained that symptoms of a UTI can also be symptoms of a more severe condition. The IMA asked the BOP to require patients to take a test to confirm that they have a UTI before allowing a pharmacist

to prescribe UTI medication. The BOP did not include this requirement in the rule docket because doctors often do not perform such tests. **Mr. McClure** stated that doctors may not administer a test because they know the patient's medical history, whereas a pharmacist may not. **Mr. McClure** mentioned that the IMA is also concerned about the overutilization of antibiotics, which may be leading to the development of antibiotic-resistant superbugs.

Mr. McClure expressed concern about pharmacists prescribing statins. He stated that physicians determine whether a diabetic patient should be on a statin by observing their liver function and other factors. **Mr. McClure** noted that a pharmacist would not have this information and might prescribe a statin to a patient who is not a good candidate for a statin. He requested that the BOP limit the scope of the rule docket and require a UTI test prior to writing a prescription.

Senator Lee recognized Mr. McClure's role in helping increase physician access in Idaho. She asked Mr. McClure if he was concerned about the rule docket falling outside the legislative intent of H 191. She also asked if Mr. McClure would like the Senate to try to clarify the legislative intent of H 191 during the 2018 Legislative Session. **Mr. McClure** responded that he does not want the Senate to open H 191 and make it more broad.

Senator Lee restated Mr. McClure's assertion that physicians know more about a patient's medical history than a pharmacist. She inquired whether he thought this was true in rural areas where access to care is more limited. She then pointed out that someone who has had a UTI before will likely be able to recognize the condition and could save money by going straight to a pharmacy, not to a physician. **Senator Lee** also asked Mr. McClure if physicians and pharmacists could work together on other issues related to access. She invited Mr. McClure to suggest issues on which the two groups could coordinate to improve Idaho's health care system. **Mr. McClure** clarified that the IMA does not mind allowing pharmacists to prescribe UTI medication, as long as the patient has first taken a test to confirm the condition. He stated that the BOP had dismissed the IMA's concerns and that it would be difficult for the two groups to work together in the future.

Senator Martin asked how this rule docket would affect consumer cost and safety. **Mr. McClure** responded that the rule would not likely lead to any deaths, but it could compromise some patients' health. He stated that the rule degrades quality of care.

Vice Chairman Souza pointed out that Idaho has the second lowest number of physicians per capita in the United States. She stated that many people cannot afford health care and that urgent care facilities can be expensive. **Vice Chairman Souza** shared that she knows a doctor who does not administer a test to confirm if someone has a UTI. Instead, he waits to see if the first round of antibiotics solves the problem. She asked what the difference is between someone going to a pharmacist for a prescription versus seeing a physician at urgent care who does not know their medical history. **Mr. McClure** stated that the IMA does not mind allowing pharmacists to prescribe UTI medicine, as long as the patient first takes a test to avoid misdiagnosis. He expressed that he does not see this as an impediment to access. **Mr. McClure** repeated the concern that the rule docket will cause pharmacists to prescribe statins to diabetics who are not good candidates for statins.

Andy Snook introduced himself as a Deputy Attorney General of the State of Idaho and spoke as general counsel for the BOP. **Chairman Heider** stated that the BOP maintains that there are no legal issues with this docket, but that Mr. McClure seemed to disagree. **Chairman Heider** asked Mr. Snook how he would reconcile

those opposing views. **Mr. Snook** noted that he observed the BOP reviewing evidence-based research in order to support its position that UTI medication should be eligible for pharmacist prescription. He found that the BOP's classification of UTIs as minor and generally self-limiting was appropriate, given the evidence. **Mr. Snook** also counseled that pharmacist prescription of statins fits within legislative intent as long as no new diagnosis is required.

Senator Lee asked Dr. Adams how many individuals in Idaho are already prescribed statins. **Dr. Adams** stated that 38 percent of diabetics within the appropriate age range are not on statins. Within that percentage, only a small portion have appropriate exclusion criteria. In Idaho, the gap between the number of patients who should take statins and the number who actually do is higher than the national average.

Senator Lee emphasized that the Committee does not think that Idaho's doctors are incompetent. She inquired whether it would be possible for pharmacists to simply send a letter to Idaho doctors informing them that a specific patient could benefit from statins. **Dr. Adams** stated that this is an option for pharmacists, although it may not be effective. He then cited a study which showed that it required 13 phone calls for a patient to obtain a prescription for a statin.

Senator Potts commended Dr. Adams for increasing patient access to medications that are used regularly. He asked why the BOP chose not to require a UTI test before prescribing UTI medication. **Dr. Adams** noted that the BOP followed clinical guidelines. The American Congress of Obstetricians and Gynecologists does not require a urine analysis before prescribing UTI medication.

MOTION: There being no more testimony or questions, **Senator Foreman** moved to approve **Docket No. 27-0104-1701**. **Senator Lee** seconded the motion. The motion carried by **voice vote.**

DOCKET NO. 27-0105-1701 **Rules of the Idaho State Board of Pharmacy Governing Drug Compounding. Dr. Adams** presented this docket and reported that no substantive edits were made to these rules aside from minor typographical changes.

MOTION: There being no more testimony or questions, **Senator Martin** moved to approve **Docket No. 27-0105-1701**. **Senator Harris** seconded the motion. The motion carried by **voice vote.**

DOCKET NO. 27-0106-1701 **Rules of the Idaho State Board of Pharmacy Governing DME, Manufacturing, and Distribution. Dr. Adams** presented this docket and stated that the BOP made no substantive edits to these rules, aside from a conforming edit to account for the elimination of a license category in a previous chapter.

MOTION: There being no more testimony or questions, **Senator Martin** moved to approve **Docket No. 27-0106-1701**. **Senator Jordan** seconded the motion. The motion carried by **voice vote.**

WELCOME: **Chairman Heider** welcomed Senator Potts and the committee secretary to the Committee.

ADJOURNED: There being no further business at this time, **Chairman Heider** adjourned the meeting at 4:39 p.m.

Senator Heider
Chair

Rachel Goodman
Secretary

IDAHO VETERINARY MEDICAL ASSOCIATION
Ph: 800-272-1813 • Fax: 877-334-2565
702 W Idaho St, Ste 700, Boise, ID 83702
Website: www.ivma.org

January 10, 2018

Chairman Heider,

The Idaho Veterinary Medical Association (IVMA) would like to take this opportunity to voice our support for Rule Docket 27-0102-1701 proposed by the Idaho Board of Pharmacy. This rule docket cuts unnecessary and redundant licenses related to veterinary medicine. The IVMA appreciated the opportunity to work with Executive Director Alex Adams and the Board of Pharmacy throughout the legislative interim regarding these proposed rules.

The IVMA is a not-for-profit, membership organization of Idaho veterinarians. The purpose of the IVMA is to advance the science and art of veterinary medicine; to elevate the standards of the veterinary profession; to enlighten and direct public opinion regarding veterinary medical problems; to promote good fellowship within the veterinary profession; to cooperate with and further the advancement of the animal industry, including its relationship to public health; and to advance interprofessional relationships.

Thank you for your consideration and please support the BOP proposed rules relating to veterinary medicine.

Sincerely,

David Ard, DVM
President, IVMA

Elizabeth Q. Kohtz, DVM
President-Elect, IVMA

Mark Howlett, DVM
Immediate Past President, IVMA

J. Victor Bollar, DVM
Treasurer, IVMA

"Serving Idaho Veterinarians"

AGENDA

SENATE HEALTH & WELFARE COMMITTEE

3:00 P.M.
Room WW54
Thursday, January 11, 2018

SUBJECT	DESCRIPTION	PRESENTER
Gubernatorial Appointment	Reappointment of Michael Gibson to the Idaho Commission for the Blind and Visually Impaired	Michael Gibson
Docket No. 16-0507-1701	The Investigation and Enforcement of Fraud, Abuse, and Misconduct	Lori Stiles Manager of Medicaid Program Integrity Unit of the Bureau of Audits and Investigations
Docket No. 19-0101-1701	Rules of the Idaho State Board of Dentistry	Susan Miller Idaho Board of Dentistry Executive Director
Docket No. 19-0101-1702	Rules of the Idaho State Board of Dentistry	Susan Miller
Docket No. 19-0101-1703	Rules of the Idaho State Board of Dentistry	Susan Miller

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

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Vice Chairman Souza
Sen Martin
Sen Lee
Sen Harris
Sen Agenbroad
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Sen Potts
Sen Jordan

COMMITTEE SECRETARY

Rachel Goodman
Room: WW35
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MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Thursday, January 11, 2018
TIME:	3:00 P.M.
PLACE:	Room WW54
MEMBERS PRESENT:	Chairman Heider, Senators Lee, Harris, Agenbroad, Foreman, and Jordan
ABSENT/ EXCUSED:	Vice Chairman Souza, Senators Martin, Potts
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 3:01 p.m.

GUBERNATORIAL APPOINTMENT: **Consideration of Gubernatorial Reappointment of Michael Gibson to the Idaho Commission for the Blind and Visually Impaired (ICBVI). Chairman Heider** introduced Michael Gibson and asked him to tell the Committee about himself and why he would like to be reappointed to the ICBVI. **Michael Gibson** stated that he has served on the ICBVI for three years. He previously worked in a vocational rehabilitation training center in Colorado, where he assisted blind and visually impaired adults learn to live independently.

Mr. Gibson also worked with a variety of government agencies to provide accommodative technology to blind and visually impaired individuals of all ages. He is now employed by the Disability Services Office at Boise State University. **Mr. Gibson** expressed that the common thread in his work history has been the importance of building personal relationships. Throughout his jobs, **Mr. Gibson** sought to create opportunities and remove barriers to access to information for the blind and visually impaired.

Mr. Gibson detailed the progress that the ICBVI has made in recent years. In fiscal year (FY) 2013, the ICBVI served 1,660 Idahoans; in FY 2016, it served 2,055. In FY 2017, ICBVI assisted 72 blind or visually impaired Idahoans gain employment, with an average hourly wage of $16.14. **Mr. Gibson** asserted that the number of blind or visually impaired Idahoans is growing, especially among the elderly.

In 2017, the ICBVI served 712 Idahoans over the age of 55 and instructed them how to live independently. The ICBVI also provided 376 Idahoans with one-time services. **Mr. Gibson** stated that the ICBVI is also serving an increasing number of low-vision individuals. In 2017, the ICBVI served 452 Idahoans in its low-vision clinic. **Mr. Gibson** shared that the ICBVI restored the vision of 57 Idahoans in 2017.

Chairman Heider thanked Mr. Gibson for attending the meeting and commended him for his work.

Senator Lee asked Mr. Gibson if there were any challenges facing the ICBVI in the next year that the Committee could address or of which the Committee should be aware. **Mr. Gibson** responded that the ICBVI's biggest challenge now

is providing services for the aging blind because it is the fastest growing group of individuals losing their eyesight. He stated that several years ago the legislature provided funding for the ICBVI to hire an additional home teaching assistant to aid the elderly blind. However, the number of blind and visually impaired elderly individuals is continuing to grow at a rapid rate.

Mr. Gibson explained that another challenge facing the ICBVI are the requirements and regulations of the Workforce Innovation and Opportunity Act and pre-employment transition services. These require the ICBVI to collaborate with other agencies to ensure that transition-age young adults are receiving the services and information that they need in order to choose whether to enter the workforce or continue their education.

MOTION: There being no more questions, **Senator Jordan** moved to send the Gubernatorial appointment of Michael Gibson to the Idaho Commission for the Blind and Visually Impaired to the floor with recommendation that he be confirmed by the Senate. **Senator Lee** seconded the motion. The motion carried by **voice vote**. **Senator Agenbroad** will carry the appointment on the floor of the Senate.

DOCKET NO. 16-0507-1701 **Rules of the Department of Health and Welfare Relating to the Investigation and Enforcement of Fraud, Abuse, and Misconduct. Lori Stiles**, Manager of the Medicaid Program Integrity Unit of the Bureau of Audits and Investigations in the Idaho Department of Health and Welfare, presented this docket. **Ms. Stiles** explained that the Medicaid Program Integrity Unit (Unit) has 17 full-time staff members that audit Medicaid providers to ensure compliance with rules and regulations. In FY 2017, the Unit completed 485 audits, identified nearly $8.4 million in overpayments and penalties, and recovered over $7.3 million . **Ms. Stiles** stated that when enrolling in Medicaid, providers are required to disclose information about individuals and entities that have an ownership interest that exceeds a certain percentage. Previously, this percentage was listed as 25 percent, but the first amendment in this rule docket changes the amount to 5 percent, in order to comply with federal and state regulations. Ownership information is used to prevent individuals from participation in Medicaid as a provider.

Ms. Stiles stated that the second amendment in this docket reinstates the Unit's ability to suspend payment prior to written notification. The ability to suspend payments without first notifying the provider was added to the Idaho Administrative Code (IDAPA) in 2004. In 2014, IDAPA 16.05.07.210 was amended to add the ability to suspend payment to all public assistance providers. When the rule was amended, it was inadvertently changed to state the Department would not withhold payments without first notifying the provider. The word "not" was intended to apply to non-Medicaid providers such as Idaho Child Care Providers, but not to Medicaid providers.

Suspending payment prior to notification aligns with 42 C.F.R. § 455.23, which mandates that state Medicaid agencies suspend all Medicaid payments to a provider after the agency determines there is a credible allegation of fraud for which an investigation is pending under the Medicaid program. States may suspend payments without first notifying the provider of its intention to do so. Providers are notified within five days of payment suspension, unless a law enforcement agency requests temporarily withholding of such notice. This amendment removes the word "not" from the rule and clarifies that non-Medicaid providers will receive written notice prior to payment suspension.

Senator Agenbroad requested more information about the ownership percentage change. **Ms. Stiles** explained that the percent listed in the rule was

changed to reflect a change in federal regulations.

Senator Harris asked Ms. Stiles why the Unit would not notify the provider before suspending payments. **Ms. Stiles** stated that the Department of Health and Welfare and the federal government want to suspend payments as soon as there is a suspicion of fraud in order to prevent further financial losses.

Senator Lee asked why Medicaid providers do not have to receive prior notice of payment suspension while non-Medicaid providers do. She inquired if this was because Medicaid providers generally deal with larger sums of money than non-Medicaid providers. **Ms. Stiles** responded that Senator Lee was correct.

MOTION: There being no more questions or testimony, **Senator Jordan** moved to approved **Docket No. 16-0507-1701**. **Senator Lee** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 19-0101-1701 **Rules of the Idaho State Board of Dentistry. Susan Miller**, Executive Director of the Idaho State Board of Dentistry (Board of Dentistry), presented this docket. **Ms. Miller** stated that the Board of Dentistry recently discovered that substantive text was omitted from publication in the administrative bulletin. **Ms. Miller** requested that the Committee reject the rule due to the error. She explained that the Board of Dentistry will adopt a temporary rule until the text can be republished for the 2019 Legislative Session.

Senator Agenbroad asked whether a temporary rule could be put into effect during the legislative session or if it would be necessary to wait until the conclusion of the 2018 Legislative Session. **Ms. Miller** deferred the question to **Dennis Stevenson**, Administrative Rules Coordinator. **Mr. Stevenson** specified that temporary rules may be adopted during the legislative session and clarified that the rule moratorium only applies to proposed rules.

MOTION: There being no more questions or testimony, **Senator Lee** moved to reject **Docket No. 19-0101-1701**. **Senator Agenbroad** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 19-0101-1702 **Rules of the Idaho State Board of Dentistry. Ms. Miller** explained that this rule: 1.) clarifies the requirement for acceptance of clinical examination results and criteria; 2.) updates language in the permitted duties of a dental assistant; and 3.) simplifies the language regarding prescription drugs in the unprofessional conduct rules. The Board of Dentistry conducted negotiated rulemaking for these amendments. No hearings were requested or held, and no written comments were received. **Ms. Miller** stated that the revisions are supported by both the Idaho State Dental Association and the Idaho Dental Hygienists' Association.

Senator Jordan asked why the Board of Dentistry changed the language in the unprofessional conduct rules from "controlled substances" to "prescription drugs." **Ms. Miller** noted that some dentists had been prescribing non-controlled substances outside the scope of their license. The Board of Dentistry changed the language in the rule to make clear that dentists should only be prescribing medication within the scope of their license, whether controlled or non-controlled.

MOTION: There being no more questions or testimony, **Senator Foreman** moved to approved **Docket No. 19-0101-1702**. **Senator Lee** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 19-0101-1703

Rules of the Idaho State Board of Dentistry. Ms. Miller stated that this docket relates to volunteer dental hygiene services and dental hygiene license endorsements. In this rule, the Board of Dentistry replaced the word "program" with the word "setting." Dental hygienists who volunteer their time or those who hold an extended access license endorsement are authorized to practice in non-traditional settings, which are not necessarily tied to specific programs. **Ms. Miller** asserted that the word "setting" as opposed to "program" is therefore more fitting. The Board of Dentistry also added a requirement for written orders by the dentist for dental hygiene services. This increases accountability between supervising dentists and dental hygienists.

Ms. Miller explained that this docket also contains a new section which sets parameters for teledental services. Authorization for this rulemaking is found in the Idaho Telehealth Access Act. The Board of Dentistry formed a workgroup comprised of representatives from various agencies to develop this rule. The rule was modeled after the Idaho State Board of Medicine's telehealth rules, with the additional requirement that the dentist providing telehealth services physically practice within seventy-five miles of the patient's location.

The consensus of the workgroup and members of the Board of Dentistry was that a geographic restriction is necessary for the public's protection in teledental practice because the practice of dentistry greatly differs from the practice of medicine. In determining the proposed mileage radius, the workgroup looked for a reasonable travel time/distance between the patient, who may be in a rural location, and the dentist who is diagnosing, prescribing, and supervising a dental hygienist from a remote location.

The group looked to the Idaho Medicaid contract, which requires that contractors provide an adequate number of dentists in the network such that 90 percent of the members have a choice of providers within 30 miles for urban areas, and 60 miles for rural areas. They also looked to the American Dental Association's Health Policy Institute data; that data indicated that 90 percent of Idaho's population live with 15 minutes of a dentist. The workgroup concluded that that the 75-mile radius was currently an appropriate parameter.

The Board of Dentistry is willing to revisit the mileage radius requirement in the future. The Board of Dentistry published a negotiated rulemaking notice on these amendments. No hearings were requested or held, and written comments were considered. **Ms. Miller** stated that the revisions are supported by all who participated in the workgroup.

Chairman Heider requested a description of how teledental practice works. **Ms. Miller** explained that teledental practice involves the use of live video between a dental hygienist in a remote location and a dentist. The dentist supervises and directs treatment, with the help of the auxiliary staff member in the patient's location. If the supervising dentist determines that the patient needs to see a dentist in person, there will be one within 75 miles of the patient's location. **Chaiman Heider** asked if the live video feed will be of sufficient quality for a supervising dentist to adequately evaluate the situation. **Ms. Miller** responded that the video quality is adequate. She also mentioned that a dentist can request to see the patient in person, if necessary.

Senator Harris asked if the Board of Dentistry had received any written comments expressing concern about the 75-mile radius requirement. **Ms. Miller** stated that the Board of Dentistry only received one comment from a group that had a question about the requirement. The group inquired why the Board of

Dentistry was imposing a mileage requirement when there is no comparable restriction on telemedicine. The Board of Dentistry responded by explaining their previously discussed reasoning.

TESTIMONY: **Chairman Heider** invited testimony.

Francoise Cleveland introduced herself as the Associate State Director of Advocacy for AARP Idaho; she stated that she spoke on behalf of the 186,000 AARP members in Idaho. **Ms. Cleveland** stated that AARP Idaho supports telehealth, but had concerns about the docket. She noted that telehealth can reduce transportation barriers and improve patient outcomes and access to care. She commended the Board of Dentistry in its effort to support teledentistry in Idaho.

In July, AARP requested entrance into negotiated rulemaking with the Board of Dentistry regarding the 75-mile teledentistry restriction. **Ms. Cleveland** asserted that the mileage requirement undermines the intent of telehealth and the legislative findings of the Idaho Telehealth Access Act. The Board of Dentistry denied AARP's request for negotiated rulemaking. The Board of Dentistry stated that the practice of teledentistry differs from that of telemedicine, and therefore the mileage restriction was appropriate. AARP then requested further information. The Board of Dentistry explained that dentists need to be within a reasonable distance of their patients in the event that a patient requires treatment outside the scope of a dental hygienist's licensure.

Ms. Cleveland stated that teledentistry can be used for face-to-face consultations via videoconferencing, sharing images and records among providers, obtaining second opinions, educating and diagnosing patients, preventative care, specialist consultations, and continuity of care. **Ms. Cleveland** noted that articles she read listed schools, Native American reservations, and senior living facilities as successful examples of teledentistry.

AARP obtained the Board of Dentistry's mailing list of all licensed dentists in Idaho. AARP then plotted the locations of the dentists on a map (see attachment #1). **Ms. Cleveland** asserted that many individuals in Idaho's rural areas must travel long distances to see a dentist. She noted that this docket's 75-mile restriction refers to 75 linear miles, and that there are many areas in Idaho where 75 linear miles would be many more miles by road. **Ms. Cleveland** cited that rural Americans have a higher risk of tooth decay and decreased access to dentists who accept Medicaid. Rural Americans are also more likely to visit emergency departments for oral health care needs.

Ms. Cleveland noted that only six states currently impose geographic restrictions on telehealth. She expressed concern that the restriction could influence other health-related administrative rules in the future. She stated that the restriction would limit access to dental care and would reduce patients' freedom of choice when selecting a dentist. **Ms. Cleveland** requested that the Committee reject this docket.

Senator Lee clarified that if the Committee rejected the docket, teledentistry practices would be suspended for an entire year, until the rule again came before Committee. She noted that the rule, if approved, could still be revisited in the 2019 Legislative Session. She asked if Ms. Cleveland was suggesting that it would be better to reject the rule, and therefore have no teledentistry practices for an entire year, rather that accept the rule, observe the results, and revisit the issue of geographic restriction in 2019.

Senator Lee asked if Ms. Cleveland thought rural communities would be better served by not having teledentistry at all, or by being subject to the 75-mile teledentistry restriction. **Ms. Cleveland** responded that AARP's concern was the precedent that this docket would create. She explained that boards and agencies often model their rules after the rules of other agencies, and therefore she worried that the geographic restriction would be implemented in other areas of telehealth.

Ms. Cleveland also noted that there was no guarantee that the Board of Dentistry would revisit the rule in the future. She restated her support for the rejection of the rule. **Chairman Heider** stated that the Committee was attempting to expand telehealth in Idaho and expressed concern that rejecting the rule would suspend the practice of teledentistry for an entire year.

Elizabeth Criner introduced herself and spoke on behalf of the Idaho State Dental Association. She explained that teledentistry is a relatively new concept. She emphasized the importance of ensuring that teledental care is implemented in a way that preserves and protects the quality of patient care.

Ms. Criner noted that 90 percent of Idahoans live within 15 minutes of a dentist. She explained that a teledental patient's proximity to a dentist is important, as the patient may develop a condition that requires seeing a dentist in person.

The 75-mile restriction ensures that the patient has access to a dentist within a reasonable distance. **Ms. Criner** stated that the restriction still maintains the patient's freedom of choice. She also explained that the rule could be revisited as the practice of teledentistry expands.

Senator Agenbroad asked if the rulemakers considered allowing patients who move to a location more than 75 miles from their dentist to continue to see that dentist through a teledental practice. **Ms. Criner** stated that she did not participate personally in the development of the rule. She also noted that the supervising dentist and the on-site hygienist are liable for the patient's care; therefore, dentists will likely seek to open teledental practices in the rural areas near their own location.

Ms. Criner referred Senator Agenbroad's question to **Linda Swanstrom**, Executive Director for the Idaho State Dental Association. **Ms. Swanstrom** affirmed that the rulemakers considered the scenario in which a patient moves more than 75 miles from his or her primary dentist. She explained that a dentist cannot operate a teledental practice more than 75 miles from his or her location. Patients can choose to keep their primary dentist, even if the dentist is more than 75 miles away; however, the dentist cannot operate a teledental practice that violates the geographic restriction.

Senator Jordan clarified that the Board of Dentistry decided on a 75-mile restriction as a conservative threshold to the implementation of teledentistry in Idaho. She asked if Ms. Swanstrom felt that it was the Board of Dentistry's intention to reevaluate the distance restriction from year-to-year. **Ms. Swanstrom** responded in the affirmative. She stated that the Board of Dentistry felt it was important to put protections in place as teledentistry begins to expand.

Jen Kirkham introduced herself as a representative of the Idaho Dental Hygienists' Association and stated that she participated in the collaborative process of developing this docket. She asserted that the Idaho Dental Hygienists' Association supports this docket and finds the 75-mile restriction to be reasonable and correct, based upon scientific evidence about the importance of oral health.

Ms. Miller clarified that the Board of Dentistry is unlikely to revisit the 75-mile restriction in 2019. She explained that the rulemaking process for the subsequent year begins early; as such, the Board of Dentistry would not have sufficient data about the effectiveness of the geographic restriction to determine its suitability. She stated that she did not expect to present the topic again for two years.

Senator Lee expressed her appreciation for the Board of Dentistry's willingness to work with the committee to address constituent concerns. The noted that she expects the Board of Dentistry to eventually return to the Committee to propose further expansions of telehealth.

MOTION: There being no more questions or testimony, **Senator Foreman** moved to approve **Docket No. 19-0101-1703**. **Senator Lee** seconded the motion. **Senator Harris** voiced his opposition to the 75-mile limit, but stated that he supports telehealth and would therefore support this docket. The motion carried by **voice vote**.

ADJOURNED: There being no further business, **Chariman Heider** adjourned the meeting at 4:07 p.m.

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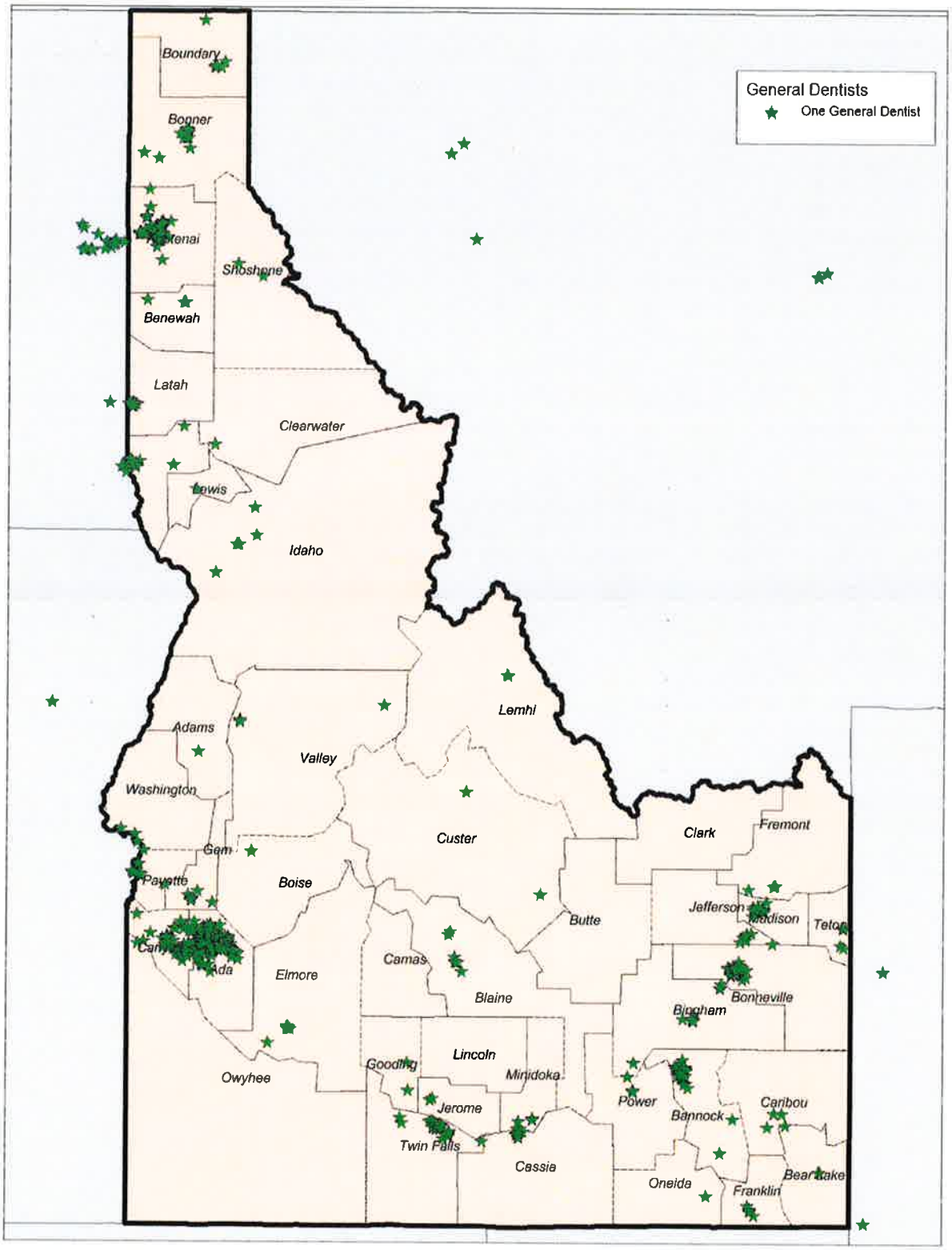
Senator Heider
Chair

_____

Rachel Goodman
Secretary



Idaho Map of Active General Dentists

*Data from the Idaho State Board of Dentistry, December 28, 2017.

AGENDA

SENATE HEALTH & WELFARE COMMITTEE

3:00 P.M.
Room WW54
Tuesday, January 16, 2018

SUBJECT	DESCRIPTION	PRESENTER
Docket No. 16-0104-1701	Emergency Medical Services Account III Grants	John Cramer Division of Public Health
Docket No. 16-0204-1701	Rules Governing Emergency Medical Services Account III Grants	John Cramer
Docket No. 16-0210-1701	Idaho Reportable Diseases	Dr. Leslie Tengelsen, Ph.D., DVM Division of Public Health
Docket No. 22-0113-1701	Rules for the Licensure of Dietitians	Anne Lawler, JD, RN Executive Director of Idaho State 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 Heider
Vice Chairman Souza
Sen Martin
Sen Lee
Sen Harris
Sen Agenbroad
Sen Foreman
Sen Potts
Sen Jordan

COMMITTEE SECRETARY

Rachel Goodman
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Tuesday, January 16, 2018
TIME:	3:00 P.M.
PLACE:	Room WW54
MEMBERS PRESENT:	Chairman Heider, Vice Chairman Souza, Senators Martin, Lee, Harris, Foreman, and Potts
ABSENT/ EXCUSED:	Senators Agenbroad and Jordan
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 3:03 p.m.
INTERN INTRODUCTION:	**Senator Lee** introduced Katie Swofford, her intern for the 2018 Legislative Session. **Ms. Swofford** is a senior at Boise State University. She will be assisting Senator Lee with various legislation.
PASSED THE GAVEL:	**Chairman Heider** passed the gavel to Vice Chairman Souza to conduct the rules review.
DOCKET NO. 16-0104-1701	**Rules of the Department of Health and Welfare Relating to Emergency Medical Services (EMS) Account III Grants. John Cramer** introduced himself as the Program Manager in the Bureau of Emergency Medical Services and Preparedness (EMS Bureau). The EMS Bureau is part of the Division of Public Health within the Idaho Department of Health and Welfare Division of Public Health. **Mr. Cramer** noted that this docket includes an update of rules relating to EMS Dedicated Account III Grants and moves these rules to a new chapter. The changes reflect the retirement of certain scoring elements and the addition of other scoring elements to maintain an adequate number of possible points for optimal distribution of the grants. The EMS Account III Grants are funded by $1 from driver's license fees; the fund is managed by the EMS Bureau in consultation with the EMS Advisory Committee. The EMS Advisory Committee provides: recommendations on appropriateness of equipment and information needed on an application; recommendations on funding ratios for vehicles and equipment; and recommendations on price and award caps for vehicles, equipment, and agencies. The EMS Advisory Committee also conducts "Review of Need" evaluations and scores application narratives. In addition to the movement to a new chapter, other updates to this rule include: adding definitions for "capital equipment" and "grant applicant"; modifying the grant cycle to more closely align with the EMS Advisory Committee meeting calendar; and modifying scoring criteria. **Mr. Cramer** stated that this docket retires scoring criteria for migrant and tourist populations because this element confused applicants and the data was unverifiable. This docket also retires scoring criteria based on the frequency of four-wheel drive use by an agency because this data was unverifiable. **Mr. Cramer** explained that history of vehicle awards and response type were added as new scoring criteria. **Senator Martin** asked Mr. Cramer why the version of the rule in the Committee's

Pending Rule Book did not include the format of strikethroughs and additions normally found in rules. **Vice Chairman Souza** explained that this was because this docket is a new rule chapter meant to replace an old chapter. **Mr. Cramer** confirmed this.

Mr. Cramer explained that this docket modifies scoring criteria regarding fiscal resource base, local government endorsement, and narrative scoring. He noted that these rules had not been updated since 2000. Negotiated rulemaking took place in 2017, and a hearing was conducted in September 2017. There were no attendees, and the EMS Bureau received no written comments relating to this docket.

Vice Chairman Souza asked Mr. Cramer if this docket was a replacement chapter, and if the following docket would repeal the original rule chapter. **Mr. Cramer** responded in the affirmative.

Senator Potts felt that the changes in this docket were not properly represented. He stated that the format of **Docket No. 16-0104-1701** made it unclear that it shared some elements with the old rule chapter to be replaced. **Senator Potts** stated that it was unclear that **Docket No. 16-0104-1701**, the new chapter, was to be compared with **Docket No. 16-0204-1701**, the chapter to be replaced. He expressed concern that the Committee did not have the information needed to approve this docket. **Mr. Cramer** explained that the EMS Bureau did create the new chapter using a core set of rules from the original chapter.

Vice Chairman Souza asked Mr. Cramer to confirm that he had explained all substantive changes made to the rule chapter. **Mr. Cramer** responded in the affirmative. **Senator Lee** suggested that Mr. Cramer explain the substantive changes in this docket again to ensure that the Committee understood the modifications.

Chairman Heider asserted that the proposed new rule chapter and the original rule chapter did not need to be compared, as the old chapter would not be applicable if the Committee approved the new chapter. He emphasized that the Committee should be focusing on the new rules. **Vice Chairman Souza** voiced her agreement.

Mr. Cramer restated the substantive changes in this docket.

MOTION: There being no more testimony or questions, **Chairman Heider** moved to approve **Docket 16-0104-1701**. **Senator Lee** seconded the motion. The motion carried by **voice vote**, with **Senator Potts** voting **nay.**

DOCKET NO. 16-0204-1701 **Rules of the Department of Health and Welfare Governing Emergency Medical Services (EMS) Account III Grants. Mr. Cramer** stated that this docket involves the repeal of the entire rule section which is being replaced by the rules in **Docket No. 16-0104-1701**.

MOTION: There being no more testimony or questions, **Senator Martin** moved to approve **Docket 16-0204-1701**. **Senator Harris** seconded the motion. The motion carried by **voice vote**, with **Senator Potts** voting **nay.**

DOCKET NO. 16-0210-1701

Rules of the Idaho Department of Health and Welfare Relating to Idaho Reportable Diseases. Dr. Leslie Tengelsen introduced herself as the Idaho State Public Health Veterinarian from the Idaho Department of Health and Welfare Bureau of Communicable Disease Prevention. She explained that the rule changes contained in this docket are intended to protect public health. The first change requires that all suspected or confirmed cases of arboviral disease—which are infections primarily transmitted by the bite of an insect—be reported to officials at the Idaho Department of Health and Welfare or local Health Districts, as described in this rule chapter.

There are approximately 130 identified arboviruses that can cause disease in humans. Tracking these viruses allows public health officials to recognize the burden of these diseases and determine when to employ public health interventions. The change, which required all cases of arboviral disease to be reported, was implemented as a temporary rule in 2017. Prior to the change, the only arboviral disease with a mandatory reporting requirement was West Nile virus.

This docket adds a new section to the rule chapter which describes the reporting requirements for arboviral diseases and important aspects of case investigation. The stand-alone section of the chapter pertaining to West Nile virus was removed. Additional changes to the rules include: update/addition of selected documents incorporated by reference; modification of definitions to align with updated documents; and modification of the section on rabies to align with updated documents. **Dr. Tengelsen** stated that this docket has no anticipated fiscal impact. The Idaho Department of Health and Welfare did not conduct negotiated rulemaking for this docket, but it did consult public Health District stakeholders.

Chairman Heider noted that this docket changes the phrase "quarantine of animals" to "management of animals." He requested further information regarding this change. **Dr. Tengelsen** explained that management is a larger concept than quarantine, and that quarantine is a part of the greater management process. Management involves quarantine, observation, and vaccination; therefore, the term "management" is more encompassing.

Senator Harris pointed out that the American Veterinary Medical Association, the Idaho State Department of Agriculture, and the Health Districts are mentioned throughout the docket. He asked if they were involved in the rulemaking process and if they expressed any concerns. **Dr. Tengelsen** stated that the Health Districts support the updated rules. She explained that the updated rabies section includes a joint rabies protocol that involves the Idaho State Department of Agriculture, the Health Districts, and veterinarians. The joint protocol is meant to ensure that management practices are consistent across all jurisdictions.

Senator Potts asked why the Idaho Department of Health and Welfare added the phrase "regardless of rabies vaccination status" to subparagraph 610.04(a)(ii) of the rule chapter. **Dr. Tengelsen** stated that prior to this change, if an animal had received only one rabies vaccine and that vaccine was not age appropriate, or the animal's vaccination status had expired, the animal was treated as unvaccinated and quarantined for six months. If an animal's vaccination status expired, but the animal was vaccinated again, it would be treated as a vaccinated animal and only quarantined for 45 days. **Dr. Tengelsen** explained that the new language in subparagraph 610.04(a)(ii) was an important management tool.

Senator Potts inquired whether the new language reduces the amount of time that an animal must be quarantined. **Dr. Tengelsen** responded in the affirmative.

Senator Potts asked how humans can contract rabies if they have not been bitten by a rabid animal. **Dr. Tengelsen** explained that bites and scratches are the most common form of rabies exposure. Humans may also be exposed to rabies by being in a bat cave or through exposure to mucus membranes. She noted that bats are the most common rabid animal in Idaho. Since bat teeth are relatively small, bite victims do not always notice that they have been bitten. As a result, the Idaho Department of Health and Welfare considers the presence of a bat to indicate potential exposure to rabies.

Senator Potts asked if humans could contract rabies after being licked in the face by a rabid dog. **Dr. Tengelsen** stated that there has never been a rabid dog in Idaho, and the risk of a dog in Idaho contracting rabies is quite low. She confirmed that saliva from a rabid animal can expose humans to rabies.

Senator Potts asked whether the rules' reference to rabies exposure not caused by a bite applies only to potential exposure from bats, not from domestic dogs, cats, or ferrets. **Dr. Tengelsen** stated that this was not true. She clarified that exposure to rabies through saliva can be from a dog, cat, ferret, or other animal. Scientific literature states that saliva can be a source of rabies. **Dr. Tengelsen** explained that the Idaho Department of Health and Welfare conducts thorough investigations of all suspected cases of rabies.

Senator Harris noted that the section regarding rabies also refers to rabies exposure from livestock. He asked if cow saliva can expose humans to rabies. **Dr. Tengelsen** stated that she has never seen any report of cow saliva carrying rabies, but she has seen reports that milk can carry rabies. She noted that exposure to rabies through milk or saliva is uncommon.

Senator Lee asked if every dog that bites a human must be quarantined for ten days, or if there must be evidence that the dog has rabies in order to conduct a quarantine. **Dr. Tengelsen** stated that, if a person has been bitten, health care providers ask about the vaccination status of the animal and if the animal has been acting abnormally. Based upon this rule, animals that bite a human should be observed for ten days. Officials monitor abnormal behavior in the animal or other symptoms of rabies.

Senator Lee asked for clarification that the rule requires all animals who bite a human to be observed for ten days. **Dr. Tengelsen** stated that the rule was expanded to include animals who did not bite a human, but may have exposed a human to rabies in another way.

Vice Chairman Souza clarified that, in the case of a bite, the owner of the animal would be asked questions about the animal to determine if there is a risk of rabies exposure. The animal would then be quarantined if the official deemed it necessary. **Dr. Tengelsen** confirmed Vice Chairman Souza's statement.

Senator Potts asked what the process would be if his dog is current on its rabies vaccine and bit a stranger. He asked who pays for the process. **Dr. Tengelsen** stated that the Idaho Department of Health and Welfare does not participate in the financial aspect of these issues. She explained that any financial considerations would be handled between the pet owner and the bite victim. She noted that if a dog has contracted rabies, it would die within ten days. If the dog is still alive after ten days, then it does not have rabies. **Dr. Tengelsen** stated that there is no test to determine if a living animal has rabies.

MOTION: There being no more testimony or questions, **Senator Martin** moved to approve **Docket 16-0210-1701**. **Chairman Heider** seconded the motion. The motion carried by **voice vote**, with **Senator Potts** and **Senator Harris** voting **nay.**

DOCKET NO. 22-0113-1701 **Rules of the Idaho State Board of Medicine Relating to the Licensure of Dietitians. Anne Lawler** introduced herself as a representative of the Idaho State Board of Medicine and the Dietetic Licensure Board. **Ms. Lawler** explained that the Idaho State Board of Medicine (the Board) is a self-governing agency which operates using dedicated funds from licensure fees. The Board has primary responsibility for licensure and regulation of dietitians.

This docket amends the existing rule regarding the licensure of dietitians; it aligns the rule with the Dietetic Practice Act that was updated in 2017. **Ms. Lawler** stated that this docket updates the accrediting boards' titles, as there have been a number of name changes. It also includes new terminology adopted by the Academy of Nutrition and Dietetics and adds expedited licensure and biennial renewal options. The Idaho Academy of Nutrition and Dietetics expressed support for this docket.

Several meetings were conducted with stakeholders and the draft rule was available on the Board's website for review and comment. The Board conducted a formal public hearing on this docket on November 1, 2017; no testimony was given. **Ms. Lawler** noted that this docket will have no fiscal impact on the General Fund or the agency's dedicated fund.

Senator Foreman expressed concern that the section of this docket regarding professional misconduct was overly restrictive. He emphasized that he supports the intent of the section, but feels it is too restrictive of dietitians. **Senator Foreman** asked Ms. Lawler if the rule prohibited dietitians from engaging in consensual sexual relationships with patients. **Ms. Lawler** responded in the affirmative. She stated that the Board added language from the Medical Practice Act to clarify the rule. She explained that the section now states that patient consent shall not be a defense for a dietitian who violates the rule prohibiting sexual acts with patients. The Board also added language which clarifies that the rule does not apply to sexual contact with a patient who is the dietitian's spouse or domestic partner.

Senator Foreman asked why consent of the patient is not a defense. **Ms. Lawler** explained that the Board wants all licensees to behave in the most ethical manner. Under the Medical Practice Act, practitioners are prohibited from engaging in sexual relationships with their patients. **Ms. Lawler** stated that this is why patient consent is not considered a legitimate defense.

Senator Foreman stated that he agrees with the intent of the section related to professional misconduct, but he felt that the rules were overly restrictive. Therefore, he stated that he could not support this docket. **Ms. Lawler** noted that the language in the rule reflects language from a statute which was approved by the Committee during the 2017 Legislative Session. She also explained that dietitians are in a position of authority relative to their patients, and the Board does not want practitioners to take advantage of that authority. Patients are in a vulnerable position; as such, sexual relationships between practitioners and patients are inappropriate.

Vice Chairman Souza stated that, as a former nurse, she agrees completely with the rule against provider-patient sexual relationships.

Senator Martin asked whether a relationship between a dietitian and a former patient would be permissible. **Ms. Lawler** explained that relationships with former patients may violate the rule if the dietitian exploits the former patient's trust. She

noted that the Board would have to decide whether the relationship was a violation of the rule.

MOTION: There being no more testimony or questions, **Senator Harris** moved to approve **Docket 22-0113-1701**. **Senator Lee** seconded the motion. The motion carried by **voice vote**, with **Senator Foreman** voting **nay.**

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

ADJOURNED: There being no further business at this time, **Chairman Heider** adjourned the meeting at 3:56 p.m.

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Senator Heider
Chair

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Rachel Goodman
Secretary

AMENDED AGENDA #1

SENATE HEALTH & WELFARE COMMITTEE

3:00 P.M.
Room WW54
Thursday, January 18, 2018

SUBJECT	DESCRIPTION	PRESENTER
Presentation	Loan Repayment Programs for Physicians	Margaret Wile, Health Program Policy Specialist, National Conference of State Legislatures Sydne Enlund, National Conference of State Legislatures Mary Sheridan, Department of Health and Welfare Susie Pouliot, Chairwoman, Rural Physician Incentive Program
Docket No. 16-0601-1702	Child and Family Services	Carissa Decker, Division of Family and Community Services
Docket No. 24-1301-1701	Rules Governing the Physical Therapy Licensure Board	Tana Cory, Bureau Chief, Bureau of Occupational Licenses

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 Heider
Vice Chairman Souza
Sen Martin
Sen Lee
Sen Agenbroad
Sen Foreman
Sen Potts
Sen Jordan

COMMITTEE SECRETARY

Rachel Goodman
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

Sen Harris

MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE: Thursday, January 18, 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 3:07 p.m.

PRESENTATION: **Loan Repayment Programs for Physicians. Margaret Wile** introduced herself as a policy specialist for the National Conference of State Legislatures (NCSL). NCSL is a bipartisan organization of 7,383 state legislators and 30,000 legislative staff. NCSL provides nonpartisan research and resources for legislators. **Ms. Wile** stated that NCSL holds two annual meetings that are open to all members. The meetings feature sessions on a variety of topics. Each state has an NCSL member dedicated to addressing state-specific needs. Sydne Enlund is the NCSL member assigned to Idaho.

NCSL's health program holds invitational meetings throughout the year. In 2017, the program assembled teams from eight western states, including Idaho, to discuss improving access to rural health care. Team members included legislators, legislative staff, and key executive branch health experts. As NCSL is a bipartisan organization, it did not advocate for specific policies. NCSL facilitated action planning and the achievement of identified action steps. At the invitational meeting, the team agreed investigate loan forgiveness programs for physicians. **Ms. Wile** thanked all who attend the 2017 NCSL health program meeting.

Mary Sheridan introduced herself as the Bureau Chief of the Bureau of Rural Health and Primary Care in the Idaho Department of Health and Welfare's Division of Public Health. **Ms. Sheridan** explained that efforts to improve physician loan repayment programs began at the previously mentioned NCSL meeting. At the meeting, team members developed an action plan focused on three priority areas for improving rural access to health care: 1.) telehealth; 2.) loan repayment; and 3.) community paramedicine. Idaho has a significant number of federally-designated health professional shortage areas in the fields of primary care, dental health care, and mental health care.

Ms. Sheridan stated that Idaho has two physician loan repayment programs: the Rural Physician Incentive Program (RPIP) and the State Loan Repayment Program (SLRP). Both programs require physicians to work in a designated shortage area. The programs also require a dual application process, meaning that both clinicians and their employers must submit an application. Neither program receives state funding.

Students in state-supported seats at the University of Utah and the University of

Washington medical schools pay fees that fund RPIP. The Idaho State Board of Education calculates the fee each year and receives the funds. In 2018, the student fee is around $1,600 per student. With 181 students currently in the program, RPIP will receive $291,000 in 2018 to be used for loan repayment.

Ms. Sheridan explained that RPIP is only available to physicians. Priority is given to primary care physicians, those who practice internal medicine, and pediatricians. If there is a high need, funds can also support obstetricians/gynecologists (OB/GYN), psychiatrists, emergency medicine, and general surgeons. First award priority is given to physicians who paid into the fund. Second award priority is given to physicians who were Idaho residents prior to medical school, but who did not pay into the fund. The Rural Health Care Access and Physician Incentive Program Board convenes annually to review RPIP applications. The maximum award is $25,000 per year for four years, or $100,000 total. The award must be used for loan repayment and can never exceed the physician's debt balance. In 2017, 19 physicians applied to RPIP. The program awarded funds to eight of the applicants.

There are currently 23 physicians in RPIP at 20 different sites in Idaho. To measure retention, program officials count how many physicians remained at the same site, moved to another shortage area, or moved to another site in Idaho within one year of program completion. If a physician meets any of the three criteria, program officials consider the physician as retained. Currently, five physicians have completed the program; four are still working at the same site, and one moved to a new shortage area in Idaho. Program officials consider this to be a success. **Ms. Sheridan** acknowledged that five physicians is a relatively small number, but noted that RPIP is still new. RPIP was established in fiscal year (FY) 2013. At that time, the maximum total award was $50,000. In FY 2016, the maximum total award was increased to $100,000.

SLRP is a federal grant to states. Idaho receives $250,000 per year from the federal government. The funds must be used exclusively for loan repayment. Unlike RPIP, SLRP is not restricted to loan repayment for physicians. Dentists, nurse practitioners, physician assistants, registered nurses, and pharmacists may apply for the SLRP.

The SLRP federal grant requires that every loan repayment dollar be matched by the state. Idaho does not have state funds to match the grant amount. Idaho requires employers to provide the matching funds on behalf of the state. SLRP awards recipients a maximum of $50,000 over two years. The federal grant supplies $25,000, and the recipient's employer supplies $25,000. SLRP also requires sites to provide a sliding fee scale for patients who struggle to afford care. The sites cannot deny service to anyone, regardless of ability to pay or insurance status.

Ms. Sheridan stated that there are currently 34 clinicians at 20 sites who are enrolled in SLRP. Seventeen clinicians have completed their two-year service obligations. After completing the service obligation, clinicians may reapply to SLRP as long as there is adequate federal funding and their employer is willing to match the funds for two more years. Of the 17 clinicians who have completed the service obligation, eight have reapplied and been readmitted to SLRP. The remaining nine are still practicing at their original SLRP site.

Ms. Sheridan noted that the average debt for physicians in this program is around $136,000. The average debt for nurse practitioners and physician assistants is around $90,000. In RPIP, the average physician debt is about $177,000.

Susie Pouliot introduced herself as the Chair of the RPIP Board and the

Chief Executive Officer of the Idaho Medical Association. **Ms. Pouliot** noted that increasing the number of physicians in Idaho is one of the Idaho Medical Association's top priorities. She stated that the number of Idaho students graduating from medical programs is increasing each year. After graduating, students must complete residency training before becoming practicing physicians. **Ms. Pouliot** noted that the Idaho Medical Association will be requesting that the Legislature expand residencies to ten years.

Ms. Pouliot stated that RPIP encourages physicians to remain in Idaho after they complete their residency training. She thanked the Legislature for increasing the maximum total RPIP award from $50,000 to $100,000 in 2015. This made the program more competitive. **Ms. Pouliot** noted that RPIP is highly competitive. The RPIP Board generally receives 20 applications, but only funds around six individuals. She explained that the RPIP Board would like to expand the program. However, at the current level of funding, the RPIP Board would have to limit awards to only three or four physicians per year to sustain the program.

The RPIP Board has investigated ways to expand the program. They discussed raising student fees, but found the idea of increasing student debt in order to help others pay student debt was not practical. The RPIP Board considered including Idaho College of Osteopathic Medicine (ICOM) students in RPIP. This would increase program funds and allow ICOM graduates to apply for RPIP. ICOM declined to join RPIP, citing its commitment to keep tuition fees as low as possible.

Ms. Pouliot stated that RPIP receives no state funding. It is funded entirely by student fees. **Ms. Pouliot** cited that student fees will contribute around $325,000 per year to the fund for the next four years. The RPIP Board has considered asking the State of Idaho to match student fees in order to expand the fund. **Ms. Pouliot** stated that Representative Vander Woude has agreed to sponsor legislation to implement a two-to-one state-funded match of student fees. This would result in a state appropriation of around $650,000. **Ms. Pouliot** asserted that this fund-matching would increase the number of awards granted by the RPIP Board.

Chairman Heider asked if Joint Finance-Appropriations Committee (JFAC) would be responsible for funding the legislation if it passes. **Ms. Pouliot** responded in the affirmative. **Chairman Heider** asked if the funding will depend upon JFAC allocation of available state funds. **Ms. Pouliot** again responded in the affirmative. **Vice Chairman Souza** clarified that if the legislation passes and contains a fiscal note requiring funding, JFAC must fund the legislation.

Vice Chairman Souza asked if employers would continue to be involved in RPIP if the program begins receiving state funding. **Ms. Pouliot** explained that the sponsoring entity and physician must both submit an application to RPIP in order for the physician to receive funding. RPIP does not require sponsoring institutions to match funds, whereas SLRP does. If RPIP receives state funding, sponsoring entities would still be involved in the application process.

Vice Chairman Souza sought more information regarding the role of employers in RPIP. **Ms. Pouliot** confirmed that RPIP requires applicants' employers or sponsoring entities to submit a supporting sponsorship letter on behalf of the applicant. She explained that employers do not have any financial obligation to RPIP.

Vice Chairman Souza asked if employers would still be required to match federal funds if Idaho began funding RPIP. **Ms. Pouliot** clarified that the RPIP Board is requesting state funding for RPIP, which does not require employer fund-matching.

The SLRP does require employer fund-matching. **Ms. Pouliot** stated that RPIP is much more robust than the SLRP; therefore, the RPIP Board is requesting state funding for RPIP, not SLRP.

PASSED THE GAVEL: **Chairman Heider** passed the gavel to Vice Chairman Souza to conduct the rules review.

DOCKET NO. 16-0601-1702 **Rules of the Department and Health and Welfare Relating to Child and Family Services. Carissa Decker** introduced herself as the Title IV-E Eligibility Supervisor for the Division of Family and Community Services within the Idaho Department of Health and Welfare. Title IV-E funds are granted by the federal government for: the care and supervision of foster children; administrative costs; training of foster care providers; recruitment of foster parents; and costs related to the design, implementation, and operation of a statewide data collection system. These federal funds are available only if the state complies with Title IV-E requirements.

Ms. Decker explained that this docket aligns IDAPA regulations related to Title IV-E eligibility with federal regulations. The updates include changes to: 1.) language and timeline of judicial determinations; 2.) educational enrollment criteria for 18-year-olds; 3.) requirements related to specified relatives; 4.) allowance for "approved foster family home" when a placement is unlicensed; 5.) compliance with placement safety requirements; 6.) five-year residency requirement for qualified aliens to be eligible for Title IV-E funding (with exceptions); 7.) circumstances of redeterminations; 8.) the reference for Title XIX Medicaid eligibility requirements.

Ms. Decker stated that there was no negotiated rulemaking for these changes. She explained that the docket has no anticipated fiscal impact. Rulemakers did not receive any comments from the public.

Senator Lee asked if all changes complied with Title IV-E and were meant to ensure that Idaho will continue receiving foster care payments. **Ms. Decker** responded in the affirmative.

Senator Lee asked if Title IV-E funds could be used for temporary placements in the past. She asked if the proposed rule prohibited the future use of Title IV-E funds for temporary placements. **Ms. Decker** stated that this docket has no fiscal impact. She explained that Title IV-E funds could not be claimed for expedited placements until the placement is fully licensed.

Senator Lee asked if Title IV-E funds were previously used for unlicensed expedited placements. **Senator Lee** requested that Miren Unsworth, Administrator for the Division of Family and Community Services within the Idaho Department of Health and Welfare, answer the question. **Ms. Unsworth** clarified that the Idaho Department of Health and Welfare has never been able to claim Title IV-E funds for unlicensed placements. She explained that payments for unlicensed placements come from general state funds.

Senator Lee asked why the portion of this docket which dictates that Title IV-E fund recipients be fully licensed appears to have been changed. She asked if the changes reflect the incorporation of federal rules, but do not constitute a substantive change. **Ms. Unsworth** responded in the affirmative.

MOTION: There being no more questions or testimony, **Senator Lee** moved to approve **Docket No. 16-0601-1702**. **Senator Martin** seconded the motion. The motion carried by **voice vote.**

DOCKET NO. 24-1301-1701

Rules of the Bureau of Occupational Licenses Governing the Physical Therapy Licensure Board. Tana Cory, Chief of the Bureau of Occupational Licenses, referred the presentation of this docket to Dr. Brian White, a volunteer member of the Physical Therapy Licensure Board. **Dr. White** stated that he has served on the Physical Therapy Licensure Board for ten years.

Dr. White explained that this docket removes outdated language and updates language to be in accordance with Idaho Code § 67-2614. Idaho Code § 67-2614 requires licensees to pay a reinstatement fee and provide documentation of continuing education to obtain a new license after allowing theirs to expire. Previously, an individual had to complete 16 hours of continuing education for each year that their license remained expired. The proposed rule limits the number of hours to 16 per year for three years. **Dr. White** explained that an individual whose license had been expired for four or five years would only need to complete three years' worth of continuing education.

Senator Potts asked if continuing education hours are cumulative. **Dr. White** responded in the affirmative. **Senator Lee** asked if opportunities for continuing education are readily available for practitioners in Idaho. **Dr. White** stated that he has never found it difficult to find continuing education opportunities in Idaho. **Senator Martin** asked how much the reinstatement fee costs. **Dr. White** responded that the reinstatement fee is $35. **Senator Potts** asked how much the licensing fee costs. **Dr. White** responded that the annual license renewal fee is $25.

Senator Potts asked why there is a discrepancy between the reinstatement fee and licensing fee. He asked if the process of reinstating an individual required more work than processing an annual renewal. **Dr. White** referred the question to Tana Cory. **Ms. Cory** explained that Idaho Code § 67-2614 established a flat $35 rate for reinstatement. **Ms. Cory** stated that reinstatement requires more staff time than renewal.

Dr. White noted that 1,031 physical therapists and physical therapist assistants in Idaho have allowed their licenses to expire; as such, this docket affects a significant number of people.

MOTION: There being no more questions or testimony, **Senator Martin** moved to approve **Docket No. 24-1301-1701. Senator Agenbroad** seconded the motion. The motion carried by **voice vote.**

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

ADJOURNED: There being no further business, **Chairman Heider** adjourned the meeting at 3:54 p.m.

Senator Heider
Chair

Rachel Goodman
Secretary

AGENDA

SENATE HEALTH & WELFARE COMMITTEE

3:00 P.M.
Room WW54
Monday, January 22, 2018

SUBJECT	DESCRIPTION	PRESENTER
Docket No. 58-0101-1601	Rules for the Control of Air Pollution in Idaho	Tiffany Floyd, Department of Environmental Quality
Docket No. 58-0101-1702	Rules for the Control of Air Pollution in Idaho	Tiffany Floyd
Docket No. 58-0105-1701	Rules and Standards for Hazardous Waste	Michael McCurdy, Department of Environmental Quality
Docket No. 23-0101-1701	Rules of the Idaho Board of Nursing	Sandra Evans, Executive Director, Idaho State Board of Nursing
Docket No. 16-0212-1701	Procedures and Testing to be Performed on Newborn Infants	Jacqueline Watson, 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 Heider
Vice Chairman Souza
Sen Martin
Sen Lee
Sen Harris
Sen Agenbroad
Sen Foreman
Sen Potts
Sen Jordan

COMMITTEE SECRETARY

Rachel Goodman
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Monday, January 22, 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.
PASSED THE GAVEL:	**Chairman Heider** passed the gavel to Vice Chairman Souza.
DOCKET NO. 58-0101-1601	**Rules of the Idaho Department of Environmental Quality Relating to Control of Air Pollution in Idaho**. **Tiffany Floyd** introduced herself as the Air Quality Division Administrator for the Idaho Department of Environmental Quality (DEQ). She explained that this docket updates rules regarding Crop Residue Burning (CRB). The changes to the rule reflect language from S 1009, which passed during the 2017 Legislative Session. S 1009 changed the ozone threshold for approving burns in the CRB program from 75 percent to 90 percent. **Ms. Floyd** stated that this change provides greater flexibility to farmers who burn residue as an agricultural practice. It also provides greater protection of public health by burning on better dispersion days. **Senator Martin** asked how this docket will affect the environment. **Ms. Floyd** stated that the changes may increase the number of days that farmers may burn crop residue. She explained that these days will be better dispersion days; as such, the smoke can disperse more quickly, which will protect public health. DEQ believes that this docket will have a positive environmental impact.
MOTION:	**Senator Foreman** moved to approve **Docket No. 58-0101-1601**. **Senator Martin** seconded the motion. The motion carried by **voice vote**.
DOCKET NO. 58-0101-1702	**Rules of the Idaho State Department of Environmental Quality Relating to Control of Air Pollution in Idaho**. **Ms. Floyd** explained that this docket is DEQ's annual incorporation by reference of federal regulations regarding air pollution. Adoption of federal regulations is necessary for Environmental Protection Agency (EPA) approval of Idaho's operating permit program and state primacy of the Clean Air Act programs. Alignment with federal regulators ensures that DEQ regulations are up to date with federal changes and simplifies compliance for the regulated community. **Ms. Floyd** stated that this docket includes 37 changes. She summarized the most relevant changes. There were a number of administrative rule changes regarding implementation of the national ambient air quality standards (NAAQS). **Ms. Floyd** explained that these changes were minor. One change updated state agency requirements related to particulate matter standards, such as due dates and reporting requirements; another retained the current lead standard, and another

corrected the formula used to determine compliance with the particulate matter standard.

The EPA no longer requires notices of permitting actions to be published in newspapers, although DEQ is choosing to continue to publish such actions in local newspapers in order to be attentive to rural Idahoans. EPA also updated the state plan requirements for the regional haze rule by extending the deadline for states to submit their next plan update. **Ms. Floyd** stated that the EPA changed the emission threshold for when a landfill needs to install a gas collection system. These changes to federal regulations are reflected in this docket.

Ms. Floyd noted that DEQ did not conduct negotiated rulemaking for this docket. The DEQ received one written comment advocating for adherence to the highest environmental standards.

Senator Martin expressed his concern about maintaining state primacy. He asked who Idahoans should contact if they have questions regarding these rules. **Ms. Floyd** explained that individuals can find information about the rules on the EPA website. She suggested that Idahoans call DEQ for any environmental regulation questions.

Chairman Heider asked how DEQ tests air pollution emitted by landfills. **Ms. Floyd** explained that the trash in landfills emits methane gas. Landfills can use gas collection systems to contain methane gas.

MOTION: **Senator Harris** moved to approve **Docket No. 58-0101-1702**. **Senator Foreman** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 58-0105-1701 **Rules of the Idaho Department of Environmental Quality Relating to Standards for Hazardous Waste**. **Michael McCurdy** introduced himself as the Waste Management and Remediation Division Administrator for DEQ. He stated that this docket is the DEQ's annual incorporation by reference of federal regulations regarding hazardous waste. This docket ensures that DEQ maintains primacy over the hazardous waste program.

Mr. McCurdy noted that DEQ did not conduct negotiated rulemaking for this docket. No public hearing was requested or held. The DEQ received one written comment advocating for adherence to the highest environmental standards.

Mr. McCurdy stated that this docket included incorporation of the federal Hazardous Waste Generator Improvements Rule, which involves over 60 changes to hazardous waste generator regulations. The regulatory changes clarify existing requirements, increase flexibility, and improve environmental protection. **Mr. McCurdy** explained the changes that were most relevant to Idaho.

Mr. McCurdy noted that the rules replace the phrase "conditionally exempt small quantity generator" (CESQG) with the phrase "very small quantity generator" (VSQG) to be consistent with the other generator categories. With this change, a VSQG (which account for approximately 86 percent of Idaho's generators) will have the option to send hazardous waste to a large quantity generator (LQG) for consolidation.

Mr. McCurdy noted that the rule changes allow a VSQG or a SQG to remain in its current generator category even if it generates a quantity of hazardous waste in one calendar month that would otherwise move it to a more stringent generator category.

MOTION: **Senator Foreman** moved to approve **Docket No. 58-0105-1701**. **Chairman Heider** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 23-0101-1701

Rules of the Idaho Board of Nursing. **Sandra Evans** introduced herself as the Executive Director of the Idaho Board of Nursing (BON). She stated that this proposed rule simplifies the process for issuing a limited license to a nurse with a substance use and/or mental health disorder. It eliminates the requirement that a nurse surrender his or her license for up to five years and instead imposes restrictions for up to five years. These restrictions include a non-practice restriction that is enforced until the nurse is deemed safe to return to strictly monitored practice.

Ms. Evans noted that this docket clarifies qualifications for faculty in programs for advanced-practice registered nurses. It allows qualified non-nurse faculty, such as pharmacists, psychologists, dieticians, and physicians, to teach in these programs. It also clarifies qualifications for nursing education program administrators.

Ms. Evans stated that the BON did not receive any public comments regarding this docket.

Vice Chairman Souza expressed her appreciation that these changes create more flexibility for nursing program faculty.

Senator Lee cited the requirement that nursing program faculty hold a graduate degree with a major in nursing. She asked what kind of professional would hold a graduate degree with a major in nursing but not be a nurse. **Ms. Evans** explained that the BON used to require faculty members to be licensed nurses. This new requirement is meant to allow other professional to teach in nursing programs. **Ms. Evans** also noted that there is currently a trend in health professions to incorporate multiple disciplines into a single course. **Ms. Evans** explained that the BON eliminated the requirement for faculty to hold a master's or doctoral degree, instead allowing faculty to hold a graduate degree of any kind.

Senator Lee noted the omission of the word "degree" following the word "graduate" in Subparagraph 643.02(c)(i). **Senator Lee** worried that this omission could cause confusion. **Ms. Evans** clarified that this was a typographical error and would be remedied.

Chairman Heider inquired as to how nurses are tested for mental health disorders and substance abuse disorders. He asked if there are mandatory drug tests for nurses. **Ms. Evans** stated that evidence of these disorders often results from a complaint process. Complaints may indicate impairment or drug usage at work. When a suspicion of substance abuse or mental health disorders arises, the nurse is referred to an evaluator to diagnose the disorder and suggest treatment. Such evaluation may involve psychometric testing and/or fluid testing. Nurses with these disorders are enrolled in an alternative program where they are monitored. Monitoring involves random fluid testing and regular reports from the nurse's health care provider.

MOTION:

Senator Potts moved to approve **Docket No. 23-0101-1701**. **Senator Jordan** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 16-0212-1701 **Rules of the Idaho Department of Health and Welfare Relating to Procedures and Testing to be Performed on Newborn Infants. Jacqueline Watson** introduced herself as the Maternal and Child Health Section Manager and overseer of the Newborn Screening Program for the Bureau of Clinical and Preventive Services. The Newborn Screening Program ensures that all babies born in Idaho are screened for 47 serious conditions using just a few drops of blood. The program also ensures that babies in need of treatment are linked with appropriate care.

Ms. Watson stated that this docket adds Critical Congenital Heart Disease screening to the Newborn Screening Program. Congenital heart defects are the most common birth defect; they impact approximately eight out of every 1,000 babies. In Idaho, approximately 55 babies are born each year with Critical Congenital Heart Disease. The screening for this defect is a noninvasive test that measures oxygen saturation in the babies' blood within the 24-48 hours after delivery. Without early detection, babies with Critical Congenital Heart Disease have higher rates of mortality or can experience significant disability later in life.

Ms. Watson noted that some hospitals in Idaho already conduct the screening, but many small hospitals do not. The Idaho Department of Health and Welfare intends to add this screening information to the birth certificate system in Vital Records. This would allow the Newborn Screening Program to monitor screening compliance, provide technical assistance to hospitals and providers, and ensure linkage to follow-up care for failed screens. Because of the need to make modifications to the Vital Records system, **Ms. Evans** requested that this rule be effective July 1, 2018.

Ms. Watson stated that negotiated rulemaking was not conducted, but stakeholders were included in drafting the rule. **Ms. Watson** received 11 written comments, all in support of this docket. Four of the comments suggested clarifying changes; some of these changes were incorporated. Implementing this rule will cost approximately $20,000 annually; this will be covered by federal funds. There will be no impact to state general funds.

Senator Harris asked how midwives will comply with this rule. **Ms. Watson** explained that midwives will use the same screening equipment as doctors. Portable equipment is available for midwives.

Senator Lee asked why the Newborn Screening Program decided to add this particular screening to the list of required screenings. She also asked if there are other screenings that may be added in the future. **Ms. Watson** stated that the federal Department of Health and Human Services (HHS) offers recommendations to states regarding which screenings should be performed on newborns. There are currently 36 conditions on the recommended screening list. Idaho screens for 47 conditions. HHS recommends screening for Critical Congenital Heart Disease; as such, it was added to Idaho's Newborn Screening Program.

Senator Potts asked if most midwives already have the equipment necessary for this screening or if they would need to purchase new equipment. He asked if federal funds will cover this potential cost. **Ms. Watson** stated that most midwives are unlikely to have the equipment already. However, she noted that the Idaho Midwifery Council has purchased the screening equipment and undergone training in anticipation of the rule change.

Senator Potts asked if insurance will cover this cost for midwifery. **Ms. Watson** explained that this screening will be reimbursed as part of the standard service bundle provided to newborns. If a newborn does have a failed screening, there will be a diagnostic code that will allow the screening to be billed directly.

Senator Potts asked if that this test occurs 24-48 hours after birth. **Ms. Watson** responded in the affirmative.

MOTION: **Senator Lee** moved to approve **Docket No. 16-0212-1701**. **Senator Potts** seconded the motion. The motion carried by **voice vote**.

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

ADJOURNED: There being no further business, **Chairman Heider** adjourned the meeting at 3:35 p.m.

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Senator Heider
Chair

_____

Rachel Goodman
Secretary

AGENDA

SENATE HEALTH & WELFARE COMMITTEE

3:00 P.M.
Room WW54
Tuesday, January 23, 2018

SUBJECT	DESCRIPTION	PRESENTER
Approval of Minutes	Minutes of the January 10, 2018 Meeting	Senator Jeff Agenbroad
Presentation	Juvenile Justice in Idaho	Sharon Harrigfeld, Director of Idaho Department of Juvenile Corrections
Presentation	Criminal Justice in Idaho	Sharon Harrigfeld, Chair of Idaho Criminal Justice Commission
RS25728	Immunization Waivers	Senator Dan Foreman

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 Heider
Vice Chairman Souza
Sen Martin
Sen Lee
Sen Harris
Sen Agenbroad
Sen Foreman
Sen Potts
Sen Jordan

COMMITTEE SECRETARY

Rachel Goodman
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, January 23, 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 3:05 p.m.

MINUTES APPROVAL: **Senator Agenbroad** moved to approve the Minutes of January 10, 2018. **Senator Martin** seconded the motion. The motion carried by **voice vote**.

PRESENTATION: **Idaho Department of Juvenile Corrections (IDJC)**. **Sharon Harrigfeld** introduced herself as the Director of the Idaho Department of Juvenile Corrections. She introduced the presenter, Kevin Bernatz. **Mr. Bernatz** stated that he is the superintendent of the IDJC facility in Lewiston.

Mr. Bernatz explained that IDJC works with juveniles for whom preventive measures and community interventions have failed. He noted that 97.5 percent of Idaho's youth never come into contact with IDJC. Only five percent of juveniles on probation are committed to IDJC.

IDJC tries to keep juveniles in contact with their regular social network. IDJC also seeks to minimize the time that juveniles spend in corrections facilities by maximizing the effectiveness and focus of treatment plans. IDJC focuses on reducing recidivism rates.

Mr. Bernatz explained that various assessments allow officials to determine whether a juvenile ought to be committed to IDJC. He referenced Rule 19, a system in which everyone directly involved in a juvenile's life meets and discusses the juvenile's care. These individuals include family, prosecutors, probation officers, and others. Rule 19 helps officials determine a juvenile's level of need and proper placement.

Mr. Bernatz stated that community pass-through funding is intended to fill gaps in service, especially in small communities. He explained that the Community Incentive Program served 176 juveniles in 2017. The Mental Health Program served 245 juveniles in 2017. In addition, Millennium Projects across the state are dedicated to restorative practices in schools. 90 percent of juveniles who completed Millennium Project programs were never committed to IDJC.

Mr. Bernatz noted that IDJC funds a Substance Abuse Disorder Program which provides services for youth with substance use disorders that do not require commitment to the IDJC. The Substance Abuse Disorder Program served 1,180 juveniles in 2017. IDJC spends around $2,998 per juvenile that receives services from the Substance Abuse Disorder Program. **Mr. Bernatz** noted that this amount

is much lower than the $102,000 spent for each juvenile in IDJC custody.

Mr. Bernatz explained that all program curriculum, activities, and interventions focus upon accountability, competency development, and community protection. He acknowledged that some youth do not fit into the cognitive therapy support model. These "complex juveniles" often have significant mental health needs, significant trauma issues, and/or substance abuse disorders.

Vice Chairman Souza inquired what percentage of juveniles committed to IDJC come from the foster care system. **Mr. Bernatz** responded that he was unsure of the percentage. He stated he would investigate the matter.

Mr. Bernatz described the treatments and services available for complex youth at IDJC. IDJC teaches staff how to properly interact with complex youth. **Mr. Bernatz** noted that many complex youth struggle in school. IDJC teachers are required to undergo the same training as other IDJC staff so that they know how to interact with complex youth. In fiscal year (FY) 2017, 28 juveniles released from IDJC's care had high school diplomas; 55 had General Education Diplomas (GEDs). Others released had earned college credits or technical certificates.

Mr. Bernatz stated that 90 percent of juveniles receive a taxable wage after their release. Juveniles in IDJC also increase their math and reading scores and complete community service hours. **Mr. Bernatz** asserted that family engagement is very important in the juvenile rehabilitation process. IDJC offers family support services. For example, IDJC provides gas cards and paid hotel stays for parents who cannot afford to visit their child. **Mr. Bernatz** also noted that IDJC youth have a 28 percent recidivism rate and 15 percent recommitment rate.

Mr. Bernatz explained that Performance-based Standards (PbS), a national system which compiles data and assesses program success, evaluates IDJC facilities regularly. IDJC facilities consistently earn high PbS scores. In 2017, the IDJC facility in Nampa received the Barbara Allen-Hagen Award from PbS. **Mr. Bernatz** then showed a video about the Nampa facility's success.

Senator Lee asked if there is any relationship between juvenile probation upon release and recommitment rates. **Mr. Bernatz** explained that after release, juveniles may be placed on probation by the county. He stated that he did not know if there was a relationship between county probation and recommitment rates. **Senator Lee** asked if juveniles that return to IDJC after juvenile probation are counted towards the recidivism and/or recommitment rates. **Ms. Harrigfeld** stated that juveniles who return after probation are counted in the rates.

PRESENTATION: Idaho Criminal Justice Commission Legislative Update. Ms. Harrigfeld introduced herself as the Chair of the Idaho Criminal Justice Commission (ICJC). She stated that the ICJC has 26 members from the community and various levels of government; the members meet around ten times each year.

Sandy Jones introduced herself as the Executive Director of the Idaho Commission of Pardons and Parole and a member of the ICJC. She explained that the role of the ICJC is to advise the Governor on criminal justice issues. **Ms. Jones** noted that the ICJC has members from each branch of government. She asserted that the ICJC's broad range of members allows for greater communication between criminal justice agencies.

Henry Atencio introduced himself as the Director of the Idaho Department of Corrections and a member of the ICJC. He stated that he values his role in the ICJC, because it allows him to network with law enforcement professionals and

leaders in Idaho's criminal justice system.

Mr. Atencio reported that the ICJC reviews and updates its strategic plan on a regular basis. The goals of the ICJC are to: 1.) combat crime and protect citizens; 2.) provide policy makers with accurate information; and 3.) promote efficiency and effectiveness in the criminal justice system. To fulfill these goals, the ICJC has created a "Criminal Justice Dashboard," which includes information on victims, offenders, and community indicators. The ICJC also reinstated its "Educational Climate Survey," which provides information on gang involvement. To promote efficiency and effectiveness, the ICJC created strategies for sharing data between criminal justice agencies in Idaho.

Christina Iverson introduced herself as the Statewide Criminal Justice Services Manager and ICJC member serving on the Pretrial Justice Planning Subcommittee. The Pretrial Justice Planning Subcommittee examines and recommends changes to pretrial justice practices in Idaho. Pretrial programs provide information about defendants to judges prior to arraignment and monitor defendants' compliance with court orders. The subcommittee made the following recommendations for pretrial justice in Idaho: 1.) conduct risk assessments, 2.) ensure representation at arraignment, 3.) utilize a central case management system; 4.) monitor and supervise pretrial practices; 5.) expand Citations in Lieu of Arrest (CILA) training; and 6.) implement preventive detention practices.

Ms. Harrigfeld explained that the ICJC's Mental Health and Substance Use Subcommittee hold regular summits, where stakeholders meet to discuss current mental health and substance use issues. At the September 2017 summit, the subcommittee focused heavily on the opioid crisis.

Chairman Heider asked Ms. Harrigfeld if the ICJC's regular meetings are open to the public. **Ms. Harrigfeld** responded in the affirmative.

Dr. Lisa Bostaph introduced herself as an ICJC public member. She described the previously-mentioned Criminal Justice Dashboard, which is an interactive website that displays Idaho's criminal justice data.

Dr. Bostaph stated that her research team developed 27 recommendations for the ICJC based off the 2016 Statewide Needs Assesment of Crime Victims in Idaho. ICJC requested that the research team create a proposal addressing how to improve Idaho's collection of victimization data. **Dr. Bostaph** asserted that victimization data in Idaho are often not available or are siloed across various agencies. The research team suggested that the state create regular reports about victimization in Idaho. The team also suggested that the state track sexual assault kits and create an online victim survey for Idahoans. **Dr. Bostaph** noted that the cost of the initial victimization report would be $128,240. Subsequent reports would cost around $66,796.

Chairman Heider asked Dr. Bostaph how she calculated the cost of the report and if it had been approved by the Joint Finance-Appropriations Committee (JFAC). **Dr. Bostaph** explained that JFAC has not approved the cost of victimization reports because the idea is still in the proposal stage at ICJC.

Senator Jordan asked if there are data about the services that Idaho's police departments offer to victims. She asserted that there might be gaps in services provided to victims. **Dr. Bostaph** stated that her team conducted a needs assessment that identified gaps in victim services. However, she explained that the ICJC does not have data about services offered at the law enforcement level.

Obtaining this data would require a survey of all police departments in Idaho.

Eric Fredericksen introduced himself as the Idaho State Appellate Public Defender and a member of the ICJC Human Trafficking Subcommittee. Members of this subcommittee come from all agencies that may deal with the issue of human trafficking.

Mr. Fredericksen referenced Shared Hope International, an organization dedicated to eradicating human trafficking. Shared Hope International scores each state on its human trafficking laws. Idaho received a 71.5 out of 101.5. **Mr. Fredericksen** explained why Idaho scored so poorly. For example, in order to be found guilty of human trafficking in Idaho, an individual must have also committed another offense. Additionally, in Idaho, it is not a crime to benefit from or aid human trafficking. The Human Trafficking Subcommittee will be making recommendations to ICJC in the future regarding how to reduce human trafficking in Idaho.

Mr. Fredericksen stated that the ICJC conducts criminal law reviews; this year, the ICJC has proposed three amendments to Idaho statutes. The ICJC suggested an amendment to Idaho Code § 18-6608, which addresses forcible penetration by use of a foreign object. The ICJC proposed that language in Idaho Code § 18-6608 regarding sexual intent be stricken and replaced with language regarding willful action. The second proposed change is an amendment to Idaho's sexual battery statute. The ICJC proposed lengthening the punishment for sexual battery. The ICJC's third recommendation is to differentiate between aggravated battery and aggravated sexual battery. Under the proposed amendment, an individual who committed aggravated sexual battery would receive harsher punishment and be required to register as a sex offender.

RS 25728 **Relating to Immunization Waivers. Senator Foreman** stated that **RS 25728** relates to student immunization opt-outs. This RS clarifies Idaho Code §§ 39-4802 and 39-1118, which allow parents to exempt their child from state immunization requirements by submitting a signed statement to school or daycare officials. The proposed change to both codes adds language explaining that parents are not required to use a form supplied by the Idaho Department of Health and Welfare (DHW), a daycare facility, or any other entity.

Senator Foreman asserted that **RS 25728** does modify the meaning or intent of existing Idaho Code. He emphasized that the proposed changes are meant to eliminate confusion on the part of school administrators with respect to immunization exemptions. **Senator Foreman** explained that some school administrators have attempted to force parents to utilize the immunization exemption form furnished by DHW (see Attachment 1). **Senator Foreman** noted that DHW updated their immunization exemption form, but he reiterated that current Idaho Code does not require parents to use this form.

DISCUSSION: **Senator Lee** expressed concern that the proposed changes could cause further confusion for parents and school districts. She stated that the proposed changes may lead individual school districts to develop their own immunization exemption form, making the exemption process inconsistent across Idaho. **Senator Lee** asked Senator Foreman to address the issue of consistency. **Senator Foreman** stated that the proposed changes do not address the lack of consistency across the state. He noted that the changes are only meant to clarify ambiguity and eliminate confusion for school districts and parents.

Vice Chairman Souza noted that the proposed changes add clarity. She also noted that the Committee previously worked with DHW to create an appropriate immunization exemption form. She explained that the updated form now states that

parents may leave the form blank and simply attach a separate signed statement to the form. **Vice Chairman Souza** emphasized the importance of disseminating immunization information to school districts. **Vice Chairman Souza** then asked Senator Foreman if he felt the proposed changes and the updated DHW form could work together well. **Senator Foreman** commended DHW's efforts to change the form, but noted that the proposed changes address issues with Idaho Code, not issues with the DHW form.

Vice Chairman Souza reiterated that she thought the DHW form and the proposed changes worked well together. She explained that if a parent does not want to use the DHW form, he or she must still submit a signed statement to the school. School officials can then attach the statement to the DHW form if they would like. **Vice Chairman Souza** asserted that DHW is responsible for supplying school districts with instructions regarding the immunization exemption process.

Senator Jordan noted that the DHW form states that students who are not vaccinated may be sent home if there is an outbreak of an illness. She expressed concern that without filling out the DHW form, schools and parents of unvaccinated children may not know this. **Senator Jordan** worried that this legislation was preemptive in nature and would make it difficult to deal with future problems as they arise. **Senator Jordan** requested that Senator Foreman address this concern. **Senator Foreman** stated that the DHW form may work for some individuals and that the form may change in the future. He emphasized that the objective of the proposed changes was only to clarify the current laws.

Senator Lee stated that Idaho Code often establishes broad policies, and IDAPA establishes how to implement those policies. **Senator Lee** asked Senator Foreman how he felt about the proposed changes being made in Idaho Code when they could be expressed in IDAPA. **Senator Foreman** explained that there is currently a discrepancy between IDAPA and Idaho Code §§ 39-4802 and 39-1118. Idaho Code does not require parents to use the DHW form, while IDAPA does. **Senator Foreman** explained that IDAPA will need to be changed to align with Idaho Code.

Chairman Heider stated that DHW worked hard to develop a simple immunization exemption form. He emphasized that schools need to know whether children have been immunized in case there is an outbreak of an illness and unvaccinated children need to be sent home from school. **Chairman Heider** asserted that the DHW form was innocuous and allowed parents to submit an optional statement instead of filling out the form itself. He commended DHW for its work on the form. **Chairman Heider** then clarified that the Legislature cannot control how schools implement the form. He stated that he doubted the necessity of making the proposed changes to Idaho Code. **Senator Foreman** clarified that parents can choose not to submit their child's immunization records to school officials. **Senator Foreman** explained that if there is an outbreak of any kind, schools can send those children home. Parents do not have to submit vaccination records, nor do they have to utilize the DHW form in order to exempt their child from vaccination requirements.

Vice Chairman Souza noted that the DHW form does not require parents to disclose their child's immunization status. Parents may decline to answer questions regarding which vaccinations their child has received, but their child will be sent home in the case of an outbreak.

MOTION: There being no more questions, **Vice Chairman Souza** moved to send **RS 25728** to print. **Senator Potts** seconded the motion.

Chairman Heider invited discussion on the motion.

Senator Martin described his experience as a mediator in a conflict between the Humane Society and several veterinarians. The two parties reached an agreement and both have upheld that agreement for the last six years. **Senator Martin** drafted legislation to solve the problem in case either party violated the agreement, but he did not attempt to pass the legislation. **Senator Martin** then shared the story of a constituent whose son was not allowed to register for school because she would not sign DHW's immunization exemption form. **Senator Martin** contacted all parties involved and mediated the conflict. Eventually, the child was able to register without submitting the form. He reminded the Committee that Chairman Heider had tried to pass legislation identical to **RS 25728** during the 2017 Legislative Session. **Senator Martin** compared this to his own experience of drafting legislation to solve the Humane Society conflict mentioned previously. He noted that Chairman Heider had told DHW that he would not run the bill if DHW revised the form; DHW complied. **Senator Martin** asserted that it would be unfair to send **RS 25728** to print. He then commended the parents who were present for their concern about their children.

Senator Potts shared his personal experience with immunization exemptions in schools. He explained that is often unpleasant to tell school administrators that a student is not immunized. **Senator Potts** asserted that having an immunization exemption form is necessary; however, he felt that the religious and medical explanation sections on DHW's form are unnecessary. **Senator Potts** stated that the ambiguity in Idaho Code allows schools to make the immunization exemption process even more difficult. He felt that **RS 25728** eliminated the ambiguity and therefore deserved to be sent to print.

ROLL CALL VOTE: **Chairman Heider** called for a roll call vote. **Senators Souza, Lee, Agenbroad, Foreman, and Potts** voted aye. **Senators Heider, Martin, Harris, and Jordan** voted nay. The motion carried.

ADJOURNED: There being no further business, **Chairman Heider** adjourned the meeting at 4:54 p.m.

Senator Heider
Chair

Rachel Goodman
Secretary

Child's Name: _____

IDAHO SCHOOL IMMUNIZATION REQUIREMENTS EXEMPTION

In the event of a disease outbreak, a child exempted from Idaho school immunization requirements may be excluded from school for the duration of the outbreak. Please check the box(es) below, and date each line regarding all vaccine-preventable diseases for which an exemption is claimed.

- ☐ **Diphtheria (DTaP, Tdap, Td)** _____ Date
- ☐ **Tetanus (DTaP, Tdap, Td)** _____ Date
- ☐ **Pertussis (Whooping Cough) (DTaP, Tdap)** _____ Date
- ☐ **Measles (MMR)** _____ Date
- ☐ **Mumps (MMR)** _____ Date
- ☐ **Rubella (German Measles) (MMR)** _____ Date
- ☐ **Polio** _____ Date
- ☐ **Hepatitis B** _____ Date
- ☐ **Hepatitis A** _____ Date
- ☐ **Meningococcal** _____ Date
- ☐ **Varicella (Chickenpox)** _____ Date
- ☐ **Varicella Disease History:** My child has had chickenpox but was not diagnosed by a licensed healthcare professional. _____ Date
- ☐ **All required immunizations** _____ Date

☐ **I decline to provide details regarding my child's exemption status. NOTE:** *Your child will be considered exempt from all required school immunizations.*

☐ MEDICAL EXEMPTION **(This exemption requires the signature of a licensed physician.)**

As the child's physician, I certify that the physical condition of this child is such that the immunization(s) checked above would endanger the health of the child.

- ☐ This medical exemption is permanent.
- ☐ This medical exemption is temporary. Duration of temporary exemption: _____/_____/_____

I hereby request that this child be exempted from the Immunization Requirements for Idaho School Children (IDAPA 16.02.15) due to a medical condition for which immunizations are contraindicated.

Name of Physician (PRINT) _____ Signature of Physician _____ Medical License # _____ Date _____

As the child's parent/guardian, I understand that in the event of a disease outbreak my child may be excluded from school for the duration of the outbreak.

Name of Parent/Guardian (PRINT) _____ Signature of Parent/Guardian _____ Date _____

Full Name of Exempted Child (PRINT) _____ Child's Date of Birth (Month, Day, Year) _____

☐ RELIGIOUS/OTHER EXEMPTION

As the child's parent/guardian, I am exempting for religious or other reasons. I understand that in the event of a disease outbreak my child may be excluded from school for the duration of the outbreak.

Name of Parent/Guardian (PRINT) _____ Signature of Parent/Guardian _____ Date _____

Full Name of Exempted Child (PRINT) _____ Child's Date of Birth (Month, Day, Year) _____

OPTIONAL: Parents/guardians may include a signed written statement regarding religious/other exemptions on the back/Page 2 of this document, or attached.

OPTIONAL STATEMENT:

As the child's parent/guardian, I exempt my child from school immunizations for the following reason(s):

Name of Parent/Guardian (PRINT)	Signature of Parent/Guardian	Date

AMENDED AGENDA #1

SENATE HEALTH & WELFARE COMMITTEE

3:00 P.M.
Room WW54
Wednesday, January 24, 2018

SUBJECT	DESCRIPTION	PRESENTER
Approval of Minutes	Minutes of the January 11, 2018 Meeting	Senator Dan Foreman
Gubernatorial Appointment	Appointment of Russell Barron to the position of Director of the Idaho State Department of Health and Welfare	Russell Barron
Docket No. 15-0103-1701	Rules Governing the Ombudsman for the Elderly Program	Cathy Hart, State Ombudsman, Commission on Aging
Presentation	US Ecology, Inc.	Jeff Feeler, CEO and President, US Ecology, Inc.

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 Heider
Vice Chairman Souza
Sen Martin
Sen Lee
Sen Harris
Sen Agenbroad
Sen Foreman
Sen Potts
Sen Jordan

COMMITTEE SECRETARY

Rachel Goodman
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Wednesday, January 24, 2018
TIME:	3:00 P.M.
PLACE:	Room WW54
MEMBERS PRESENT:	Chairman Heider, Vice Chairman Souza, Senators Martin, Lee, Harris, Agenbroad, Potts, and Jordan
ABSENT/ EXCUSED:	Senator Foreman
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 3:01 p.m.
MINUTES APPROVAL:	**Senator Harris** moved to approve the Minutes of January 11, 2018. **Vice Chairman Souza** seconded the motion. The motion carried by **voice vote**.
GUBERNATORIAL APPOINTMENT:	**Consideration of Gubernatorial Appointment of Russell Barron as Director of the Idaho Department of Health and Welfare (DHW). Russell Barron** introduced himself and thanked Governor Otter for his appointment. **Director Barron** stated that he has worked for DHW for 19 years; he began as an employee in the Child Support Program and eventually became a Deputy Director of DHW. He assumed the position of Director in July 2017. **Director Barron** noted that he enjoys collaborating with the many entities and stakeholders that interact with DHW. He commended the Committee for its support of DHW and referenced the "Facts, Figures, and Trends" booklet that DHW distributes to the Committee annually. **Director Barron** invited the Committee to visit any of the DHW offices throughout Idaho. **Director Barron** stated that DHW faces many challenges, but he views these challenges as opportunities for improvement. **Chairman Heider** voiced his appreciation of Director Barron's open-door policy. **Senator Harris** asked Director Barron to describe one challenge facing DHW that he would like to overcome. **Director Barron** noted that uncertainty about potential federal-level changes have made it difficult for DHW to strategize. He also mentioned that DHW receives performance reports from the Office of Performance Evaluations; these reports identify areas of potential improvement. He noted that allegations of patient abuse at the Southwest Idaho Treatment Center (SWITC) have been a major problem. DHW has made improvements since the initial allegations, but SWITC still presents a challenge. **Director Barron** stated that health care access is also a priority for DHW. **Senator Martin** inquired as to what prompted Director Barron to move to Idaho. **Director Barron** explained that he has lived in Idaho for 21 years. He was raised in Pennsylvania, then attended college in Texas. He worked at the Texas Department of Health and Human Services before relocating to Missouri. He moved to Idaho after visiting his parents in Idaho and realizing how much he enjoyed the state.

Vice Chairman Souza asked Director Barron to describe his aspirations for DHW. She asked if he hoped to maintain DHW's current direction. **Director Barron** stated that he hopes to make DHW more efficient and create a healthy culture at DHW. He explained that some individuals criticize DHW for its lack of transparency. **Director Barron** emphasized that he would like DHW to be as transparent as possible. However, he acknowledged that some information at DHW is confidential.

Senator Potts thanked Director Barron for his efforts. **Senator Potts** noted that welfare is often seen as an endpoint, not a stepping stone. He asked how Director Barron would work to change this perception. **Director Barron** explained that DHW has worked on this issue for many years. He emphasized the importance of disseminating accurate information about welfare. **Director Barron** noted that the average length of time an individual receives welfare does not support the perception of welfare as an endpoint. Data does show that individuals do not stay on welfare as long as they did in the past. **Director Barron** shared his experience teaching high school students about the reality of living on welfare. He taught the students that welfare is a safety net, but it is not a preferable lifestyle.

MOTION: There being no more questions, **Senator Martin** moved to send the Gubernatorial appointment of Russell Barron as Director of the Idaho Department of Health and Welfare to the floor with the recommendation that he be confirmed by the Senate. **Senator Agenbroad** seconded the motion. The motion carred by **voice vote.** Chairman Heider will carry the appointment on the floor of the Senate.

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

DOCKET NO. 15-0103-1701 **Rules Governing the Ombudsman for the Elderly Program**. **Cathy Hart** introduced herself as the Idaho State Long-Term Care Ombudsman for the Idaho Commission on Aging. She explained that this docket will bring Idaho into compliance with federal ombudsman regulations.

The Long-Term Care Ombudsman Program advocates for residents of nursing homes and assisted living homes to ensure that residents receive quality care. The Idaho State Long-Term Care Ombudsman manages six local ombudsmen programs and serves residents of 80 nursing homes and 276 assisted living facilities. The Ombudsman Program: 1.) addresses a variety of complaints made by or on behalf of residents living in facilities; 2.) provides information about how to find a facility that offers quality care; 3.) advocates for improvements in the long-term care system; and 4.) educates consumers and long-term care providers about resident rights and quality care practices.

Ms. Hart explained that this docket updates terminology and incorporates an additional reference to the federal Older Americans Act. This docket clarifies ombudsman access to: 1.) resident representative contact information, 2.) any long-term care facility at any time in order to conduct investigations; and 3.) any records, policies, or documents that are available to residents and the general public. Changes were also made to clarify that the Ombudsman Program is an independent entity. These changes were meant to ensure that the program is easily accessible and can independently represent resident interests.

Ms. Hart stated that this docket also establishes the Ombudsman Program as a health oversight agency under the Health Insurance Portability and Accountability (HIPAA) law. New language clarifies that HIPAA does not preclude release of resident health information. This docket also clarifies that resident or complainant information shall be disclosed only with proper consent, or in response to a court order.

Ms. Hart noted that negotiated rulemaking was not conducted, as the changes are meant only to align the rules with federal regulations. The Idaho Commission on Aging received no comments about this docket. There is no anticipated fiscal impact.

Senator Potts noted that the term "representative" appeared throughout the rule, but no definition was provided. He asked Ms. Hart to define "representative." **Ms. Hart** explained that "representative" refers to guardians, individuals with power of attorney, and others with the legal authority to represent a resident.

Senator Lee asked Ms. Hart if all changes to the rule reflect federal regulations. **Ms. Hart** responded in the affirmative. She noted that the Ombudsman Program works closely with the federal government and other states. **Ms. Hart** stated that the states have some flexibility within the federal framework.

Senator Lee asked if any of the changes were made based upon state discretion, or if all changes were made in order to comply with federal rules. **Ms. Hart** noted that every state system is different; therefore, states have flexibility within federal guidelines.

Senator Jordan inquired how many complaints the Ombudsman Program receives each year. She also asked if Ms. Hart has noticed any trends in the number of complaints received. **Ms. Hart** stated that the Ombudsman Program received 1,074 complaints in 2017. She noted that the Ombudsman Program consults with individuals and instructs them on how to choose a facility. The program held 1,944 such consultations in 2017. **Ms. Hart** stated that the Ombudsman Program collaborates with other agencies, but is currently experiencing conflict with behavioral units; as such, there has been an increase in complaints related to behavioral units.

MOTION: There being no further questions or testimony, **Senator Lee** moved to approve **Docket No. 15-0103-1701**. **Senator Jordan** seconded the motion. The motion carried by **voice vote.**

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

PRESENTATION: **US Ecology, Inc. (US Ecology) Idaho Legislative Update**. **Roy Eiguren** introduced himself as a partner at the Eiguren and Ellis Public Policy Firm. He noted that any changes to the Hazardous Waste Management Act and related rules must come before the Committee; therefore, the Committee was the appropriate legislative body to hear this presentation. He mentioned that US Ecology is regulated by the Idaho Department of Environmental Quality (DEQ). **Mr. Eiguren** then introduced Jeff Feeler, the Chief Executive Officer and Chairman of US Ecology.

Mr. Feeler stated that US Ecology provides environmental services to industrial, commercial, and governmental customers. US Ecology has operated for over 60 years and now has over 1,400 employees in North America. It is a publicly-held company headquartered in Idaho. **Mr. Feeler** explained that environmental service is a $25 billion industry. The environmental services industry has two segments: environmental service/hazardous waste management and field/industrial services. The industry deals with the all aspects of the waste generation life cycle, including collection, transportation, and disposal.

Mr. Feeler stated that US Ecology has transformed dramatically in the last decade. It has acquired new companies, expanded services, diversified business

models, and executed a new strategic plan. **Mr. Feeler** stated that these changes doubled US Ecology's revenue. US Ecology headquarters is located in downtown Boise and employs 90 Idahoans. US Ecology also employs 60 individuals at its site in Grand View, Idaho. **Mr. Feeler** estimated that US Ecology contributes over $25 million to the Idaho economy annually.

Mr. Feeler noted that US Ecology operates five out of 20 hazardous waste facilities/landfills in North America. US Ecology manages treatment facilities at each landfill, as well as ten stand-alone treatment facilities. This treatment network allows US Ecology to treat large amounts of hazardous waste, even in areas that lack a landfill. **Mr. Feeler** remarked that US Ecology also provides recycling services. They reclaim metals, solvents, and other commodities from waste products. **Mr. Feeler** described the various processes used to reclaim materials, including thermal desorption, solvent distillation, and selective precipitation. US Ecology also offers field services, which involve ensuring that waste is profiled, collected, transported, and packaged correctly. **Mr. Feeler** noted that US Ecology offers these services to the retail industry, universities, and hospitals.

Mr. Feeler described US Ecology's revenue trends; revenue has doubled since 2012, but declined 5 percent in 2016. US Ecology expects to rebound from that decrease and continue to grow as the industrial economy grows.

Jason Evens introduced himself as the Vice President and General Manager of US Ecology's Idaho Operations. **Mr. Evens** explained that US Ecology operates a hazardous waste facility in Grand View and a rail transfer facility Mayfield, Idaho. **Mr. Evens** stated that the Grand View and Mayfield facilities generate significant amounts of revenue for Idaho, contributing between $1.3 million and $2 million per year in tipping fees. In 2012, US Ecology began constructing a new landfill and spent nearly $8 million in Idaho. On average, the company spends $1 million in Idaho per year. **Mr. Evens** estimated that 2019 will be a year of high capitol expenditure.

Mr. Evens noted that the Grand View and Mayfield facilities have no outstanding compliance concerns. They have maintained Voluntary Protection Programs (VPP) Star status since 2006. **Mr. Evens** asserted that US Ecology is transparent and cooperative with regulators. US Ecology safely disposed of more than nine million tons of hazardous waste at the Grand View facility. The hazardous waste comes from companies such as General Electric, Westinghouse, and Honeywell. **Mr. Evens** described the design of the Grand View landfill, which utilizes triple-lined landfill cells. Technicians from US Ecology and regulators from other entities such as DEQ monitor the landfill site. **Mr. Evens** explained that many of the Grand View and Mayfield facility employees are from the Treasure Valley. US Ecology tries to hire Idahoans at the facilities, as opposed to individuals from out-of-state.

Mr. Evens commented that Grand View's geology is ideal for a landfill facility. There are nearly 3,000 feet of clay, shale, and basalt between the landfill surface and a confirmed aquifer. US Ecology collects samples from over 50 monitoring wells at the facility to ensure environmental safety. The results of sample testing are shared with the appropriate agencies.

The Grand View facility has a full Resource Conservation and Recovery Act (RCRA) treatment permit. The facility has the ability to encapsulate and treat hazardous metals, organics, acids, cyanides, and other materials. **Mr. Evens** also noted the importance of the Mayfield rail facility, which allows for the

transport of large quantities of waste. The rail facility is capable of transporting 5,000 to 6,000 tons of waste per day. The Mayfield facility contains a fleet of 234 gondola cars and two emission-controlled transfer buildings. There are over 14,000 feet of track at the Mayfield facility, which is located on a 100-acre plot of land. **Mr. Evens** explained that all work at the Mayfield site is completed by six to eight employees.

Mr. Evens highlighted US Ecology's local initiatives near the Grand View and Mayfield sites. US Ecology provides community grants to local schools, libraries, and non-profit organizations. It also holds annual household hazardous waste collection events. **Mr. Evens** emphasized US Ecology's commitment to community involvement and outreach.

Mr. Evens noted that the environmental services industry is extremely competitive, but US Ecology has been successful. He explained that Idaho facilities are disadvantaged due to geographical challenges and transportation costs. US Ecology is exploring ways to diversify services and increase company growth.

Chairman Heider commended Mr. Evens for maintaining a positive attitude. He noted that Mr. Evens referred to employees as "team members" and referred to regulators as "partners." **Chairman Heider** commented that most corporations perceive regulators as adversaries. He expressed his support for US Ecology and thanked Mr. Evens for his presentation.

Senator Martin asked if Mr. Evens felt that he could approach the DEQ with questions. **Mr. Evens** stated that DEQ regularly monitors US Ecology sites in Idaho. He asserted that US Ecology has a transparent relationship with DEQ. Regional regulators also monitor US Ecology sites in Idaho. **Mr. Feeler** reiterated that DEQ is in charge of regulating US Ecology in Idaho. He commended DEQ for their balanced approach to regulation and asserted that US Ecology has a positive relationship with DEQ.

ADJOURNED: There being no further business, **Chairman Heider** adjourned the meeting at 4:13 p.m.

_____

Senator Heider
Chair

_____

Rachel Goodman
Secretary

AGENDA

SENATE HEALTH & WELFARE COMMITTEE

3:00 P.M.
Room WW54
Thursday, January 25, 2018

SUBJECT	DESCRIPTION	PRESENTER
RS25640	Relating to Education Requirements for Board of Nursing Board Members	Sandra Evans, Executive Director, Board of Nursing
Docket No. 16-0417-1702	Rules Governing Residential Habilitation Agencies	Eric Brown, Division of Licensing and Certification
Docket No. 16-0417-1701	Rules Governing Residential Habilitation Agencies	Eric Brown
Docket No. 16-0310-1707	Medicaid Enhanced Plan Benefits	Arthur Evans, Developmental Disability Services
Docket No. 16-0309-1704	Medicaid Basic Plan Benefits	Arthur Evans
Docket No. 16-0309-1701	Medicaid Basic Plan Benefits	Arthur Evans
Docket No. 16-0310-1705	Medicaid Enhanced Plan Benefits	Arthur Evans

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 Heider
Vice Chairman Souza
Sen Martin
Sen Lee
Sen Harris
Sen Agenbroad
Sen Foreman
Sen Potts
Sen Jordan

COMMITTEE SECRETARY

Rachel Goodman
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Thursday, January 25, 2018
TIME:	3:00 P.M.
PLACE:	Room WW54
MEMBERS PRESENT:	Chairman Heider, Vice Chairman Souza, Senators Martin, Lee, Harris, Agenbroad, Potts, and Jordan
ABSENT/ EXCUSED:	Senator Foreman
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 3:01 p.m.
RS 25640	**Relating to Education Requirements for Board of Nursing (BON) Board Members**. **Sandra Evans** introduced herself as the Executive Director of the BON. **Ms. Evans** explained that Idaho Code defines the qualifications for the BON's nine appointed members. The BON must include one advanced practice registered nurse, five registered nurses (RNs), two licensed practical nurses, and one consumer. Each BON member must be a United States citizen and Idaho resident. Licensed members must be actively engaged in some field of nursing in Idaho at the time of appointment. RNs on the BON must meet certain academic requirements. **RS 25640** would eliminate these unique educational requirements for the RN members of the BON. **Ms. Evans** stated that the change would remove an unnecessary barrier that may preclude otherwise qualified licensees from BON membership. It would also alleviate the perception that the BON discourages continuous education for RN members. **Ms. Evans** noted that **RS 25640** would have no fiscal impact.
MOTION:	There being no testimony or questions, **Senator Martin** moved to send **RS 25640** to print. **Vice Chairman Souza** seconded the motion. **Senator Martin** noted that he had questions about **RS 25640**, but he would save them for the hearing. The motion carried by **voice vote**.
PASSED THE GAVEL:	Chairman Heider passed the gavel to Vice Chairman Souza.
DOCKET NO. 16-0417-1702	**Rules Governing Residential Habilitation Agencies**. **Eric Brown** introduced himself as a Program Manager in the Division of Licensing and Certification within the Idaho Department of Health and Welfare (DHW). He explained that his team certifies agencies that provide residential habilitation services to adults with disabilities. There are currently 69 certified residential habilitation agencies operating 107 office locations throughout Idaho. The agencies collectively serve approximately 1,300 Idahoans. **Mr. Brown** explained that this docket seeks to revise IDAPA 16.04.07, which has not been updated in several years. Proposed changes include: 1.) the addition of details relating to the application requirements for new agencies seeking certification; 2.) the incorporation of staff qualification requirements found in IDAPA 16.03.10; 3.) the clarification of documentation and training requirements for agency staff; 4.) the addition of language regarding how an agency handles participants' medications; and 5.) the alteration of reporting requirements, which

reduces the number of reportable incidents and extends the deadline for submitting incident reports.

Negotiated rulemaking was conducted, and the Division of Licensing and Certification made changes in response to comments received. This docket was intended to be cost-neutral for the affected agencies.

Senator Harris sought more information regarding the comments received during the rulemaking process. **Mr. Brown** stated that the negotiated rulemaking process was a collaborative effort. He noted that the relevant agencies provided constructive comments that were incorporated into this docket. **Vice Chairman Souza** asked if the rulemakers received any comments opposing the rules. She also asked if the rulemakers made changes to rules based upon concerns expressed in those comments. **Mr. Brown** explained that the Division of Licensing and Certification documented all comments received; substantial changes were made based on the comments. Because the changes were significant, the Division of Licensing and Certification chose to utilize a repeal-and-replace method when revising the rules.

Senator Potts expressed concern that he could not properly evaluate this docket because the format did not clearly indicate which rules had been changed. He noted that the rule contained a small amount of red text, indicating new language; otherwise, there was no clear indication of which sections had been changed. **Mr. Brown** noted that he had access to a working copy of this docket, which displayed all changes. He offered to supply the Committee with that copy in the future. He explained that the red sections in this docket indicated changes made after the rules were posted in the administrative bulletin.

Vice Chairman Souza explained that proposed rules which are repealed and replaced do not contain underlines or strikethroughs indicating rule changes. She noted that this is confusing for the Committee.

MOTION: **Senator Potts** moved to table **Docket No. 16-0417-1702**. The motion failed for lack of a second.

SUBSTITUTE MOTION: **Chairman Heider** moved to approve **Docket No. 16-0417-1702**. **Senator Martin** seconded the motion. **Senator Potts** mentioned he was concerned about consistency among Senate committees; he noted that other committees would not approve a rule without having a clear understanding of the rule changes.

Christine Pisani approached the podium and informed the Committee that members of the audience wished to give testimony. **Chairman Heider** withdrew his motion.

TESTIMONY: **Becky Baily** introduced herself as the President of the Idaho Association of Community Providers (IACP). IACP is a statewide organization that connects behavioral health providers, case management services, developmental disability services, supported-living services, and residential habilitation providers. **Ms. Baily** stated that IACP supported **Docket No. 16-0417-1702**. She noted that the Division of Licensing and Certification partnered with IACP and other stakeholders to develop the rules.

Toni Brinegar introduced herself as a Program Specialist for the Idaho Council on Developmental Disabilities (ICDD), which advocates for Idahoans with developmental disabilities. She asserted that ICDD supported this docket. Over 1,000 individuals have chosen to live in a residential habilitation facility since the service began in 1995. **Ms. Brinegar** noted that the ICDD established a collaborative work group called Community NOW!, which included DHW, the American Civil Liberties Union (ACLU), and the Attorney General's Office. The

Community NOW! group generated 17 recommendations for improving support for adults with developmental disabilities. **Ms. Brinegar** explained how this docket aligns with the recommendations presented in the Community NOW! report (see Attachment 1).

MOTION: There being no more questions or testimony, **Chairman Heider** moved to approve **Docket No. 16-0471-1702**. **Senator Martin** seconded the motion. The motion carried by **voice vote**, with **Senator Potts** voting **nay**.

DOCKET NO. 16-0417-1701 **Rules Governing Residential Habilitation Agencies**. **Mr. Brown** explained that this docket would repeal the set of rules being replaced by **Docket No. 16-0417-1702**.

Chairman Heider asked if Mr. Brown heard any concerns during the public hearings held for this docket. **Mr. Brown** stated that no one expressed concern at the public hearings. He mentioned that some changes were made based upon comments received after the hearings.

MOTION: There being no more questions or testimony, **Senator Martin** moved to approve **Docket No. 16-0417-1701**. **Senator Jordan** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 16-0310-1707 **Rules Relating to Medicaid Enhanced Plan Benefits**. **Arthur Evans** introduced himself as the Bureau Chief for Developmental Disability Services in the Division of Medicaid within the Idaho Department of Health and Welfare. Under a court-approved settlement agreement, DHW is implementing the use of a new developmental disability assessment tool. The new tool will replace the Scales of Independent Behavior-Revised (SIB-R) assessment tool.

Mr. Evans noted that SIB-R is offensive to adults with disabilities, outdated, and based upon participant deficiencies instead of strengths. DHW uses assessment tools to determine developmental disability eligibility for services. This docket would remove all references to the SIB-R assessment tool from the rules. The proposed changes would define a DHW-approved assessment tool as any standardized assessment tool approved by DHW for use in determining developmental disability eligibility.

Mr. Evans explained that the fiscal impact to the General Fund would be $261,355. This cost was included in the fiscal year (FY) 2018 budget approved by the 2017 Legislature. He noted that no negotiated rulemaking was held, but the selection of a new assessment tool was a collaborative process that included adults with development disabilities and other stakeholders.

Senator Jordan commended Mr. Evans for collaborating with stakeholders when selecting a new assessment tool. She asked if this collaborative process was included in the rules so that future selection processes would be collaborative as well. **Mr. Evans** stated that it was not included in the rules. He explained that Developmental Disabilities Services worked diligently to build a collaborative process, but did not consider incorporating it into the rules.

Senator Lee expressed concern that the proposed rules do not name a specific DHW-approved assessment tool. She asked where agencies could find the approved assessment tool, if not in the rules. She also inquired as to why DHW did not identify a specific assessment tool in the proposed rules. **Mr. Evans** explained that assessment tools are constantly updated. By not including a specific assessment tool in the proposed rules, DHW could ensure that providers use the most current assessment tool. He noted that approved assessment tools will be included in DHW handbooks. **Senator Lee** stated that agencies can change their

rules annually. She asked why DHW did not include the assessment tool in rule, and submit proposed rule changes to the Legislature each year. **Mr. Evans** felt that not including the assessment tool was the best option. He noted that DHW went through an arduous process to select the new assessment tool.

Vice Chairman Souza asked if the approved assessment tool is listed on the DHW website. **Mr. Evans** responded in the affirmative. He stated that the new tool is the Supports Intensity Scale-Adult (SIS-A). He explained that many stakeholders collaborated to select the SIS-A as the new tool.

TESTIMONY: **Ms. Pisani** introduced herself as the Executive Director of ICDD. She noted that DHW developed a website for adults with developmental disabilities, which contains information regarding the SIS-A. She stated that DHW supported this docket because it would replace the SIB-R, an archaic and offensive assessment tool. **Ms. Pisani** expressed support for the SIS-A assessment tool.

Senator Lee again expressed concern that the SIS-A is not included in the proposed rules. She asked why DHW could not update the assessment tool annually by rulemaking. **Ms. Pisani** stated that she would appreciate having the assessment tool and the collaborative selection process in the rule.

MOTION: There being no more questions or testimony, **Senator Harris** moved to approve **Docket No. 16-0310-1707**. **Chairman Heider** seconded the motion. **Senator Lee** noted that she would like DHW to specify a particular developmental disability assessment tool in the rules in the future. The motion carried by **voice vote**.

DOCKET NO. 16-0309-1704 **Rules Relating to Medicaid Basic Plan Benefits**. **Mr. Evans** stated that this docket would remove the incorporation by reference of the SIB-R Comprehensive Manual.

MOTION: There being no more questions or testimony, **Senator Martin** moved to approve **Docket No. 16-0309-1704**. **Senator Lee** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 16-0309-1701 **Rules Relating to Medicaid Basic Plan Benefits**. **Mr. Evans** explained that this docket addresses Medicaid payments to schools. Under the Individuals with Disabilities Education Act (IDEA), schools are required to immediately provide services identified on an Individual Education Plan (IEP). However, Medicaid does not reimburse schools for those services until the IEP is signed by a physician. The proposed rules allows schools to retroactively bill for services, up to 30 days, once they receive a recommendation for a Medicaid-reimbursable service. Negotiated rulemaking was conducted; DHW considered all comments received.

Chairman Heider commended Mr. Evans for his collaborative efforts.

Senator Harris asked why there is a 30-day limit for retroactive billing. **Mr. Evans** explained that the average time delay between identifying the need for services and obtaining a physician's signature was two weeks; therefore, 30 days is an appropriate time frame.

TESTIMONY: **Karen Echeverria** introduced herself as the Executive Director of the Idaho School Boards Association. She also spoke on behalf of the Idaho Association of School Administrators. She stated that the associations support this docket.

Senator Lee commended the DHW and Idaho school districts for their collaborative work.

MOTION: There being no more questions or testimony, **Senator Martin** moved to approve **Docket No. 16-0309-1701**. **Senator Agenbroad** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 16-0310-1705

Rules Relating to Medicaid Enhanced Plan Benefits. **Mr. Evans** stated that this docket adjusts existing processes to comply with the class-action settlement of *K.W. v. Armstrong*. The proposed rule would allow all developmental disability waiver participants to pursue an exception review for budget modification. The review would be based on documented health or safety needs not otherwise identified in their assessment. Current rule only allows waiver participants receiving high or intense level of care to seek budget modifications through the exception review. Currently, those participants not on a high or intense level of care must go through the appeals process for a budget modification based on health or safety. **Mr. Evans** stated that the appeals process is burdensome for DHW and the participant. The exception review has well-defined guidelines that facilitate an expedited and better-functioning process.

Senator Martin noted that the word "and" was replaced with "or" in paragraph 515.03.a of this rule docket. He asked if DHW was allowing something unsafe by changing the word. **Mr. Evans** explained that the change allows budget modification if there is a safety issue, health issue, or both.

MOTION: There being no more questions or testimony, **Chairman Heider** moved to approve **Docket No. 16-0310-1705**. **Senator Lee** seconded the motion. The motion carried by **voice vote**.

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

ADJOURNED: There being no further business, **Chairman Heider** adjourned the meeting at 4:07 p.m.

_____

Senator Heider
Chair

_____

Rachel Goodman
Secretary

IDAHO COUNCIL ON DEVELOPMENTAL DISABILITIES

700 W. State St.
JRW Building
First Floor West
Boise, ID 83702-5868
Phone: 208-334-2178
1-800-544-2433
Fax: 208-334-3417

C. L. "Butch" Otter
Governor

Debra Parsons
Chair

Christine Pisani
Executive Director

January 25, 2018

Senator Lee Heider, Chairman
Senate Health and Welfare Committee
Statehouse
Boise, ID 83720

RE: Docket No. 16-0417-1702 *Rules Governing Residential Habilitation Agencies*

Dear Chairman Heider and Members of the Committee:

The Council on Developmental Disabilities is authorized by federal and state law to monitor systems and policies and to advocate for improved and enhanced services that enable Idahoans with developmental disabilities to live meaningful lives, included in their schools and communities. The Council is comprised of 23 volunteers appointed by the Governor.

The Council supports these pending rules. The Council applauds the work of the Department and specifically Eric Brown and his team on their thoroughness, attention to detail, outreach to all stakeholders, and the two year time commitment investment demonstrated in these pending rules. Since this service was implemented in 1995, over a thousand individuals have chosen this residential living option.

Beginning in the fall of 2016, the Council embarked on intensive, year-long collaborative effort with the Department of Health and Welfare, the Idaho Attorney General's office and the American Civil Liberties Union (ACLU). Thousands of hours were invested in hearing and learning from 93 adults with intellectual and developmental disabilities and 128 families statewide. This collaborative stakeholder process was called Community NOW! The extensive work completed by the collaborative Community NOW! group generated 17 recommendations provided in a report that may be found https://icdd.idaho.gov/ titled: *Service and Support Recommendations from Community NOW! A stakeholder collaborative to improve supports for Adults with Developmental Disabilities.*

The rules presented before you align with the recommendations presented in the Community NOW! and I would like highlight three specific sections of the pending rules and walk you through how they directly correspond to the recommendations with the Community NOW! report.

On page 233 in Section 202. labeled "Qualifications and Responsibilities of a Residential Habilitation Professional," the Council is particularly pleased with the addition of the entire section of ***01. Education and Experience***, especially in regard to:

- c. Experience writing and implementing behavior and skill training program plans; or
    - The agency must provide documentation the employee received such training from an experienced residential habilitation professional; and
- ii. Demonstrate the ability to write and implement behavior and skill training program plans.

The emphasis on the ability **to write** appropriate **individualized** positive behavioral supports plans, including trauma informed care approaches, and to **consistently implement** these individualized plans over numerous staff changes cannot be emphasized enough within this service provision. The Council is unwavering in our insistence on improvement in this area given that of the 1300 individuals who access this residential option there is a high prevalence of adults with I/DD who have a co-occurring mental health diagnosis. In fact, in December of 2015 the Council made a public information request of the Department that garnered the following data: Of the 3600 total number of adults currently accessing developmental disabilities (DD) services, ***2,719*** adults were identified as having a co-occurring mental health diagnosis as identified in the assessor's database. The Council also has data to reflect that over ***900*** adults who have a co-occurring mental health diagnosis receive support through this specific service provision.

On page 235, in Section 300.02, labeled "Acceptance Standards," in this section are details that require agencies have the personnel available before accepting new individuals into their agency. This makes common sense, and the Council agrees with this requirement, however, best practice indicates that the rules should reflect that the agency involve the resident or family member in the interviewing of potential staff. On page 17 of the Community NOW! report you will find this desire illustrated by one of the many quotes we learned from individuals with intellectual and developmental disabilities who drove the development of the 17 recommendations.

> *"When staff first start, they read all the books, see what all the books say, but don't talk to me at all. I wish my roommate and I got to interview them first, see what they are all about, so we can decide if they are a good fit first. Then when we are finally getting attached to someone the agency pulls them away but don't tell us why."*

At a conference I recently attended I heard a story that helped bring to light what individuals with intellectual and developmental disabilities experience on a daily basis:

> *Take a moment to think about someone in your life right now that you don't care to spend time with. Imagine you go to the grocery store to pick up a few things and when you return, that person that you really don't care for is waiting outside your door. You open your door and that person enters your house. They sit down on the couch, turn on your TV, play on their phone, watch your TV and tell you how you should be cleaning your house, cooking your food and doing your laundry. After <u>8 hours</u> with this person, they finally leave*

your home. They return the next day for another 8 hours; and the next day; and the next. This is the reality for individuals with intellectual and developmental disabilities.

The Council encourages the Department to continue to work with service providers to make this possibility become a reality so that adults with I/DD have improved control over these big life decisions. The Council has observed the recommended practice of individuals involved in the interviewing potential staff in similar services located in neighboring states, so there is precedent to learn from.

The Council enthusiastically supports section 300.04., which requires agencies to assist people in accessing their community and will serve as gateways to better quality life for individuals accessing these services.

On page 237, **Section 300.09 of the rules it is indicated that each agency must develop and implement written policies that include a clear definition of personal, civil, and human rights. Upon initiation of services, the agency must provide each participant and guardian, if applicable, with written and verbal information outlining participant rights. This information must be in easily understood terms.** Knowing one's rights is a priority voiced over and over again by adults with intellectual and developmental disabilities that is reflected in Recommendation #4 of the Community NOW! report:

*#4. Take a proactive role in creating and fostering **a culture where rights are known, understood, exercised, and respected.** This culture should include an emphasis on understanding and using **supported decision-making processes** to help adults make informed choices.*

Also included in Section 300.09 subsection "t" is a provision for service providers to allow individuals to choose their own roommate. This directly aligns to Recommendation #5 of the Community NOW! Report:

#5. **Emphasize and enforce HCBS (Home and Community Based Services) rules** related to adults determining where they live, who they live with, and who provides their support.

The Council hears countless stories from adults who have been thrown together as roommates and have been given no choice over who they live with often resulting in some very poor life experiences. A story reflected in the report features an individual who was fearful of his roommate because he was assaulted on more than one occasion. The Council has high hopes that the improvement reflected in these rules will improve the practice of pairing roommates who may have an improved opportunity to create a safe and welcoming home.

Thank you to the Department of Health and Welfare for their commitment to improving the lives of adults with intellectual and developmental disabilities as clearly indicated in this set of pending rules.

Thank you for your time and consideration of the Council's comments.

Sincerely,

Toni Brinegar, Program Specialist

AGENDA

SENATE HEALTH & WELFARE COMMITTEE

3:00 P.M.
Room WW54
Monday, January 29, 2018

SUBJECT	DESCRIPTION	PRESENTER
Minutes Approval	Minutes of the January 16, 2018 Meeting	Senator Potts
Docket No. 16-0715-1701	Behavioral Health Programs	Treena Clark, Division of Behavioral Health
Docket No. 16-0717-1701	Substance Use Disorders Services	Treena Clark
Docket No. 16-0730-1701	Behavioral Health Community Crisis Centers	Treena Clark
Docket No. 16-0733-1701	Adult Mental Health Services	Treena Clark
Docket No. 16-0750-1701	Minimum Standards for Nonhospital, Medically Monitored Detoxification/Mental Helath Diversion Units	Treena Clark
Docket No. 16-0310-1701	Medicaid Enhanced Plan Benefits	Sheila Pugatch, Division of Medicaid
RS25838	Organ Donation Notification	Chairman Heider
RS25839	Education and Organ Donation	Chairman Heider
RS25840	State Employees and Organ Donation	Chairman 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 Heider
Vice Chairman Souza
Sen Martin
Sen Lee
Sen Harris
Sen Agenbroad
Sen Foreman
Sen Potts
Sen Jordan

COMMITTEE SECRETARY

Rachel Goodman
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Monday, January 29, 2018
TIME:	3:00 P.M.
PLACE:	Room WW54
MEMBERS PRESENT:	Chairman Heider, Vice Chairman Souza, Senators Martin, Lee, Agenbroad, Foreman, Potts, and Jordan
ABSENT/ EXCUSED:	Senator Harris
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.
MINUTES APPROVAL:	**Senator Potts** moved to approve the Minutes of January 16, 2018. **Senator Jordan** seconded the motion. The motion carried by voice vote.
PASSED THE GAVEL:	Chairman Heider passed the gavel to Vice Chairman Souza.
DOCKET NO. 16-0715-1701	**Rules Relating to Behavioral Health Programs**. **Treena Clark** introduced herself as a Program Manager for the Division of Behavioral Health with the Idaho Department of Health and Welfare (DHW). **Ms. Clark** explained that this docket relates to the Division of Behavioral Health's criminal history check clearance (CHC) waiver process. The Division of Behavioral Health allows individuals who are denied a criminal history clearance from DHW's Criminal History Unit to request an administrative review of their individual circumstances and seek a waiver to provide services. Reviewers consider the severity and nature of the individual's crime, the period of time since the crime occurred, and the circumstances surrounding the incident. Crimes of a sexual nature, violent crimes, crimes against children, and felonies punishable by life imprisonment or death are not eligible for the CHC waiver. **Ms. Clark** explained that this process facilitates the provision of peer support services. She stated that support services from a peer or family provider are proven to effectively assist individuals with behavioral health issues. Peer providers bring a unique perspective and lived experience to the recovery process. Through the background check clearance waiver process, previously ineligible individuals have been able to provide peer support services in various behavioral health programs. **Ms. Clark** noted that this docket simply clarifies that an individual may apply for a CHC waiver. Negotiated rulemaking was not conducted, and there will be no fiscal impact. **Senator Jordan** commended the Division of Behavioral Health for its work on the CHC waiver process. She asked why financial crimes are not included in the list of crimes ineligible for the waiver process. She expressed concern that peer support providers could take advantage of an individual financially. **Ms. Clark** noted that waiver eligibility for financial crimes may have been discussed when the rule was developed. She mentioned that administrative reviewers consider each waiver application on an individual basis. They seek case information from various sources

in order to determine whether it is appropriate to grant the applicant a waiver.

Senator Jordan asked Ms. Clark if she would feel comfortable denying a waiver application to someone who had committed financial crimes. **Ms. Clark** responded in the affirmative. She noted that the reviewers are from the Idaho Supreme Court, the Idaho Department of Corrections, and the Idaho Department of Juvenile Corrections.

MOTION: There being no further questions or testimony, **Senator Jordan** moved to approve **Docket No. 16-0715-1701**. **Senator Martin** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 16-0717-1701 **Rules Relating to Substance Use Disorders Services**. **Ms. Clark** explained that this docket relates to voluntary substance use disorders services administered by DHW. In 2016, the Division of Behavioral Health removed the description of the CHC waiver process from this chapter; the process was added to IDAPA 16.07.15, "Behavioral Health Programs." As a result, recovery support service providers who only offer services through the Division of Behavioral Health's Management Services Contractor were made ineligible for a CHC waiver. **Ms. Clark** stated that this was an unintended consequence of the 2016 rule change. This docket will reinstate these providers' access to the background check clearance waiver process. The Division of Behavioral Health initiated this rule change at the request of providers and other affected parties interested in the waiver process. There will be no fiscal impact.

MOTION: There being no further questions or testimony, **Senator Martin** moved to approve **Docket No. 16-0717-1701**. **Senator Lee** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 16-0730-1701 **Rules Relating to Behavioral Health Community Crisis Centers**. **Ms. Clark** stated that this docket replaces a description of the CHC waiver process with a reference to the process in IDAPA 16.07.15. Negotiated rulemaking was not conducted, and there will be no fiscal impact.

Senator Martin asked why the CHC waiver process is being removed from the rule chapter. **Ms. Clark** explained that the Division of Behavioral Health wants the CHC waiver process to be described in only one rule chapter. Any changes made to the process can then be made in a single rule chapter.

MOTION: There being no further questions or testimony, **Senator Agenbroad** moved to approve **Docket No. 16-0730-1701**. **Senator Potts** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 16-0733-1701 **Rules Relating to Adult Mental Health Services**.

DISCUSSION: **Senator Martin** noted that this docket includes the same rule changes as **Docket No. 16-0730-1701**.

MOTION: There being no further questions or testimony, **Senator Martin** moved to approve **Docket No. 16-0733-1701**. **Senator Lee** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 16-0750-1701 **Rules Relating to Minimum Standards for Non-Hospital, Medically-Monitored Detoxification/Mental Health Diversion Units. Ms. Clark** stated that this docket adds a reference to the CHC waiver process to the rule chapter. This reference was requested by the provider community.

MOTION: There being no further questions or testimony, **Chairman Heider** moved to approve **Docket No. 16-0750-1701**. **Senator Lee** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 16-0310-1701

Rules Relating to Medicaid Enhanced Plan Benefits. **Sheila Pugatch** introduced herself as the Bureau Chief of the Division of Medicaid Bureau of Financial Operations within DHW. **Ms. Pugatch** stated that this docket is meant to facilitate an increase in behavioral care units. Nursing facilities typically provide several hours of skilled nursing per day to each Medicaid participant. **Ms. Pugatch** noted that behavioral care units care for individuals that require additional staff time due to their behaviors. In 2013, behavioral care units were incorporated into Medicaid's nursing facility reimbursement program. Since 2013, there have been six behavioral care units in Idaho, which serve approximately 200 participants annually.

In 2017, the Idaho Health Care Association contacted the Division of Medicaid about a lack of access to behavioral care units in Ada and Canyon counties. Current behavioral care units are located outside of Ada and Canyon counties; as such, Medicaid participants in these counties lacked access to proper behavioral care. DHW met with the Idaho Health Care Association and other stakeholders to discuss the issue. **Ms. Pugatch** noted that one solution was to remove the financial barrier for nursing facilities to establish behavioral care units.

The existing rule chapter requires nursing facility operators to invest money in additional staff time for behavioral care units for 18 months before entering Medicaid's nursing facility reimbursement program. The proposed rule change would reduce this requirement to two months. **Ms. Pugatch** explained that this is meant to encourage nursing facility operators to offer behavioral care services. **Ms. Pugatch** reported that negotiated rulemaking was conducted, but DHW received no substantive comments.

Senator Agenbroad noted that the definition of "BCU" (behavioral care unit) was stricken from the rule, but the acronym is still included. He asked if "BCU" was defined elsewhere in the rule. **Ms. Pugatch** stated that the term is defined in the rule.

Senator Lee sought further information regarding the fiscal impact of this docket. She asked for an estimate of costs or savings incurred by the rule changes, as well as the number of individuals who would be able to access the benefits. **Ms. Pugatch** stated that, in 2016, Idaho Medicaid paid almost $500,000 to St. Luke's hospital for care that could have been provided by a behavioral care unit. She noted that this amount was equal to $1,300 per day. Behavioral care unit daily rates range from $253 to $326.

MOTION: There being no further questions or testimony, **Senator Jordan** moved to approve **Docket No. 16-0310-1701**. **Chairman Heider** seconded the motion. The motion carried by **voice vote**.

RS 25838
RS 25839
RS 25840

Relating to Organ Donation. **Chairman Heider** explained that **RS 25838**, **RS 25839**, and **RS 25840** relate to organ donation. They address: 1.) procedures that first responders follow in regard to organ donation, and 2.) informing college students and state employees about the option to become an organ donor.

MOTION: There being no more questions, **Senator Agenbroad** moved to send **RS 25838**, **RS 25839**, and **RS 25840** to print. **Senator Martin** seconded the motion. The motion carried by **voice vote**.

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

ADJOURNED: There being no further business, **Chairman Heider** adjourned the meeting at 3:24 p.m.

Senator Heider
Chair

Rachel Goodman
Secretary

AMENDED AGENDA #1
SENATE HEALTH & WELFARE COMMITTEE
3:00 P.M.
Room WW54
Tuesday, January 30, 2018

SUBJECT	DESCRIPTION	PRESENTER
RS25880	Wireless Phone Service Transfers	Senator Heider
Docket No. 16-0601-1701	Child and Family Services	Sabrina Brown, Division of Family and Children's Services
Docket No. 24-0301-1701	Rules of the Idaho State Board of Chiropractic Physicians	Tana Cory, Bureau Chief, Bureau of Occupational Licenses
Docket No. 24-0601-1701	Rules for the Licensure of Occupational Therapists and Occupational Therapy Assistants	Tana Cory
Docket No. 24-1201-1701	Rules of the Idaho State Board of Psychologist Examiners	Tana Cory
Docket No. 24-2301-1701	Rules of the Speech, Hearing, and Communication Services Licensure Board	Tana Cory
Docket No. 24-2301-1702	Rules of the Speech, Hearing, and Communication Services Licensure Board	Tana Cory
Docket No. 24-2401-1701	Rules of the Genetic Counselors Licensing Board	Tana Cory

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 Heider
Vice Chairman Souza
Sen Martin
Sen Lee
Sen Harris
Sen Agenbroad
Sen Foreman
Sen Potts
Sen Jordan

COMMITTEE SECRETARY

Rachel Goodman
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Tuesday, January 30, 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 25880	**Wireless Phone Service Transfers**. **Chairman Heider** stated that the legislative intent of **RS 25880** is to allow divorcees and domestic violence victims to transfer their wireless telephone number to a different account. **Chairman Heider** explained that a cell phone can be a lifeline to community resources; as such, it is important that domestic violence victims can retain their cell phone number. After the phone number is transferred to a different account, the requesting party will assume financial responsibility for all costs associated with their cell phone.
MOTION:	There being no more questions, **Senator Martin** moved to send **RS 25880** to print. **Senator Harris** seconded the motion. The motion carried by **voice vote**.
PASSED THE GAVEL:	Chairman Heider passed the gavel to Vice Chairman Souza.
DOCKET NO. 16-0601-1701	**Rules Relating to Child and Family Services**. **Sabrina Brown** introduced herself as the Foster Care Recruitment and Retention Program Specialist assigned to the Child Welfare Policy Unit within the Idaho Department of Health and Welfare (DHW). **Ms. Brown** explained that this docket increases foster care reimbursement rates by 20 percent. The 2017 Legislature approved this appropriation for the 2018 fiscal year (FY). The reimbursement increase is intended to alleviate the financial burden placed on Idaho's foster and adoptive parents. **Ms. Brown** stated that Idaho's foster care reimbursement rates were at least 35-50 percent less than estimated expenditures for children. The expenditure estimate came from the 2013 United States Department of Agriculture Expenditures on Children by Families Report. **Ms. Brown** noted that an adequate level of support for foster families is critical to the success of the foster care system. Negotiated rulemaking was not conducted, and no public comments were received. The updated monthly reimbursement rate for each foster care age group is as follows: $395 for children ages 0-5; $439 for ages 6-12; and $584 for ages 13-18. **Senator Agenbroad** asked when the rates were last changed. **Ms. Brown** responded that the rates were last updated in 2013. **Senator Lee** asked what the rates were in 2013. She stated that the 20 percent increase in this docket is one of the largest increases she has seen. **Ms. Brown** stated that she did not know the rate percent increase from 2013, but she estimated that it was 20 percent. **Vice Chairman Souza** noted that the rates were listed in the

docket. For children ages 0-5, the rate increased from $329 to $395; for children ages 6-12, the rate increased from $366 to $439; and for children ages 13-18, the rate increased from $487 to $584. **Ms. Brown** stated that her previous statement regarding the 2013 rate increases had been incorrect; the rates increased by ten percent in 2013.

Senator Jordan noted that Ms. Brown stated Idaho's reimbursement rates were 35-50 percent below the national average. **Senator Jordan** asked how Idaho's rates will compare with the national average once they have increased. **Ms. Brown** explained that Idaho's rates were not 35-50 percent below the national average; the rates were 35-50 percent below the estimated cost of raising a child in the northwestern region of the United States. **Ms. Brown** mentioned that DHW analyzes reimbursement rates each year.

Senator Potts asked Ms. Brown to define "northwestern region." **Ms. Brown** stated that the region spans from Arizona to Alaska. **Senator Potts** asked if the foster care program considers the cost of living in Idaho when calculating reimbursement rates. He noted that other states in the region have higher costs of living thant Idaho. **Ms. Brown** clarified that reimbursement rate analyses take into account the cost of living. She stated that analysts also compare Idaho's reimbursement rates to those of neighboring states with similar populations.

Senator Lee commended DHW for requesting the necessary reimbursement rate increase. She noted that Idaho needs to continue examining its foster care reimbursement rates. She cited a report from the Office of Performance Evaluation which highlighted the need for increased foster care reimbursement.

Vice Chairman Souza noted that Senator Heider calculated that the reimbursement rates increased by 20 percent.

MOTION: There being no more testimony or questions, **Senator Lee** moved to approve **Docket No. 16-0601-1701**. **Senator Agenbroad** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 24-0301-1701 **Rules of the Idaho State Board of Chiropractic Physicians**. **Tana Cory** introduced herself as the Bureau Chief of the Bureau of Occupational Licenses (Bureau). She explained that the Bureau provides administrative, fiscal, legal, and investigative services to 38 licensing boards. **Ms. Cory** noted that all board members are volunteers. She requested permission to defer the presentation of the Bureau's rule dockets as follows: **Docket No. 24-0301-1701** to Dr. Shannon Gaertner-Ewing; **Docket No. 24-0601-1701** to Kristin Guidry; **Docket No. 24-1201-1701** to Dr. Linda Hatzenbuehler; **Docket No. 24-2301-1701** to Dr. Gayle Chaney; and **Docket No. 24-2301-1702** to Ms. Lavona Andrew. **Vice Chairman Souza** granted Ms. Cory permission to defer the docket presentations.

Dr. Shannon Gaertner-Ewing introduced herself as a member of the Idaho State Board of Chiropractic Physicians (Chiropractic Board). She stated that this docket proposes to implement H 195, which passed in 2017. The Chiropractic Board changed the title of Section 020 to clarify that it applies to clinical nutrition practice by chiropractors who do not have a clinical nutrition certification. This docket also clarifies that Section 020 only applies to products that do not require a prescription. The Chiropractic Board also updated statute citations in Section 020.

The Chiropractic Board created Subsections 150.07 and 150.08, which set the fee for clinical nutrition certification. This docket also adds rules detailing the procedures and requirements for a chiropractor to obtain a clinical nutrition certification. The proposed rules explain the following aspects of the clinical

nutrition certification: the application process; education requirements; the annual renewal requirement; the renewal process once certification has expired; the renewal process if certification has not expired; and procedures for administering clinical nutrition drug products. This docket also lists the prescription clinical nutrition products which a chiropractor with a clinical nutrition certification may independently administer. These products must be administered and disposed of in accordance with the procedures in the proposed rules.

Dr. Gaertner-Ewing stated that the Chiropractic Board sent information regarding this docket to all current licensees and spoke with interested parties. The Chiropractic Board made changes to the docket based upon the comments received.

Senator Foreman asked if the fee for clinical nutrition certification is $150, in addition to a $150 application fee. **Dr. Gaertner-Ewing** responded in the affirmative. **Senator Foreman** commented that $300 seemed to be an excessive sum for chiropractors who are already licensed. He noted that physicians would also have to pay for training to obtain the clinical nutrition certification. He asked why the certification fee is so high and whether the administration cost is $300. **Dr. Gaertner-Ewing** explained that training programs for the clinical nutrition certification must be provided by a certified entity. Therefore, the Chiropractic Board must evaluate the training programs every year to ensure that they are certified. She also noted that the initial certification fee is a one-time fee. After initial certification, a chiropractor will only need to pay a renewal fee. **Dr. Gaertner-Ewing** asserted that it does cost $300 to initially administer the certification. She mentioned that the Chiropractic Board can lower the fee in the future.

Senator Harris asked what classes are required to obtain a clinical nutrition license and where such classes are offered. **Dr. Gaertner-Ewing** stated that required courses include advanced nutrition, pharmacology, and introduction to clinical nutrition products. **Senator Harris** asked if these courses are offered at colleges. **Dr. Gaertner-Ewing** responded in the affirmative. She explained that Boise State University, University of Washington, University of Western States (UWS), and other universities offer the required courses. The only program currently undergoing a credential process for the introduction to clinical nutrition products course is UWS. **Vice Chairman Souza** asked where UWS is located. **Dr. Gaertner-Ewing** reported that it is located in Portland, Oregon.

Chairman Heider noted that the rule states that drugs may not be compounded, but then lists the ways in which drugs may be compounded. He sought more information regarding this issue. **Dr. Gaertner-Ewing** explained that licensees cannot compound drugs within the intravenous (IV) bag. Clinical nutrition products are introduced individually through an IV catheter. The products are delivered individually through the same IV bag, but the products cannot be mixed together and delivered together through the IV bag. **Chairman Heider** sought more information regarding drug compounding. **Dr. Gaertner-Ewing** referred the question to Maurice Ellsworth. **Mr. Ellsworth** introduced himself as General Counsel for the Bureau. He explained that the rule reflects language in Idaho Code § 54-716. The code prohibits chiropractors from compounding products. They may purchase compounded products, but the products must be compounded by a compounding pharmacy. **Chairman Heider** clarified that chiropractors may not compound drugs, but they can purchase compounded drugs. **Mr. Ellsworth** responded in the affirmative.

Senator Martin asked if the clinical nutrition certification fees are commensurate with the administrative cost of the certification. **Dr. Gaertner-Ewing** responded in

the affirmative. **Senator Martin** asked for the Chiropractic Board's cash balance. **Ms. Cory** stated that the Chiropractic Board is currently operating at a $74,000 deficit. She noted that the Chiropractic Board spent a large sum of money on a disciplinary matter. She then explained that the Chiropractic Board tries to set their licensing fees equal to the administrative costs associated with licensing. **Senator Martin** inquired as to the history and projection of the Chiropractic Board's cash balance. **Ms. Cory** stated that the Chiropractic Board requested a fee increase in 2016 to cover the cost of the aforementioned disciplinary matter. At the end of 2016, the Chiropractic Board was operating at a $67,905 deficit. The Chiropractic Board members hope the fee increase will help balance the budget.

Senator Harris asked if Dr. Gaertner-Ewing expected many chiropractors to obtain clinical nutrition certification, given the fee and the price of required training. **Dr. Gaertner-Ewing** noted that the functional medicine program at UWS is UWS's fastest-growing program. She indicated that recent chiropractic graduates in Idaho are very interested in pursuing a clinical nutrition certification. Many Idahoans must travel out-of-state for clinical nutrition treatments. **Dr. Gaertner-Ewing** asserted that clinical nutrition is an up-and-coming field.

Senator Lee asked if clinical nutrition classes are currently included in the curriculum at chiropractic schools. **Dr. Gaertner-Ewing** stated that advanced nutrition and pharmacology courses are now required as part of standard chiropractic education. However, courses regarding the administration of clinical nutrition products are not required for a standard chiropractic education.

MOTION: There being no more testimony or questions, **Chairman Heider** moved to approve **Docket No. 24-0301-1701**. **Senator Martin** seconded the motion. The motion carried by **voice vote**, with **Senator Foreman** voting **nay**.

DOCKET NO. 24-0601-1701 **Rules for the Licensure of Occupational Therapists and Occupational Therapy Assistants**. **Kristin Guidry** introduced herself as the Chair and public member of the Idaho State Occupational Therapy Licensure Board (Occupational Therapy Board). She explained that this docket proposes the reduction of licensing fees as follows: occupational therapist initial licensing fee to be reduced from $100 to $80; occupational therapy assistant initial licensing fee to be reduced from $75 to $60; occupational therapist renewal fee to be reduced from $55 to $40; occupational therapy assistant renewal fee to be reduced from $35 to $30; and occupational therapist and occupational therapy assistant inactive license fee to be reduced from $25 to $20. It is suggested that licensing boards maintain a cash balance equal to 100-150 percent of their annual budget. The Occupational Therapy Board's cash balance meets this standard. The fee reduction will decrease the Occupational Therapy Board's income by approximately $12,000 per year.

MOTION: There being no more testimony or questions, **Senator Martin** moved to approve **Docket No. 24-0601-1701**. **Senator Lee** seconded. The motion carried by **voice vote**.

DOCKET NO. 24-1201-1701 **Rules of the Idaho State Board of Psychologist Examiners**. **Dr. Linda Hatzenbuehler** introduced herself as a member of the Idaho Board of Psychologist Examiners (Board of Psychologist Examiners). She stated that H 212, passed in 2017, granted prescription authority to psychologists who meet clinical experience and education requirements. This docket requires that temporary licensees hold a certification of prescriptive authority issued by the Board of Psychologist Examiners before writing prescriptions.

Dr. Hatzenbuehler stated that there are three categories of service extenders who work under psychologist supervision. This docket reduces the amount of face-to-face supervision time required for Category III Service Extenders, also

called psychometrists. Psychometrists conduct psychological testing on behalf of psychologists. The proposed rule would require only one hour of supervision per month for Category III Service Extenders. The existing rule requires a 1-to-20 ratio between service hours and supervision hours.

Dr. Hatzenbuehler indicated that the American Association of Retired Persons (AARP) expressed concern about informed consent in telepsychology. This docket proposes changes to the telepsychology rules in order to address AARP's concerns. The proposed changes clarify that telepsychologists only require informed consent upon initial contact with the service recipient.

Chairman Heider expressed his support for telepsychology. He asked if there is a cost difference between a telepsychology session and a face-to-face psychology session. **Dr. Hatzenbuehler** stated that she was not aware of a cost difference, as there is generally an hourly fee assessed for psychological services.

Senator Martin asked if there is a cost difference for patients between telepsychology sessions and face-to-face sessions. **Dr. Hatzenbuehler** stated that telepsychology patients save money because they do not have to travel to see a psychologist. She explained that the price of gas and travel time can be costly for patients.

Senator Harris asked if the implementation of telepsychology has been successful. **Dr. Hatzenbuehler** explained that telepsychiatry has been successful. She remarked that some psychological testing practices are not easily adaptable to the telepsychology format, but telepsychology is conducive to treatment and therapy.

TESTIMONY: **Francoise Cleveland** introduced herself as AARP's Associate State Director of Advocacy. She stated that AARP previously had concerns regarding telepsychology rules; AARP felt that the rules placed undue burden on the practice of telepsychology. The Board of Psychologist Examiners proposed changes to the telepsychology rules to address AARP's concerns. **Ms. Cleveland** thanked the Board of Psychologist Examiners for changing the rules and stated that AARP supports **Docket No. 24-1201-1701**.

MOTION: There being no more testimony or questions, **Senator Harris** moved to approve **Docket No. 24-1201-1701**. **Senator Jordan** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 24-2301-1701 **Rules of the Speech, Hearing, and Communication Services Licensure Board**. **Gayle Chaney** introduced herself as the Chair of the Idaho Speech, Hearing, and Communication Services Licensure Board (Board). She stated that the proposed changes in this docket clarify that an individual does not need to be an audiology assistant to use automated newborn screening equipment, nor does the use of the equipment constitute audiology. This docket also changes continuing education requirements for licensure. Previously, licensees were required to complete ten hours of continuing education each year. The proposed rule would allow licensees to complete a total of thirty hours within three years, thereby eliminating the annual requirement. **Dr. Chaney** stated that the Board did not receive any comments regarding this docket.

Senator Jordan asked if there are requirements that an individual must meet in order to operate automated newborn screening equipment. **Dr. Chaney** explained that most newborn screening is conducted by nurses or hospital personnel. She noted that hospitals may have their own requirements and training for operating automated newborn screening equipment.

Senator Jordan expressed concern regarding proper screening of newborns born

outside of a hospital. She asked how to ensure proper screening and accurate interpretation of the results. **Dr. Chaney** explained that individuals who purchase the screening equipment would receive training upon purchase.

MOTION: There being no more testimony or questions, **Senator Martin** moved to approve **Docket No. 24-2301-1701**. **Senator Jordan** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 24-2301-1702 **Rules of the Speech, Hearing, and Communication Services Licensure Board**. **Lavana Andrew** introduced herself as a volunteer member of the Board and an American Sign Language interpreter. **Ms. Andrew** stated that this docket would implement H 46, which passed in 2017. During the 2017 Legislative Session, the Committee expressed concern that the licensure process for sign language interpreters was too restrictive and would impede entry to the profession. **Ms. Andrew** explained that this docket describes a variety of ways that an individual may obtain a sign language interpreter license.

The proposed rules incorporate by reference the National Association of the Deaf's Registry for Interpreters for the Deaf Code of Professional Conduct. The proposed rules also: clarify definitions; add standard language regarding applications; establish licensure fees; implement a $10 registration fee for out-of-state licensees; add a reference to the reinstatement fee listed in Idaho Code § 67-2614; clarify that there is no fee for a dual license; outline the requirements for a sign language interpreter license; outline the registration requirements for out-of-state licensees; state that deaf interpreters who are not sign language interpreters can act in that role, given certain conditions; outline the examination options for obtaining a sign language interpreter license; list the approved credentials and certifications for obtaining a sign language interpreter license; outline the process for submitting information regarding a prior conviction; and provide details about provisional licensure.

Ms. Andrew stated that the Board notified all licensees and interested parties about this docket and made changes to this docket based upon the comments it received.

Senator Harris noted that this docket allows supervisors to terminate supervision of a permit holder by notifying the permit holder at least ten days prior to termination. He asked why supervisors are required to notify the permit holder ten days prior to the termination, as opposed to after the termination. **Ms. Andrew** explained that sign language interpreters must have a license; if someone decided to terminate supervision, and the sign language interpreter was unaware, the interpreter would be practicing without a valid license. Therefore, the interpreter would be violating the law. **Mr. Ellsworth** stated that a supervisor must provide notice to a permit holder ten days prior to termination of supervision so that the permit holder can find a new supervisor.

Senator Potts noted that there are many ways to obtain a sign language interpreter license. He expressed concern that the Board has too much discretion regarding licensure. He asked Ms. Andrew to explain the process of becoming a licensed sign language interpreter. **Ms. Andrew** explained that there are two primary ways to obtain a sign language interpreter license. An individual who has holds a valid, Board-approved credential or who has taken a valid, Board-approved examination can become a licensed sign language interpreter. The Board identified every psychometrically valid sign language interpretation test offered in the United States and included them in the rules. **Ms. Andrew** explained that the rules allows any additional credentials or exams approved by the Board in the future to also qualify for sign language interpreter licensure. She noted that this will allow the Board to accept new credentials and exams without waiting for them to be added to the

Board's rules.

Senator Potts asked if an individual who knows sign language, but has no academic degree, can become a sign language interpreter without submitting to a lengthy process. **Ms. Andrew** asserted that at least one-third of licensed sign language interpreters are in the situation that Senator Potts described. She explained that the only required education for sign language interpreters is a high school diploma or equivalent. **Ms. Andrew** noted that individuals can obtain a provisional license and renew it for up to three years while they undergo the process of earning an approved credential or taking an approved exam.

Senator Potts asked why sign language interpreters must be over 21 years old. **Ms. Andrew** announced that a bill will be presented to the Idaho House of Representatives during the 2018 Legislative Session which will lower the minimum age requirement to 18. She explained that statute currently requires licensed interpreters to be at least 21.

Senator Potts asked why the sign language interpreter licensing fee is $100. **Ms. Andrew** stated that the Board requested and implemented a fee decrease in 2017. Prior to the decrease, the licensing fee was $120. **Ms. Andrew** noted that the Board has calculated that $100 per license is necessary in order to maintain a balanced budget.

MOTION: There being no more testimony or questions, **Chairman Heider** moved to approved **Docket 24-2301-1702**. **Senator Martin** seconded the motion. The motion carried by **voice vote**, with **Senator Foreman** voting **nay**.

DOCKET NO. 24-2401-1701 **Rules of the Genetic Counselors Licensing Board**. **Ms. Cory** introduced Heather Hussey-Johnson as the Chair of the Genetic Counselors Licensing Board, Jennifer Eichmeyer as a member of the Genetic Counselors Licensing Board, and Dr. Jack Zarybnisky as the public member of the Genetic Counselors Licensing Board. **Ms. Cory** explained that this docket proposes lowering the genetic counselor licensing application fee, the initial licensing fee, the renewal fee, the provisional licensing fee, and the endorsement licensure fee from $500 to $200. **Ms. Cory** noted that the Genetic Counselors Licensing Board has collected more money in the last five years than it has spent. The fee decrease will reduce the Genetic Counselors Licensing Board's income by approximately $16,000; the cash balance will still equal between 100 and 150 percent of the Genetic Counselors Licensing Board's annual budget.

MOTION: There being no more testimony or questions, **Senator Lee** moved to approve **Docket No. 24-2401-1701**. **Senator Jordan** seconded the motion. The motion carried by **voice vote**.

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

ADJOURNED: There being no further business, **Chairman Heider** adjourned the meeting at 4:10 p.m.

Senator Heider
Chair

Rachel Goodman
Secretary

AMENDED AGENDA #1
SENATE HEALTH & WELFARE COMMITTEE
3:00 P.M.
Room WW54
Wednesday, January 31, 2018

SUBJECT	DESCRIPTION	PRESENTER
RS25980	Patient Caregiver Support Act	Senator Heider
Docket No. 16-0310-1706	Medicaid Enhanced Plan Benefits (page 146 of Pending Rule Book)	George Gutierrez, Deputy Administrator, Division of Medicaid
Docket No. 16-0318-1701	Medicaid Cost-Sharing (page 3 of Pending Fee Rule Book)	George Gutierrez
Docket No. 16-0503-1701	Rules Governing Contested Case Proceedings and Declaratory Rulings (page 249 of Pending Rule Book)	Tamara Prisock, Administrator, Division of Licensing and Certification
Docket No. 16-0737-1701	Children's Mental Health Services (page 308 of Pending Rule Book)	Treena Clark, Program Manager, Division of Behavioral Health
Docket No. 16-0301-1701	Eligibility for Health Care Assistance for Families and Children (page 60 of Pending Rule Book)	Shannon Brady, Division of Welfare
Docket No. 16-0301-1702	Eligibility for Health Care Assistance for Families and Children (page 63 of Pending Rule Book)	Shannon Brady
Docket No. 16-0305-1701	Rules Governing Eligibility for Aid to the Aged, Blind and Disabled (AABD) (page 68 of Pending Rule Book)	Shannon Brady

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 Heider
Vice Chairman Souza
Sen Martin
Sen Lee
Sen Harris
Sen Agenbroad
Sen Foreman
Sen Potts
Sen Jordan

COMMITTEE SECRETARY

Rachel Goodman
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Wednesday, January 31, 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 Senate Health & Welfare Committee (Committee) to order at 3:00 p.m.
PASSED THE GAVEL:	Chairman Heider passed the gavel to Vice Chairman Souza.
RS 25980	**Patient Caregiver Support Act**. **Chairman Heider** presented **RS 25980**, which concerns when patients enter and exit the hospital. A designated caregiver should be designated for any patient admitted and, upon discharge from hospital, should be given any relevant information. If the caregiver is not able to be contacted, the hospital is not liable. This change will have no fiscal impact.
DISCUSSION:	**Senator Potts** requested clarification as to the problem this bill is meant to solve. **Chairman Heider** stated the problem does not often arise, but some do not have family members to care for them. This will clarify who is their caregiver.
MOTION:	**Senator Martin** moved to send **RS 25980** to print. **Senator Jordan** seconded the motion. The motion passed by **voice vote.**
DOCKET NO. 16-0310-1706	**Medicaid Enhanced Plan Benefits. George Gutierrez,** Deputy Administrator for Division of Medicaid, Idaho Department of Health & Welfare, discussed the Idaho Youth Empowerment Services (YES) program. He explained that YES is an ongoing collaborative effort to implement a new system of care for children and youth with serious emotional disturbances. This system of care is the result of the settlement agreement in the *Jeff D.* class action lawsuit. The Division of Medicaid is the payer for these services. The YES department has collaborated with various entities and stakeholders; the purpose of this docket is to operationalize YES in rule and to align the new program with the terms of the *Jeff D.* class action lawsuit agreement. New sections are added to the rule. **Mr. Gutierrez** reported there would be no cost related to the implementation of managed care for the administration of the Idaho Behavioral Health Plan. He indicated that the Idaho Department of Health and Welfare is proposing the implementation of a cost-sharing mechanism for families with income over 150% of the Federal Poverty Level. **Mr. Gutierrez** shared that negotiated rulemaking was not conducted. There were two public comments regarding proposed rules in this docket—both were in general support of YES and asked for more detail regarding services and processes. **Mr. Gutierrez** concluded that the effective date of this change is January 1, 2018. He welcomed questions from the Committee.

DISCUSSION: **Senator Martin** expressed frustration with the *Jeff D.* lawsuit settlement and the proposed January 1, 2018 start date, which had already happened. **Mr. Gutierrez** stated he feels the same frustration. **Matt Wimmer,** Medicaid Administrator, clarified that the implementation date of January 1 was determined last year under H 043.

Senator Foreman voiced similar frustration and asked if most of the $2.3 million for the program would come from federal funds. **Mr. Gutierrez** confirmed that costs do increase over time as more services are implemented, with most services covered under the federal match from Medicaid. The forecasted cost is the best the agency can presently estimate, though they are liable to vary.

Senator Jordan clarified that the rules will align with H 043 and refer to a very specific definition in code. **Senator Lee** followed up on Senator Jordan's statement by echoing frustrations with the current situation, though she is pleased the rules reflect the legislative intent. She stated the Committee's role is to determine if the rules align with legislative intent. She expressed her belief that this docket does so.

MOTION: **Senator Jordan** moved to approve **Docket No. 16-0310-1706. Senator Lee** seconded the motion. The motion passed by **voice vote.**

DOCKET NO. 16-0318-1701: **Medicaid Cost-Sharing. Mr. Gutierrez** presented **Docket No. 16-0318-1701**, which is a companion to **Docket No. 16-0310-1706. Mr. Gutierrez** explained the purpose of this docket is to comply with the cost-sharing provisions in Idaho Code and to ensure parity with other programs that also serve Idaho children with specific health care needs. This rule change aligns with federal regulations related to cost-sharing. Families may request a premium waiver if they are unable to pay, which will have no impact on a child's Medicaid eligibility. **Mr. Gutierrez** expects these rules to have a positive impact and the premiums to generate $50,000 in receipts in fiscal year (FY) 2010. These fees will offset the cost of implementing YES. Negotiated rulemaking was not feasible since these rules must comply with the terms of the class action settlement agreement. No public comments were received in response to this docket. The effective date for this rule change is July 1, 2018.

DISCUSSION: **Senator Lee** inquired as to eligibility requirements regarding inability to pay premiums. **Mr. Gutierrez** provided information on how families are determined eligible for a fee waiver. **Senator Lee** requested that, when they become available, information regarding the number of waivers that are issued be made public, so that need and total cost can be determined.

MOTION: **Senator Martin** moved to approve **Docket No. 16-0318-1701. Chairman Heider** seconded the motion. The motion passed by **voice vote.**

DOCKET NO. 16-0503-1701: **Rules Governing Contested Case Proceedings and Declaratory Rulings. Tamara Prisock**, Administrator, Division of Licensing and Certification, presented **Docket No. 16-0503-1701. Ms. Prisock** overviewed the changes in this docket and their relation to the rules, with the following as the main changes: a provision for expedited fair hearings, in which states are required to establish a process to request expedited fair hearing; child support enforcement, in which time limits for requesting a hearing after receiving a notice of license suspension or a notice of an asset withholding order and relevant deadlines; and changes to support the YES program. These changes are required by the *Jeff D.* settlement agreement. There is a new rule adding a grievance process for the YES program. **Ms. Prisock** requested a January 1, 2018 acceptance date and mentioned there is no fiscal impact to the General Fund. There is also no negotiated rulemaking.

DISCUSSION: **Chairman Heider** voiced concern about the time frame; he asked why it takes so long to respond to a grievance. **Ms. Prisock** remarked that the hearings are done as expeditiously as possible, and that these proposed changes add an expedited process for certain individuals.

Senator Lee posed a question regarding time limits for child support; she asked how someone resolves the process quickly given the stated timeframes. **Ms. Prisock** referred the question to Julie Hammon. **Julie Hammon,** Administrator, Division of Welfare, provided background on the process and how the current process affects individuals. Once someone is in arrears, they receive reminders for several months alerting them of the delinquency. They also receive notice that they may have their license suspended or that their financial assets may be seized. They have a time period to inform the Division they would like to make payments. Once the disciplinary action has been taken, they can then file for a hearing. The hearings are filed quickly, if requested within 14 days, and decisions can result within 30 days, but generally don't take that long. **Senator Lee** requested clarification as to the number of days. **Ms. Hammon** stated that the rules are from federal guidance. **Senator Lee** inquired as to the flexibility of the numbers of days. **Ms. Hammon** responded that those numbers were provided by Child Support Enforcement, so they are not flexible.

Senator Martin asked if these changes are beneficial to the Department of Health and Welfare and for Idaho. **Ms. Hammon** responded that she believes they are. She gave examples of ways in which Idaho benefits from this change, such as the introduction of an expedited process for those who have serious health issues. This would also introduce ways for YES participants to appeal decisions.

Senator Potts requested information regarding exceptions for prehearing conference. **Senator Potts** interprets the language to do nothing to mandate individuals to attend the prehearing conference. **Ms. Prisock** explained there is a federal requirement detailing how the Department of Health and Welfare cannot mandate prehearing requirements.

MOTION: **Senator Jordan** moved to approve **Docket No. 16-0503-1701. Senator Martin** seconded the motion. The motion passed by **voice vote.**

DOCKET NO. 16-0737-1701 **Children's Mental Health Services. Treena Clark**, Program Manager, Division of Behavioral Health, explained the two changes being proposed to **Docket No. 16-0737-1701.** The first is to reference the contested case rule in the Appeals sections, and the second is to remove the reimbursement rates table for foster care and, instead, reference another chapter. There was no negotiated rulemaking conducted and no fiscal impact is expected to result from these changes.

MOTION: **Senator Potts** moved to approve **Docket No. 16-0737-1701. Chairman Heider** seconded the motion. The motion passed by **voice vote.**

DOCKET NO. 16-0301-1701 **Eligibility for Health Care Assistance for Families and Children. Shannon Brady,** Division of Welfare, presented **Docket No. 16-0301-1701.** She illustrated the additions to be made to the Idaho rules eligibility criteria surrounding YES Medicaid program. Public hearings were held in Boise and no public comments were received.

MOTION: **Senator Martin** moved to approve **Docket No. 16-0301-1701. Senator Lee** seconded the motion. The motion passed by **voice vote.**

DOCKET NO. 16-0301-1702

Eligibility for Health Care Assistance for Families and Children. Ms. Brady presented the three changes to be made to the Medicaid program for families. The first change clarifies that children with IR-4 Foreign Adoption visa status are not considered qualified non-citizens under existing Medicaid rules. The second change clarifies the eligibility for postpartum services under the Medicaid program for pregnant women, which was previously limited to women who were deemed eligible prior to birth of the baby. This requested change ensures all eligible women can receive 60 days of postpartum care, even if their eligibility was processed after the birth. This change aligns with federal guidance for the program. The third change involves children who are eligible for the Medicaid program through State foster care. This provides a reference to the rules and strikes duplication of program language. Negotiated rulemaking was not conducted and no fiscal impact is expected from these changes.

DISCUSSION:

Senator Lee asked whether there is any State discretion or if it was solely compliant with federal regulations. **Ms. Brady** responded the changes reference changes in another Division's chapter.

Senator Lee questioned what these changes mean functionally. **Ms. Brady** replied that this change clarifies some language and references another chapter directly. In practice, children in foster care are evaluated by the Department of Family and Community Services (FACS). If they determine the child is not eligible, they can ask this Division to evaluate the child's eligibility.

Chairman Heider requested clarification as to the language regarding American Indians and whether being born in Canada and being born outside the United States are the same thing. **Joyce Broadsword,** Tribal Programs Manager for the Department of Health & Welfare, clarified there are Native American tribes in Idaho who share lineage with Canadians, whereas there may not be American Indian tribes not on this continent. **Senator Lee** specified that, as it is currently written, being born in Canada is implied to mean something different than being born outside the US. **Ms. Broadsword** continued that, because of the sovereignty of tribes, some of the United States tribal nations extend into Canada. **Senator Lee** concluded that, because the tribe originally encompassed the whole geographic area, it could include Canada. **Ms. Broadsword** stated there are tribes in Canada that share familial relations with tribes located within the United States.

MOTION:

Chairman Heider moved to approve **Docket No. 16-0301-1702. Senator Lee** seconded the motion. The motion passed by **voice vote.**

DOCKET NO. 16-0305-1701

Eligibility for Health Care Assistance for Families and Children. Ms. Brady presented **Docket No. 16-0305-1701,** which proposes changes to the Aged, Blind, and Disabled (AABD) program. Five changes are proposed to AABD. First, this proposal clarifies language that an individual seeking the AABD cash supplement must be receiving a SSI payment. Second, the language regarding annuities has been updated to specify which chapter accommodates retirement accounts. Third, the rule regarding allowances for participants living in a Certified Family Home (CFH) has been updated to reference the correct allowance figure. Fourth, the dates of Medicaid eligibility are clarified based on the receipt of SSI. Fifth, the addition of an exception to the asset transfer penalty for individuals who move assets into a trust for the care and support of someone who is under 65 years of age and who is disabled by social security standards will not have the penalty applied. This rule addition will bring Idaho into compliance with federal guidance. Negotiated rulemaking was not conducted and no fiscal impact is expected from these changes.

DISCUSSION: **Senator Potts** requested clarification as to whether the State has been paying $77 or $96. He asked if the state has been underpaying, and if the dollar amount is a federal or State requirement. **Ms. Brady** responded that the agency has been paying the correct amount and the cleanup effort will not have any back payment with it. As to the dollar amount, the initial figure originated decades ago, but **Ms. Brady** could not say for certain from where.

Senator Potts reported that if it is State-mandated, the State has been overpaying, which is a significant problem. If it is federally-mandated, Idaho has been paying the correct amount. **Ms. Brady** responded that it is a typographical error. When there is a typographical error, Idaho defers to federal guidance. **Senator Potts** believes it was intentional and voiced his concern.

MOTION: **Senator Martin** moved to approve **Docket No. 16-0305-1701.**

DISCUSSION: **Senator Potts** stated his belief that it is critical to have the correct number before moving forward. **Senator Lee** voiced that she is comfortable with all the other pieces of the rule and that, if the Committee would like to revisit the rule in the future, it would have that option. **Vice Chairman Souza** invited Ms. Brady to return the next day for further discussion. **Ms. Brady** accepted the opportunity.

MOTION: The motion and rule were **withdrawn.**

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

DISCUSSION: **Vice Chairman Souza** referenced a letter (see Attachment 1), written to Dennis Stevenson, Administrative Rules Coordinator, which pertains to rules updates and formatting. **Vice Chairman Souza** explained the rules do not have omitted language included because it increases the cost of print-outs and proposed several new formatting changes, such as color-coding integrated changes; specifying whether changes are mandated by federal conformity; and any State discretion within the rule. **Senator Potts** voiced his support for this change. **Senator Lee** expressed her belief that this will help improve processes for all agencies. **Senator Agenbroad** believes this will make the agencies better. **Vice Chairman Souza** voiced that she does not want to burden agencies and believes these changes will help. **Chairman Heider** asked for clarification regarding additional costs. **Vice Chairman Souza** responded that the new changes will not consume more space on the page and will not inflict more costs.

_____

Senator Heider
Chair

_____

Rachel Goodman
Secretary

_____

Samuel Griffin
Assistant Secretary

DRAFT letter to Dept. of Rules Administration 1/30/18

Dear Mr. Stevenson,

As members of the Senate Health and Welfare committee, we would like to request alternative formatting of the rules brought before our committee if they fit in either of these two categories:

1. A new section of rules replaces a deleted section
2. Incorporated by reference

On the first request, because we realize there is a per page cost factor, we would ask that for any new section of rule that replaces a deleted section, the published new section in the rule book would have new language as underlined. We also ask that a separate, integrated, color-coded working copy including the strikethrough language (blue), the retained language (black), new language (red), and text added to a pending rule (red double underlined), be given to our committee.

For the second request, any rule that is incorporated by reference should be accompanied by a synopsis of all significant changes. We also want to know if the incorporations are each mandated or if any changes are optional. Specifically, when rules are presented, agencies should identify federal conformity as well as any, and all, state discretion within the rule. For example, when complying with federal law or rule changes, review might prompt minor changes at the state level (access changes, fee changes, population outreach, etc.). These changes may seem minor in scope, but still should be identified as part of the rule approval process.

Our goal in this effort is to improve communication with those presenting rules before our committee and encourage a successful process for all.

Thank you for your consideration of our requests,

Senate Health and Welfare Committee

AGENDA

SENATE HEALTH & WELFARE COMMITTEE

3:00 P.M.
Room WW54
Thursday, February 01, 2018

SUBJECT	DESCRIPTION	PRESENTER
Minutes Approval	Minutes of the January 18, 2018 Meeting	Senator Harris
	Minutes of the January 22, 2018 Meeting	Senator Jordan
Docket No. 16-0305-1701	Rules Governing Eligibility for Aid to the Aged, Blind, and Disabled (AABD) (page 68 of Pending Rule Book)	Shannon Brady, Division of Welfare
Docket No. 16-0308-1701	Temporary Assistance for Families in Idaho (TAFI) (page 74 in Pending Rule Book)	Ericka Rupp, Division of Welfare
Docket No. 16-0612-1701	Rules Governing the Idaho Child Care Program (ICCP) (page 277 in Pending Rule Book)	Ericka Rupp
Docket No. 16-0319-1701	Rules Governing Certified Family Homes (CFH) (page 163 in Pending Rule Book)	Steven Millward

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 Heider
Vice Chairman Souza
Sen Martin
Sen Lee
Sen Harris
Sen Agenbroad
Sen Foreman
Sen Potts
Sen Jordan

COMMITTEE SECRETARY

Rachel Goodman
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Thursday, February 01, 2018
TIME:	3:00 P.M.
PLACE:	Room WW54
MEMBERS PRESENT:	Chairman Heider, Vice Chairman Souza, Senators Martin, Lee, Harris, Agenbroad, Foreman, Potts, 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 2:59 p.m.
MINUTES APPROVAL:	**Senator Jordan** moved to approve the Minutes of January 22, 2018. **Vice Chairman Souza** seconded the motion. The motion carried by **voice vote**.
PASSED THE GAVEL:	Chairman Heider passed the gavel to Vice Chairman Souza.
DOCKET NO. 16-0305-1701	**Rules Governing Eligibility for Aid to the Aged, Blind, and Disabled**. **Shannon Brady** introduced herself as the Deputy Administrator of the Division of Welfare within the Idaho Department of Health and Welfare (DHW). **Ms. Brady** explained that she had presented this docket before the Committee on January 31, 2018. During that presentation, the Committee moved to table this docket until they received further information regarding the proposed changes in section 513. The proposed changes include correcting the stated amount for the basic needs allowance for residents of a certified family home (CFH) or assisted living facility. **Ms. Brady** stated that Idaho's Medicaid Program provides a basic personal needs allowance to eligible CFH residents and assisted living facility residents. Federal regulations require states to define this personal needs allowance. The allowance must be at least $30 per month. In 2007, Idaho set the personal needs allowance at $77. **Ms. Brady** stated that the 1915 Waiver, which establishes the personal needs allowance, requires cost of living and social security income adjustments to be considered when calculating the allowance. This allows for increases over time. Between 2007 and 2013, the personal needs allowance increased to $96. In 2013, DHW modified section 513 of the rule, altering the methodology for applying cost of living adjustments. When the rule was written, DHW failed to update the basic personal needs allowance amount to $96. **Ms. Brady** noted that this oversight did not impact recipients of the allowance, as DHW publishes updated personal needs allowance figures on its website each year. **Ms. Brady** referenced a handout displaying the published allowance figures for each year since 2013 (see Attachment 1). **Senator Potts** asked if a federal mandate required the amount to be increased to $96. **Ms. Brady** clarified that federal regulations require basic personal needs allowances to be at least $30. She explained that the cost of living adjustments accounted for the increase in the allowance from $77 to $96. **Senator Potts** expressed concern that DHW has not been complying with the rules, which identified the personal needs allowance as $77. He noted that the error remained

in the rules for five years before being changed. He advised DHW to be more attentive to the rules. **Ms. Brady** agreed with Senator Potts' observations.

MOTION: There being no more testimony or questions, **Senator Martin** moved to approve **Docket No. 16-0305-1701**. **Senator Lee** seconded the motion. Motion carried by **voice vote**.

DOCKET NO. 16-0308-1701 **Rules Relating to Temporary Assistance for Families in Idaho (TAFI)**. **Ericka Rupp** introduced herself as a Program Manager for the Temporary Assistance for Needy Families (TANF) program in the Division of Welfare within DHW. **Ms. Rupp** requested that the Committee reject **Docket No. 16-0308-1701**. After publication of the proposed rules, DHW found that this docket did not include all the changes needed. **Ms. Rupp** stated that she will present a new set of proposed rules to the Committee in 2019.

MOTION: There being no more testimony or questions, **Senator Lee** moved to reject **Docket 16-0308-1701**. **Senator Harris** seconded the motion. The motion carried by **voice vote**.

Senator Lee sought more information regarding the consequences of rejecting this docket. **Ms. Rupp** stated that a temporary rule will be proposed and that there will be no consequences.

DOCKET NO. 16-0612-1701 **Rules Governing the Idaho Child Care Program (ICCP)**. **Ms. Rupp** introduced herself as the Program Manager for ICCP in the Division of Welfare within DHW. She explained that the ICCP promotes economic self-sufficiency for low-income families by providing reliable childcare for parents who are working or attending school. The ICCP also supports healthy development and school-readiness for children. **Ms. Rupp** stated that this docket proposes changes to eligibility requirements for families and health and safety requirements for providers.

The proposed changes include: 1.) defining how ICCP will treat adults acting in place of a parent; 2.) redefining key terms; 3.) clarifying how DHW will consider lump-sum and monthly income; 4.) clarifying language regarding cooperation with child support and in-home care; 5.) updating options to recover benefit overpayments; and 6.) modifying the graduated phase-out process. **Ms. Rupp** explained that families whose income increases and exceeds 130 percent of the federal poverty level are gradually phased out of ICCP. Federal regulations now require states to provide 12 additional months of ICCP benefits to these families. States are permitted to set an income threshold to determine eligibility for the graduated phase-out process. These proposed rules include an income limit for the phase-out process.

Ms. Rupp explained that all ICCP providers have undergone safe sleep training. This docket would require providers to implement safe sleep practices in order to be ICCP-certified. Safe sleep training is available to providers for free online, in-person, and on DVD.

Senator Lee noted that the rules define "in loco parentis" as legal guardianship. She asked why the rules include a definition of "in loco parentis" as opposed to simply using the term "guardian" throughout the rules. **Ms. Rupp** explained that federal law requires ICCP to define "in loco parentis." **Senator Lee** asked if these changes would have any substantive effect in Idaho. **Ms. Rupp** clarified that they would not.

MOTION: There being no more testimony or questions, **Chairman Heider** moved to approve **Docket No. 16-0612-1701**. **Senator Martin** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 16-0319-1701

Rules Governing Certified Family Homes (CFH). **Steven Millward** introduced himself as the Program Manager for the CFH Program in the Division of Licensing and Certification within DHW. **Mr. Millward** explained that the CFH Program provides family-style, residential living for vulnerable adults. Between one and four adults may live in a CFH with their care provider. Seventy-six percent of certified homes care for their own loved ones. There are more than 2,400 certified family homes located in Idaho. **Mr. Millward** noted that DHW held negotiated rulemaking sessions and engaged with over 300 stakeholders when developing these proposed rules. He asserted that these rules have not been changed in over a decade.

Mr. Millward explained that federal regulations require Idaho's Medicaid program to implement new Home and Community-Based Services Standards. Idaho must update rules governing CFH to incorporate eviction and appeal processes. Without these changes, CFHs risk losing compensation by Medicaid. The proposed changes align CFH eviction and appeal processes with Idaho landlord-tenant law. **Mr. Millward** stated that the proposed rule changes also allow for an emergency temporary placement for residents who are unsafe in their current CFH. This process protects the resident's right to return to the home when it is deemed safe to do so.

Mr. Millward explained that the proposed changes fit within three categories: 1.) improved safety; 2.) operational relief; and 3.) clarification. Proposed changes addressing safety include the following: creation of a section addressing hourly adult care; increase in fire drills frequency; addition of reporting requirement for critical incidents; requirement for DHW to review and approve new residents moving into a CFH; codification of medication standards; and requirement that a CFH with gas appliances or an enclosed garage have a carbon monoxide detector. Proposed changes addressing operational relief include the following: revision to prevent an interpretation of the rules that certain services must be offered by the home free of charge; allowing temporary certification to avoid a lapse in certification when an existing provider moves to a new location; expansion of acceptable annual continuing education training; expansion of acceptable assessment tools for publicly-funded residents; allowing electric space heaters, given that providers take certain precautions; and allowing a cell phone as the home telephone. Proposed changes also clarify the following: various definitions; when application fees are required; provisions for voluntary closure of a CFH; goods and services included in resident's monthly room and board charge; reporting requirements; and provisional certification.

Vice Chairman Souza asked when these rules were last updated. **Mr. Millward** stated that the last major rewrite of these rules occurred in 2006. He noted that small changes have been made since that time.

Senator Lee noted that the proposed rules included the Scales of Independent Behavior-Revised (SIB-R) assessment tool. She explained that another division of DHW had removed SIB-R from its rules because the assessment is not appropriate. **Senator Lee** noted her shock at seeing SIB-R included in this docket. **Mr. Millward** noted that the rules do not specifically mention SIB-R; they instead refer to assessment tools in general. **Senator Lee** stated that she would like to have a specific DHW-approved assessment tool identified in the rules.

Chairman Heider sought more information regarding the allowance of cell phones as home telephones. **Mr. Millward** explained that the existing rule requires each CFH to have a landline. The proposed rules would allow any phone to be designated as a home phone, provided that it is operational at all times.

Chairman Heider noted that minors living in a CFH must undergo a background check when they turn 18. He asked if there is a maximum age for individuals living a CFH. **Mr. Millward** stated that residents receiving services in a CFH must be over 18. Residents that are not receiving services can be any age. **Chairman Heider** asked if residents must undergo a background check when they turn 18. He asked if these individuals can continue to live in the home indefinitely. **Mr. Millward** confirmed that children living in the home must undergo a background check when they turn 18. There is no maximum age limit for conducting these background checks. However, if obtaining a background check or being fingerprinted is a hardship for someone, they can obtain a waiver for the requirement.

Senator Potts noted that the proposed rules require cell phones that are used as landlines to be Enhanced 911 compliant. He explained that all cell phones have been required to be Enhanced 911 compliant since 2005. **Senator Potts** asked if it was necessary to include an Enhanced 911 requirement in the updated rules. **Mr. Millward** acknowledged that most modern cell phones are Enhanced 911 compliant. He stated that some wireless service carriers are transparent about Enhanced 911 compliance, but others are not. Therefore, the requirement was included in the proposed rules.

TESTIMONY: **Toni Brinegar** introduced herself as a Program Specialist for the Idaho Council on Developmental Disabilities (ICDD). She stated that ICDD supports **Docket No. 16-0319-1701**. She highlighted several improvements in the proposed rules, including: stricter money management guidelines; increased frequency and documentation of participant rights; improved admission guidelines; and creation of a section addressing hourly adult care. **Ms. Brinegar** encouraged DHW to further expand accountability to residents by notifying them when there has been a problem identified with their provider. She also encouraged DHW to consider residents' preferences in regard to alternative care providers. **Ms. Brinegar** suggested that DHW also review the issue of unplanned moves, taking into account that most residents have limited access to technology.

Senator Jordan stated that Ms. Brinegar expressed concern about notifying residents of problems with a provider and residents' limited access to technology. She asked how DHW could adress these concerns. **Ms. Brinegar** explained that the quality assurance team within DHW effectively ensures that providers are complying with guidelines. She noted that ICDD and DisAbility Rights Idaho collect trend data; when they see a trend in complaints, they begin investigating the issue. **Ms. Brinegar** commend DHW for its collaborative efforts in the rulemaking process. She cited a rule section stating that residents must have access to and assistance with technology.

Marilyn Sword spoke on behalf of the Idaho Caregiver Alliance (ICA), which is a coalition of organizations that support unpaid family caregivers. The ICA supported this docket, especially the section dedicated to adult hourly care. **Ms. Sword** commended Mr. Millward for his collaboration with stakeholders during rulemaking. She asserted that family caregivers need respite care, and the proposed section of this docket regarding adult hourly care would address this issue.

MOTION: There being no more testimony or questions, **Senator Martin** moved to approve **Docket No. 16-0319-1701**. **Senator Jordan** seconded the motion. The motion carried by **voice vote**.

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

MINUTES APPROVAL: **Senator Harris** moved to approve the Minutes of January 18, 2018. **Vice Chairman Souza** seconded the motion. The motion carried by **voice vote**.

ADJOURNED: There being no further business, **Chairman Heider** adjourned the meeting at 3:52 p.m.

Senator Heider
Chair

Rachel Goodman
Secretary

AABD Budget Allowances 2014

AABD Guidelines Living Arrangement	Basic Allowance	Maximum Shelter	Total
Room and Board (Jan 2014)	98	801	899
Semi – Independent Group Res (Jan 2014)	349	550	899
Personal Care Supplement (Jan 2014)	696	N/A	696
RALF/CFH Level I (Jan 2014)	98	942	1,040
RALF/CFH Level II (Jan 2014)	98	1,009	1,107
RALF/CFH Level III (Jan 2014)	98	1,076	1,174

AABD Budget Allowances 2015

AABD Guidelines Living Arrangement	Basic Allowance	Maximum Shelter	Total
Room and Board (Jan 2015)	100	811	911
Semi – Independent Group Res (Jan 2015)	349	562	911
RALF/CFH Level I (Jan 2015)	100	952	1,052
RALF/CFH Level II (Jan 2015)	100	1,019	1,119
RALF/CFH Level III (Jan 2015)	100	1,086	1,186

AABD Budget Allowances 2016

AABD Guidelines Living Arrangement	Basic Allowance	Maximum Shelter	Total
Room and Board (Jan 2016)	100	811	911
Semi – Independent Group Res (Jan 2016)	349	562	911
RALF/CFH Level I (Jan 2016)	100	952	1,052
RALF/CFH Level II (Jan 2016)	100	1,019	1,119
RALF/CFH Level III (Jan 2016)	100	1,086	1,186

AABD Budget Allowances 2017

AABD Guidelines Living Arrangement	Basic Allowance	Maximum Shelter	Total
Room and Board (Jan 2017)	100	813	913
Semi – Independent Group Res (Jan 2017)	349	564	913
RALF/CFH Level I (Jan 2017)	100	954	1,054
RALF/CFH Level II (Jan 2017)	100	1,021	1,121
RALF/CFH Level III (Jan 2017)	100	1,088	1,188

AABD Budget Allowances 2018

AABD Guidelines Living Arrangement	Basic Allowance	Maximum Shelter	Total
Room and Board (Jan 2018)	102	826	928
Semi – Independent Group Res (Jan 2018)	349	579	928
RALF/CFH Level I (Jan 2018)	102	967	1069
RALF/CFH Level II (Jan 2018)	102	1034	1136
RALF/CFH Level III (Jan 2018)	102	1101	1203

AMENDED AGENDA #2

SENATE HEALTH & WELFARE COMMITTEE

3:00 P.M.
Room WW54
Monday, February 05, 2018

SUBJECT	DESCRIPTION	PRESENTER
RS26026	Self-Sufficient Families	Senator Thayn
RS26010	Health Care Organizations	Senator Souza
Presentation	2017 Legislative Foster Care Report	Roxanne Printz, Deputy Division Administrator, Family and Community Services
S 1254	Wireless Phone Service Transfers	Carlie Foster

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 Heider
Vice Chairman Souza
Sen Martin
Sen Lee
Sen Harris
Sen Agenbroad
Sen Foreman
Sen Potts
Sen Jordan

COMMITTEE SECRETARY

Rachel Goodman
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE: Monday, February 05, 2018

TIME: 3:00 P.M.

PLACE: Room WW54

MEMBERS PRESENT: Chairman Heider, Vice Chairman Souza, Senators Martin, Lee, Agenbroad, Foreman, Potts, and Jordan

ABSENT/ EXCUSED: Senators Harris

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 3:04 p.m.

MOTION: **Senator Foreman** moved that the Committee hear **S 1227**. **Senator Potts** seconded the motion. **Chairman Heider** ruled the motion out of order, as the legislation in question was not on the agenda. **Senator Foreman** stated he was advised **S 1227** was on the agenda. He then exited the meeting.

RS 26026 **Resolution Relating to Self-Sufficient Families**. **Senator Thayn** explained that this resolution recognizes the importance of self-funded families.

MOTION: There being no questions, **Senator Martin** moved to send **RS 26026** to print. **Vice Chairman Souza** seconded the motion. The motion carried by **voice vote**.

RS 26010 **Relating to Health Care Organizations**. **Vice Chairman Souza** stated that **RS 26010** addresses peer review for health care organizations. Peer review is a process by which health care organizations can improve patient care. It involves gathering information about activities such as credentialing, quality assurance, and professional review action. **Vice Chairman Souza** explained that **RS 26010** adds residential care facilities to the list of health care organizations in Section 1.3 of the RS.

MOTION: There being no questions, **Senator Martin** moved to send **RS 26010** to print. **Senator Lee** seconded the motion. The motion carried by **voice vote**.

PRESENTATION: **2017 Legislative Foster Care Report**. **Roxanne Printz** introduced herself as the Deputy Administrator of the Division of Family and Community Services within the Idaho Department of Health and Welfare. **Ms. Printz** stated that the Child and Family Services program (program) has four main responsibilities: 1.) receiving reports of abuse or neglect; 2.) assessing allegations of abuse and neglect; 3.) providing ongoing case management services to children either in their own homes or in foster care; and 4.) assuring that children have safety and permanency in their own homes or other permanent homes.

All reports of child abuse or neglect in Idaho are directed to the program's centralized intake unit. Once a referral is prioritized for response, regional staff initiate a comprehensive safety assessment. When a safety threat exists, the program must establish a plan to manage the child's safety. Safety plans may be implemented in the home, or may necessitate the removal of a child from their home. In fiscal year (FY) 2017, the program received 22,125 referrals regarding concerns of abuse, neglect, or abandonment; 8,994 resulted in a comprehensive safety assessment, and 1,337 children were placed into foster care. The number of

children served in foster care has increased by 13.6 percent within the past five years. In FY 2017, 1,170 children exited foster care; 770 of these were reunited with their parents.

Ms. Printz stated that placement in the home of a relative is prioritized when searching for foster placements. If there are no local relative or fictive kin placement options, a child is typically placed with a non-relative foster parent. Children with significant mental health, behavioral, or developmental needs may be placed in a group home or residential care. **Ms. Printz** referenced the graphs in the 2017 Legislative Foster Care Report (see Attachment 1). In FY 2017, there was an increase in the number of licensed foster homes.

Ms. Printz noted that the foster care program attempts to prevent unannounced placement changes. In FY 2017, the program began sending written notices to foster parents regarding placement changes. An unplanned placement change is an unexpected disruption in the child's placement. Examples include: 1.) a foster family placement change request; 2.) a safety issue in the foster home (allegations of abuse or neglect); or 3.) a child's treatment needs requiring higher intensity care. To reduce foster parent requests for placement changes, the program provides support services and resources to foster families. **Ms. Printz** referenced tables in the 2017 Legislative Foster Care Report (see Attachment 1), which provide statistics regarding placement changes.

Vice Chairman Souza asked what percent of placement changes are unplanned. **Ms. Printz** responded that she did not know the percentage. She offered to find the percentage and send the information to the Committee after the meeting.

Ms. Printz referenced an overview of best practices and a list of policy modifications included in the 2017 Legislative Foster Care Report (see Attachment 1). Improvements to the foster care program include: 1.) improving staff capacity; 2.) establishing clearly-defined roles and responsibilities for leadership; 3.) monitoring program practices; 4.) implementing a coaching model for workers and supervisors; and 5.) increasing worker/supervisor/foster parent communication.

DISCUSSION: **Senator Lee** noted that the numbers in Table 11 of the 2017 Legislative Foster Care Report (see Attachment 1) did not correlate with the numbers in Table 9. **Ms. Printz** explained that Table 11 displayed reasons for foster parent placement change requests. **Senator Lee** noted that the category "temporary placements only" did not seem to belong in Table 11. She stated that Table 9 did not appear to account for that category. **Senator Lee** also felt that a one-night stay should not be counted as a placement change. **Ms. Printz** noted that the numbers in Table 11 correlate with the numbers in Table 10. She explained that it is important for DHW to track placement changes.

Senator Potts asked what percentage of children who are placed with their families return to the foster care system. **Ms. Printz** stated that she did not know the percentage. She offered to find the percentage and inform Senator Potts.

Vice Chairman Souza stated that she had been a member of an interim foster care committee. She noted that the process of establishing paternity is lengthy, which can delay a permanent placement decision. **Vice Chairman Souza** asked if there has been an improvement in the length of time required to establish paternity. **Ms. Printz** stated that DHW conducts internal reviews that identify case-specific barriers to locating a child's father. She mentioned that the foster program collaborates with child support services and vital statistics to ensure that the establishment of paternity is a quick process.

Senator Lee noted that the foster care program received over 22,000 inquiries in 2017. Not all inquiries result in a child's removal from his or her home. **Senator Lee** asked how the program screens inquiries. **Ms. Printz** stated that the program follows priority guidelines, which establish when a response is warranted and the timeframe in which a response is needed. She explained that the program has a centralized intake unit; therefore, one team reviews all cases consistently. **Ms. Printz** noted that information about a particular case may come from various sources.

Chairman Heider commended Ms. Printz for her work.

S 1254

Wireless Phone Service Transfers. **Carlie Foster** spoke on behalf of AT&T. She stated current Idaho law does not provide mechanisms for domestic violence victims to alter their existing wireless service accounts if they are not an account holder. **S 1254** would allow courts to order wireless service providers to transfer a domestic violence victim's cell phone plan into the victim's name. **Ms. Foster** noted that this would allow victims to gain control of their service plan and retain the use of their wireless device.

Senator Martin asked if the objective of **S 1254** was to allow domestic violence victims to retain the use of their phone number. **Ms. Foster** responded in the affirmative. She noted that victims who did not wish to keep their phone number would not have to do so.

Senator Jordan asked if employees and administrators would receive training regarding service transfers for domestic violence victims. She asked if AT&T encounters this process in other states. **Ms. Foster** noted that similar legislation has been enacted in nine states; therefore, AT&T is accustomed to the process.

Senator Potts asked if the language in **S 1254** reflects the language used in legislation in other states. **Ms. Foster** stated that she was unsure if the language reflects other states' legislation. She noted that the proposed legislation had been examined by legislators to ensure its suitability. **Senator Potts** noted that some victims may not financially qualify for their own account. The victim could select a prepaid service plan, but the primary account holder would remain financially responsible for the remainder of the contract timeframe. **Senator Potts** asked who would be responsible for the cancellation fees and the remainder of the contract. **Ms. Foster** stated that AT&T waives cancellation fees and deposit fees associated with the transfer. She noted that she was not familiar with other wireless companies' practices. **Senator Potts** expressed concern that the proposed legislation obligates cell phone companies to take actions for which they may not be prepared.

Vice Chairman Souza noted that the proposed legislation allows courts to issue an order for a wireless service transfer, but does not require them to do so. She asserted that **S 1254** allows for judicial discretion. **Vice Chairman Souza** asked if the proposed legislation is meant to allow victims who are not primary account holders to establish their own wireless service account. **Ms. Foster** responded in the affirmative. She noted that victims can start their own contract or select a prepaid plan; the new account would not be a continuation of the existing contract.

Senator Potts again expressed concern regarding who would be financially responsible for the existing account if there is time remaining on the contract. **Senator Agenbroad** addressed Senator Potts' concern. He noted that the proposed legislation holds the transferring party financially responsible for the new account. If the victim cannot accept financial responsibility, then the existing contract will not change. **Ms. Foster** explained that the transfer of service would not cancel the original contract; the individual accused of domestic violence would

remain liable for the original contract. Only the victim's device and telephone number would be transferred to a new account.

MOTION: There being no further testimony or questions, **Vice Chairman Souza** moved to send **S 1254** to the floor with a **do pass** recommendation. **Senator Martin** seconded the motion. **Senator Jordan** acknowledged that there may be concerns about financial responsibility, but she emphasized that the objective of the proposed legislation is to protect domestic violence victims. She asserted that, in domestic violence situations, the concern should lie with the victim, and not the perpetrator. The motion carried by **voice vote**, with **Senator Potts** voting **nay**. Chairman Heider will carry the bill on the floor of the Senate.

ADJOURNED: There being no further business, **Chairman Heider** adjourned the meeting at 3:48 p.m.

_____

Senator Heider
Chair

_____

Rachel Goodman
Secretary

IDAHO DEPARTMENT OF
HEALTH & WELFARE

State of Idaho
Department of Health and Welfare
Division of Family and Community Services
Child and Family Services Program

Annual Legislative Foster Care Report for SFY 2017

A copy of this report is posted at

http://www.healthandwelfare.idaho.gov/Children/AbuseNeglect/tabid/74/Default.aspx

Contents

Background

The Annual Foster Care Report published by the Idaho Department of Health and Welfare Child and Family Services (CFS) program is intended to provide the Idaho Legislature with information regarding the state's foster care system, as well as the current functioning of the system.

This report is provided by the Child and Family Services program pursuant to Idaho Code, Title 16, Chapter 16, Section 1646, which states:

> The state department of health and welfare shall submit an annual report regarding the foster care program to the germane standing committees of the legislature no later than ten (10) days following the start of each regular session. On or before February 15 of each year, the state department of health and welfare shall appear before the germane standing committees to present the report. Such report shall include, but need not be limited to, the number of children that are in the department's legal custody pursuant to this chapter, the number of such children who have been placed in foster care, how many times such children have been moved to different foster care homes and the reasons for such moves, best practices in foster care, goals to improve the foster care system in Idaho to ensure best practices are adhered to, a description of progress made with regard to the previous year's goals to improve the foster care system and any other information relating to foster care that the legislature requests. If a member of the legislature requests additional information between the time the report is received by the legislature and the time the department appears to present the report, then the department shall supplement its report to include such additional information.

Overview of the Child and Family Services Program

Child and Family Services' primary commitment and responsibility is the safety, well-being, and permanency of children who are victims of child abuse, neglect, or abandonment. As an agency, we believe that the best approach to support and protect children is to strengthen families so they can safely parent their children and meet the child's needs for permanency and well-being.

This family-centered approach is reflected in our daily work with families and is supported by federal law, state law, and public policies that place a high priority on family unity, involvement, and privacy.

Child and Family Services program responsibilities fall into four broad areas:

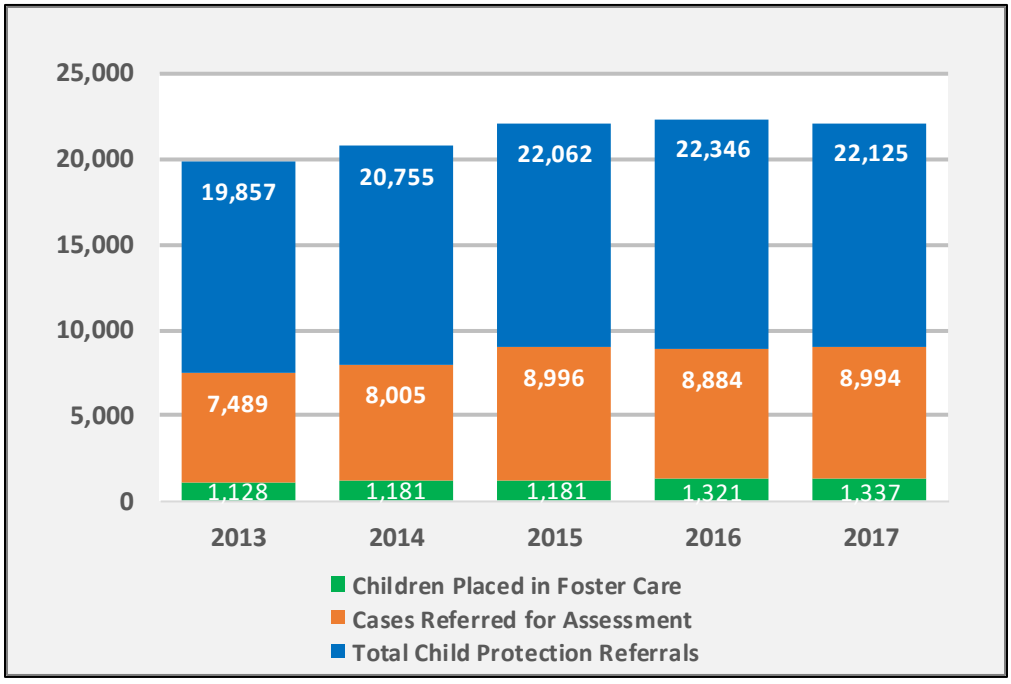
- Receiving reports of abuse or neglect.
- Assessing allegations of abuse and neglect.
- Providing ongoing case management services to children; either in their own homes or in out of home placements.
- Assuring that children have safety and permanency in their own homes or other permanent homes.

Receiving Reports of Abuse or Neglect

The Child and Family Services program has a Centralized Intake Unit in Boise to which all reports of child abuse or neglect throughout the state are directed. Each report is assessed to determine whether the allegations fall under the statutory definitions of abuse, abandonment, or neglect. Once that determination is made, the report is prioritized for a response. Referrals involving a life-threatening and/or emergency situation require an immediate response. Other reports receive a priority which requires a response within either 24 or 72 hours. On all reports requiring an immediate response, CFS coordinates the response with local law enforcement. The ability to take and respond to child abuse and neglect reports operates 24/7 across the state.

Table 1 (below) contains a breakdown of the referrals received, assessments assigned, and number of children placed in foster care as a result of a removal, and are organized by state fiscal year for the last five years. The table shows 2013-2017 trends in the number of maltreatment reports assessed each year in the state. There has been increase in the number of assessments and referrals completed by CFS from the benchmark of five years ago (2013) to current (2017). In SFY 2017, though the number of referrals decreased slightly from the previous year (2016), the average trend has shown a gradual increase. The number of assessments completed and number of children entering care increased for 2017.

Table 1: Referrals, Assessments, and Children Placed in Foster Care by SFY



During state fiscal year 2017, CFS received a total of 22,125 referrals regarding concerns of abuse, neglect, or abandonment. Of these, 8,994 were assigned for a safety assessment, and 1,337 children were placed into foster care.

Table 2: Referrals by Maltreatment Types

Referrals by Type and SFY					
Referral Type	**SFY 2013**	**SFY 2014**	**SFY 2015**	**SFY 2016**	**SFY 2017**
Information & Referral	12368	12750	13066	13462	13131
Neglect	4757	5393	6335	6256	6452
Physical Abuse	1995	2084	2209	2080	2001
Sexual Abuse	611	518	431	545	539
Other	126	10	21	3	2
Total	**19,857**	**20,755**	**22,062**	**22,346**	**22,125**

Table 2 illustrates neglect accounts for the majority of referrals to CFS that meet priority guidelines, and is the most frequent reason children are removed from their homes. Information and Referral is the designation given to referrals containing concerns regarding the welfare of a child that are screened out because they do not meet the definition of abuse, neglect, or abandonment. These referrals may be referred to other entities or agencies.

Cases of neglect may include inadequate supervision, or situations in which the physical environment poses health or safety hazards that directly affect the health and safety of a child, and often involve a parent's unmet mental health or substance use issues.

Table 3: Sources of Maltreatment Referrals

Referrals by Source and SFY										
	2013		**2014**		**2015**		**2016**		**2017**	
Referral Source	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
School Personnel	3133	15.8%	3205	15.4%	3484	15.8%	3726	16.7%	3709	16.8%
Parent/Substitute	2807	14.1%	2921	14.1%	3182	14.4%	2839	12.7%	2839	12.8%
Law Enforcement	1945	9.8%	2114	10.2%	2321	10.5%	2294	10.3%	2447	11.1%
Private Agency	2291	11.5%	2429	11.7%	2506	11.4%	2337	10.5%	2367	10.7%
Relative	1964	9.9%	2157	10.4%	2180	9.9%	2477	11.1%	2105	9.5%
Friend/Neighbor	1811	9.1%	1789	8.6%	1669	7.6%	1670	7.5%	1702	7.7%
Hospital	1066	5.4%	1126	5.4%	1155	5.2%	1322	5.9%	1280	5.8%
Child Protection	886	4.5%	927	4.5%	981	4.4%	946	4.2%	1037	4.7%
Anonymous	1003	5.1%	979	4.7%	1108	5.0%	859	3.8%	1009	4.6%
Medical	548	2.8%	695	3.3%	695	3.2%	860	3.8%	934	4.2%
Other	2403	12.1%	2413	11.6%	2781	12.6%	3016	13.5%	2696	12.2%
Total	**19857**		**20755**		**22062**		**22346**		**22125**	

Table 3 identifies the sources of all maltreatment reports received by the Centralized Intake Unit during the past five state fiscal years. School personnel and parents are the primary reporting sources for maltreatment reports.

Idaho Code, Title 16, Chapter 16, Section 1605(1) provides direction regarding mandatory reporting in the state of Idaho for physicians, hospital staff, coroners, schools, daycares, and any other persons having reason to believe a child has been subjected to maltreatment must report to law enforcement or the department. An exception is made for "duly ordained minister of religion." Failure to report as required in this section of Idaho Code is a misdemeanor.

Assessing Child Safety

A Comprehensive Safety Assessment is completed for all child protection referrals that meet Child and Family Services Priority Response Guidelines for assessment. The primary purpose of the assessment is to assure the child's safety and determine whether the child and family are in need of services to address identified safety threats. The Comprehensive Safety Assessment includes a robust information collection process, and includes a face to face contact and interview with the child. Information is also collected by the social worker through interviews with the parents/caregivers and relevant collateral contacts such as extended family members, law enforcement, school staff, medical professionals, and service providers. The assessment includes application of standardized criteria, along with social worker's critical analysis of the information and conclusion regarding the child's safety.

Upon completion of a Comprehensive Safety Assessment, the agency must determine whether maltreatment has occurred and whether the child is safe or unsafe. Whenever a child is determined to be unsafe the case remains open for services. If the child is determined to be safe the case is closed with no additional intervention.

Whenever possible, efforts are made to safely maintain children in their homes. However, when a safety threat exists, a safety plan must be put into place to manage the child's safety. Actions in a safety plan must address the safety threat to the child and are specific to the family's circumstances. Safety actions might include respite care, supervision and monitoring, resource acquisition, and homemaker services. If the child is assessed to be in immediate danger, law enforcement is charged with the decision for removal. When a child is removed, Child and Family Services makes placement arrangements for the child.

Removal from the Home

Efforts are made to minimize the trauma of removing a child from the home by an immediate search for any relatives who could serve as a placement resource for the child or children. The Idaho Child Protective Act requires that the department first considers, consistent with the best interests and special needs of the child, placement with a fit and willing relative. If a suitable relative cannot be found, the child is placed in a fictive kin (individuals with a significant relationship with the child) or a non-relative foster care placement.

There are only three methods by which a child can be removed from his/her home in Idaho.

1) Law enforcement makes the determination a child is in a dangerous situation and therefore they declare the child to be in imminent danger.
2) A petition is filed by with the court by the department indicating it is unsafe for the child to remain in their home. A judge determines whether to enter an Order of Removal.

3) A Rule 16 Expansion Order (Rule 16 of the Idaho Juvenile Rules allows for the court to expand a Juvenile Corrections Act proceeding into a Child Protective Act proceeding when the court has reasonable cause to believe that the juvenile living within the state comes within the jurisdiction of the Child Protective Act).

Cases involving the removal of children from their home enter the court system. The Idaho Child Protective Act gives the court responsibility for determining whether the removal of the child is warranted and for making other key decisions as those cases move through the court process (Appendix C).

If a child is under the age of twelve years, the court will appoint a guardian ad litem for the child. For children twelve years and older, the court appoints counsel to represent the child(ren), and in certain circumstances, may also appoint a guardian ad litem for the child(ren).

As shown in Table 1, there were 1,337 children in SFY 2017 that entered foster care as a result of maltreatment or an unstable home environment. Table 4 below indicates the number of children in foster care on the last day of each state fiscal year for the last five years. The point-in-time number of children in foster care in Idaho has ranged from 1,324 to 1,597.

Table 4: Children in Foster Care by SFY

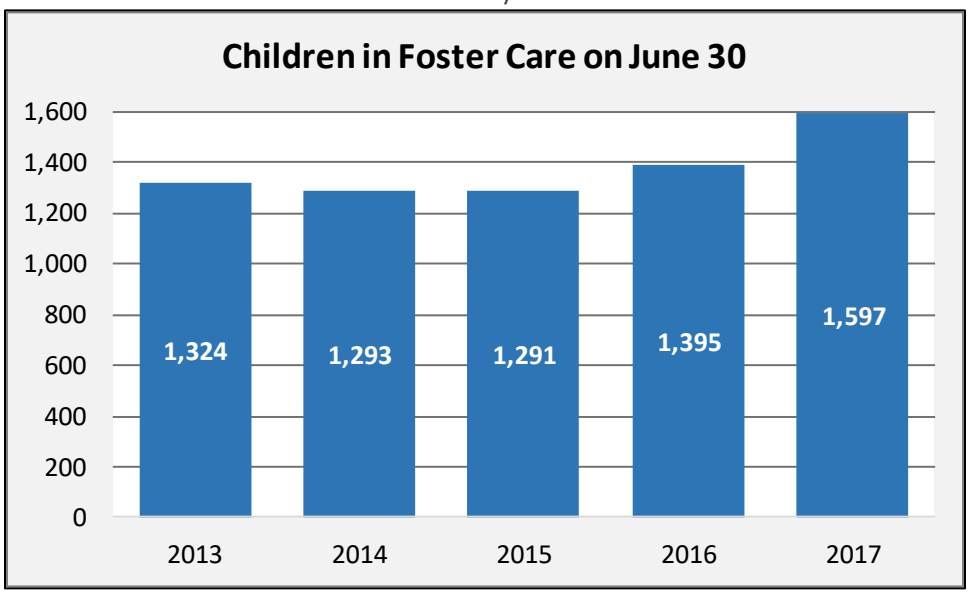


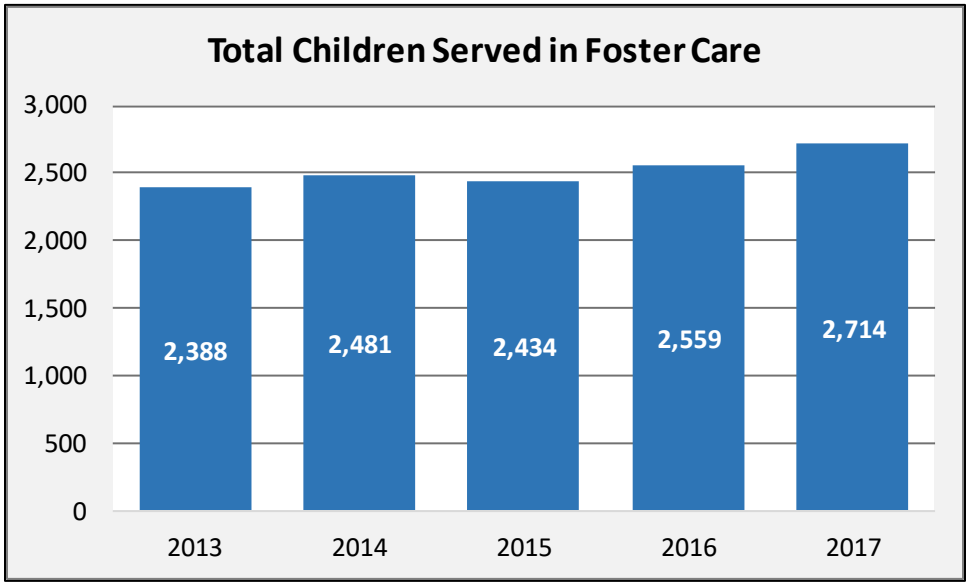
Table 5 includes a breakdown of the removal reasons for children who entered foster care during the last five state fiscal years.

Table 5: Removal Reasons by SFY

Removal Reason Breakdown by SFY										
	2013		2014		2015		2016		2017	
Removal Reasons	#	%	#	%	#	%	#	%	#	%
Neglect	921	81.6%	960	81.3%	947	80.2%	1084	82.1%	1126	84.2%
Physical Abuse	101	9.0%	102	8.6%	163	13.8%	146	11.1%	127	9.5%
Sexual Abuse	41	3.6%	48	4.1%	19	1.6%	37	2.8%	43	3.2%
Abandonment	37	3.3%	43	3.6%	31	2.6%	28	2.1%	13	1.0%
Homeless	18	1.6%	26	2.2%	19	1.6%	22	1.7%	28	2.1%
Voluntary Placement	10	0.9%	2	0.2%	2	0.2%	4	0.3%	0	0.0%
Total	**1128**		**1181**		**1181**		**1321**		**1337**	

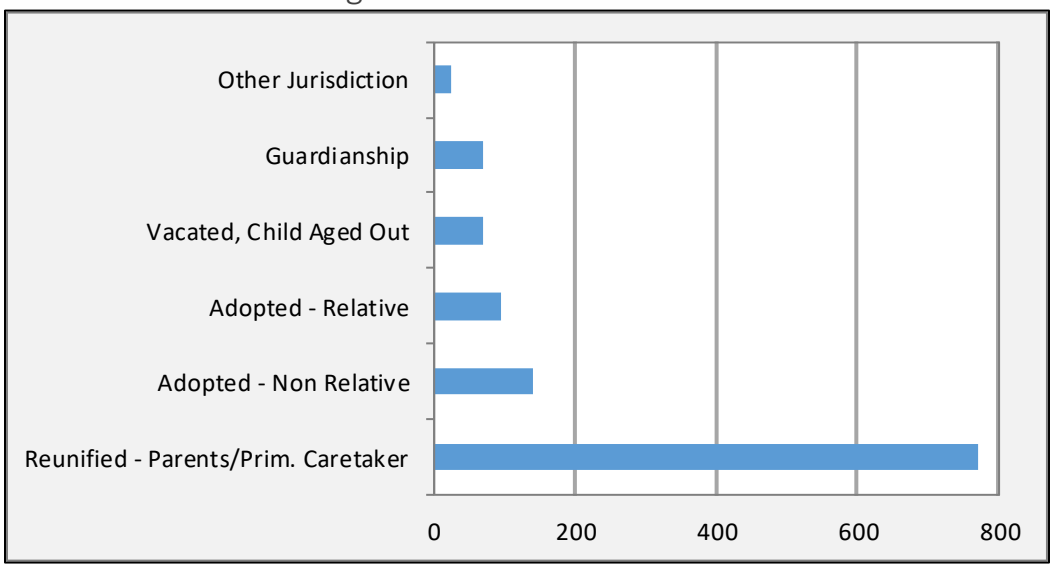
The data shown in Table 6 illustrates the total number of children served through the foster care program during the last five state fiscal years. The number of children served in foster care has increased by 13.6% within the past five years.

Table 6: Children Served in Foster Care by SFY



During state fiscal year 2017, 1,170 children exited foster care. Of these children, 770 (66%) were reunified with their parents/caregiver. As shown in Table 7, "Other Jurisdiction" could include children placed in the custody of the Department of Juvenile Corrections or another agency/jurisdiction, or the transfer of custody to a child's tribe.

Table 7: Children Exiting Foster Care in SFY 2017



Placements in Foster Care

The child's best interests are the primary consideration in all placements. Child and Family Services defines "best interest" as eight factors which identify the current and potential individual needs of a child. The factors are the child's:

1) Emotional/behavioral needs.
2) Medical/physical needs.
3) Educational/developmental needs.
4) Cultural/religious needs.
5) Trauma history and past experiences.
6) Relationships with parents, relatives, siblings, and current caretakers.
7) Interests and community connections.
8) Family placement preferences.

Child and Family Services workers are mindful of the importance of maintaining relative and sibling connections, and the impact of placement changes on a child's attachment and overall development when making placement recommendations and policy decisions. Therefore, no single best interest factor is considered more or less important than the others. The weight placed on any one factor is highly dependent on the identified needs of a particular child or sibling group.

Placement Changes in Foster Care

Child and Family Services practice emphasizes placement stability and limiting the number of moves for children in foster care. When children experience placement changes, they can develop distress, loss, and an absence of belonging, all of which can result in feelings of distrust and a fear of forming healthy relationships and attachments with others. A planned placement change is the foreseen placement of a child with a relative, fictive kin, non-relative foster parent,

or group home or residential care. The social worker and provider(s) have made advanced arrangements for the placement of a child. Reasons for planned placement changes include:

- Placement with siblings
- Placement with a relative/fictive kin
- Placement with a non-relative foster family
- Child's treatment needs
- Permanency placement
    - Pre-adoptive placement
    - Guardianship

Planned moves include a transition plan to assist the child with the move. The child's current relationship with the new caregiver, the child's emotional and developmental needs, the proximity of the new placement, and the willingness and ability of the two families to engage in the transition can impact the transition plan.

An unplanned placement change is an unexpected disruption in the child's placement. The following are examples of unplanned placement changes:

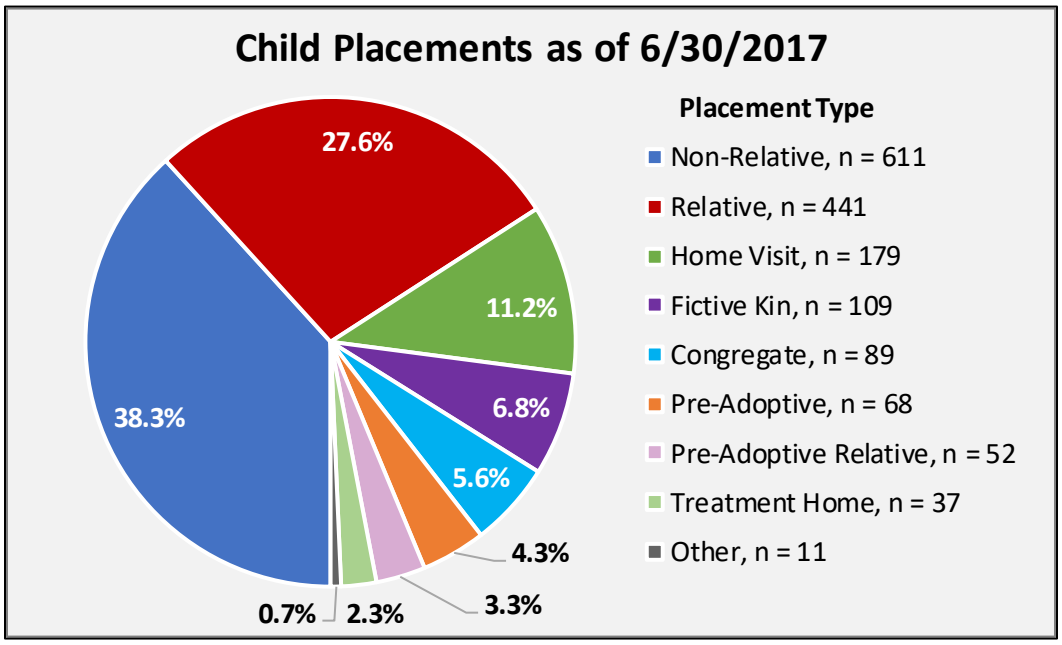
- Foster family's request
- A safety issue in the foster home (allegations of abuse or neglect)
- Child's treatment needs requiring a higher level of care
- Hospitalizations
- Detention

To reduce foster parent requests for placement changes, CFS makes efforts to provide supportive services or other resources to assist foster families to care for children and avoid placement disruptions. Examples of supportive services include: increased respite, foster parent personal counseling, mentoring from an experienced foster parent, and education/training regarding how to meet a child's specialized need. In some instances, foster families may be unable to meet a child's needs due to significant behavioral issues and request that the child be moved.

During the 2016 legislative session changes were made to the Child Protective Act regarding notification of placement changes. In SFY 17, CFS began sending written notification to foster parents regarding placement changes. Child and Family Services is committed to preventing unannounced moves, unless there are safety concerns, and to ensuring clear communications and expectations with foster parents regarding placement changes.

Table 8 (below) contains information regarding the 1,597 children who were in foster care on June 30, 2017 and where they were placed. The majority of those children were in non-relative foster care placements.

Table 8: Child Placements on June 30, 2017



The number of placement changes for children who were served in foster care during SFY 17 is depicted in Table 9 below. As highlighted in the data, over 89% of children had fewer than two (2) placement changes. Of these children more than 64% had only one placement setting therefore experiencing no placement changes while in foster care.

Table 9: Number of Placement Changes for Children in SFY 2017

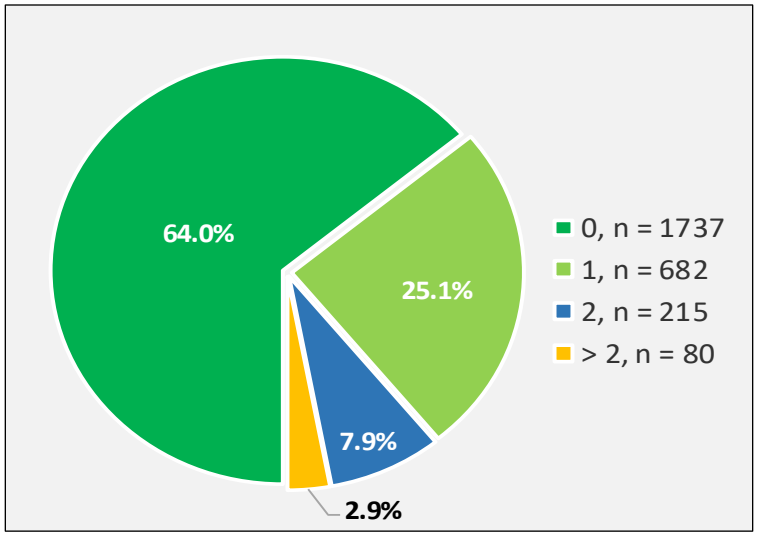


Table 10 provides a breakdown of placement change reasons for children served in foster care during state fiscal year 2017. As identified in the table, nearly 40% of the reasons for placement changes where documented as "Foster Parent Request." To better identify reasons children experience moves, changes were made to the database system to improve tracking in SFY 17. Of the placements changes for "Alleged Abuse or Neglect," 30 of the 39 changes were unannounced moves to ensure safety.

Table 10: SFY 2017 Placement Change Reasons

Change Reason	**#**	**%**
Foster Parent Request	564	39.9%
Placed with Relative	249	17.6%
Less-restrictive Placement	155	11.0%
Placed with Sibling	75	5.3%
Higher Level of Care	72	5.1%
Fictive Kin Placement	70	5.0%
Non-Safety License Concern	50	3.5%
Higher Level of Care	40	2.8%
Alleged Abuse or Neglect	39	2.8%
Pre-Adoptive Placement	37	2.6%
DJC Custody	31	2.2%
Hospital	26	1.8%
Runaway	3	0.2%
Relative Guardianship	1	0.1%
Other Jurisdiction	1	0.1%
Total	1413	100%

Table 11 provides the breakdown of placement change sub reasons to further define reasons for changes documented as "Foster Parent Request."

Table 11: SFY 2017 Placement Changes Due to Foster Parent Request

Foster Parent Request Change Reasons	**#**	**%**
Difficulty in Managing Child's Behaviors	268	48%
Personal Reasons	187	33%
Temporary Placement Only*	109	19%
Total	564	100%

*Foster parents willing to shelter a child for a brief period such as one night or a weekend.

Provision of Ongoing Case Management Services

Once a child has been placed in foster care, social workers monitor the family's progress in achieving the objectives spelled out in the service plan, and regularly assess the safety, permanency, and well-being of the child. Case management responsibilities include:

- Making monthly contact with children, parents, and foster families.
- Communicating with service providers to ensure family members are receiving services.
- Transporting or making transportation arrangements for children and their families.
- Arranging and supervising visits between children and parents, and between children and their siblings.
- Working on the alternative plan, which includes ongoing contacts with relatives, and home studies of relatives residing in-state and out-of-state.
- Conducting specialized recruitment to locate an adoptive family for children unable to remain with the foster parents.
- Preparing required court reports and testifying in court hearings.
- Documenting casework activities into CFS's child welfare information system (iCare).

Periodic Court Hearings

Federal and state law require a court hearing to review the case progress must be held no later than six months from the date of removal. Hearings may be held more frequently at the discretion of the court.

At 12 months from the date of removal, a permanency hearing must be held. At that time, CFS presents its recommendation for permanency. The permanency options include:

- Reunification
- Legal guardianship with a relative or non-relative
- Adoption by a relative or non-relative
- Another planned permanent living arrangement (this is only a permanency option for youth age sixteen (16) years and older)

For every child who has been in out-of-home care for at least 15 of the child's last 22 months, the state is obligated by state and federal law to file a petition to terminate parental rights. If compelling reasons exist for not terminating the parents' rights, those reasons must be approved by the court; otherwise the court will order the filing of a petition for termination of parental rights. Parents may choose to voluntarily terminate their parental rights, or their rights may be removed through an involuntary court process.

Permanency Decision Making

Child and Family Services is responsible for placing a child in foster care in a safe environment until such time permanency is established. As shown in Table 7, most children in foster care are reunified with their families.

Between the six and twelve-month mark of a child being in care, if the permanency recommendation is other than reunify with parent, CFS implements the Placement Selection process. The goal of the permanency decision making process is to place the child(ren) in a stable environment as quickly as possible to minimize negative impacts. The process considers relatives, fictive kin, and current foster parents who have expressed interest in being permanent placement option and have an approved home study. Pursuant Child and Family Services' Standard, placement selections are made by committees who review the home studies and the child's best interest factors previously noted. When multiple families are being considered for permanency, selection committee participants include: case worker, adoption worker, supervisor, child welfare chief; Court Appointed Special Advocate (CASA)/guardian ad litem; tribal representation (if child is identified as a member of a specific tribe). Also present is a third-party department representative who understands practice but is not familiar with specific case circumstances or a community representative, such as a member of the Citizen Review Panel.

Field Program Managers are responsible for making initial permanent placement recommendations, considering the input of the Permanent Placement Committee. A relative, current foster parent, or fictive kin/kin who was considered by but not selected for a child's permanent placement by the Permanent Placement Committee may request a Permanent Placement Review. This process consists of a thorough review of the initial placement recommendation by a team of individuals from outside of the region where the case is managed and the initial selection occurred. After this review, the Division Administrator makes the final placement recommendation.

Ultimately, determinations relating to where and with whom children are placed are subject to judicial review by the court, and when contested by any party, judicial approval. The court also finalizes all adoptions and guardianships.

Plan for Improvement

Child and Family Services leadership has taken a critical look at data, processes, and stakeholder feedback. The primary challenges were identified within the following themes:

- Staffing capacity, primarily in the West Hub, impacting timeliness to complete foster parent licensing home studies and safety assessment closure.
- Ensuring transparency with, and support for, our foster parents.
- As noted in the 2017 OPE study, applying consistent decision making and accountability practice in every region and amongst all roles.
- Antiquated technology.
- Child and Family Services workers lack of standing in court given no formal party status.

These challenges have been carefully explored and plans to for improvement in the next year are outlined as follows.

Staffing Capacity

- The Child and Family Services program submitted a budget recommendation for SFY 19 for funding for seven Child Welfare Social Workers (West Hub – four safety assessors and two licensing workers; North Hub – one safety assessor) and two Child Welfare Supervisors in the West Hub. Authorization of these positions paired with the established training and monitoring plan will positively impact the West Hub's ability to tend to quality and timely closure of safety assessments. Child and Family Services also anticipates an increased ability for the West Hub to license pending foster families.

Foster Parent Transparency and Support

- Increasing worker/supervisor/foster parent communication by monitoring the current "Bridging the Gap" model. This model entails supervisors calling one resource parent on each of their workers' caseloads per month. The outreach provides an opportunity for foster parents to be heard and offers supervisors the opportunity to meet any needs resource parents express. Themes are gathered and will be forwarded to program managers for review and long-term planning.
- Continue the tracking process implemented in SFY 18 around monitoring reasons for child moves and timeliness of foster parent notice. This tracking process leads to improvements in placement move standards and decisions, and ensure adequate and timely communication occurs in all planned moves.
- Form a CFS/foster parent committee that will work to retool foster parent training expectations and secure additional training and support services available statewide.

Consistency and Accountability

- Child and Family Services is requesting funding for one program manager, two business analysts, and one communications specialist. These positions will enhance the program's infrastructure to provide accurate data and analysis, streamline processes, and ensure clear communication with both internal and internal partners.
- Revamp the purpose and structure of the department's Child Welfare Steering Committee and revise the purpose statement to clearly define the Committee's role in reviewing data, constituent feedback, critical incidents, and revising the child welfare system based on review.
- Working with all levels of leadership and outside technical assistance to implement a coaching model that outlines and measures key competencies and expectations for both workers and supervisors to promote consistency.

Technology

- Child and Family Services has a five-year plan to modernize the current iCARE data system. Changes to the automated system will increase efficiencies, improve data analytics and management, modernize current practice, and improve communication and

case management tools for staff. The department has a budget recommendation for SFY 19 and expects to be finished with the modernization project in SFY 21.

Party Status

- Currently, the Child Protective Act does not expressly grant party status to the department in child protection cases. This lack of clarity regarding the department's party status in child protection cases, as well as the current county based system for processing these cases, can lead to inconsistent statewide practice, and in some jurisdictions, critical case information not being shared or considered by the court. In an effort to resolve this long-standing issue, the department will continue to work with the Office of the Attorney General, the Prosecuting Attorneys Association, the Administrative Office of the Courts, and other interested stakeholders to develop a solution which would to clarify the department's party status in Child Protective Act cases and specify that the Attorney General's Office represents the department in Child Protective Act cases.

Appendix A: Best Practices in Child Welfare

Best Practice/Revision	**Impact**
Revisions to the *Concurrent Planning Standard* and *Permanent Placement Committee Standard* (previously the *Permanent Placement Selection Standard*) were completed.	These revisions incorporated changes made during the 2016 Idaho legislative session including placement priorities for children in foster care and youth involvement in permanency planning. Non-relative foster families and kin/fictive kin are also now able to be considered for permanent placement of a child at the same time as the child's relatives. They are also able to request a department review of an initial permanent placement recommendation.
Revisions were made to the *Expedited Relative and Fictive Kin Placement Standard* and *Recruitment and Licensing of Resource Parents Standard*.	Provided clarification regarding definitions and the processes.
Revisions to the *Sibling Placement Standard*, now known as the *Placement of Children in Foster Care Standard*.	Added placement preferences for children placed in foster care, and information regarding managing placement changes and transitions.
Revisions have been made to the Resource Parent/Agency Problem Resolution Process.	Clarified the definition of grievance and retaliation, specified timeframes outlining the length of time to achieve a resolution or advance to the next phase, and expanded the inclusion of an outside supportive individual to participate in meetings/discussions with the resource family.
Revisions to the *Well-Being Standard* were finalized.	Now standard reflects the implementation of Every Student Succeeds Act (ESSA), as well as consistency with federal expectations of timeframes around well-being requirements To support the implementation of ESSA, CFS has been closely collaborating with the State department of Education and local education agencies throughout the state. Training, guidance, and supports have been developed and provided to further promote educational stability for children in foster care.

Best Practice/Revision	**Impact**
Revisions to the *Use and Monitoring of Psychotropic Medications Standard* are in process.	These revisions will incorporate updates to practice and expectations of social workers.
Revisions to the *Standard for Working with Older Youth* were made to reflect changes made during the 2017 legislative session.	Youth are now eligible for Independent Living (IL) services in Idaho when they have been in an eligible foster care placement for 90 days after their fourteenth birthday. Previous eligibility requirements indicated that a youth needed to be in an eligible placement for 90 days after the youth's fifteenth birthday.
Revisions were made to both the process and the application for tribes in Idaho to access IL services from the Department.	Clarified process as to how tribal youth access IL services.
A Chafee Foster Care Independence Program work group comprised of Department IL staff as well as community partners and Independent Living services contractors was developed.	Assessed services across the state and develop statewide definitions and consistency regarding core Independent Living services that should be available to all youth regardless of the region/ county/city that serves them.
The *Working with Older Youth Academy* curriculum was updated.	Academy includes both hands-on, in classroom and foundational online learning. The new curriculum was also developed to incorporate youth perspective and to be utilized in conjunction with youth trainers. Curriculum will be rolled out beginning in calendar year 2018.
Child and Family Services continues to progress on the statewide implementation of the Child Adolescent Needs and Strengths (CANS) tool.	The trauma-informed tool is utilized to gather assessment information, guide service planning, and to initiate appropriate service referrals based on individualized needs and strengths.
A statewide Parent Home Study and Parent Home Study Guide and Unlicensed Relative Home Study and Relative Home Study Guide were created and implemented.	Ensures statewide consistency in the completion of comprehensive home study assessments for incoming Interstate Compact on the Placement of Children (ICPC) placement requests from other states.
The Annual Leadership Summit was held in July 2017 for all child welfare supervisors, chiefs, program specialists, and managers.	The summit focused on how organizational climate and culture cultivate effective child welfare practice.

Best Practice/Revision	**Impact**
A newly revised Leadership Academy was offered the week of May 1-5, 2017. This revised academy included 2.5 days of *Family Centered Practice for Supervisors: What's Good for Families is Good for Workers*, and 2.5 days of *Strengths-Based Supervision for Supervisors*.	New supervisors have foundational training as to best supervisorial practices.
Results from a survey of adoptive parents receiving Idaho adoption assistance benefits were compiled.	The results reflected an appreciation of adoption assistance benefits and a need for post-adoption services to assist in meeting the special needs of their adopted children. The information is being used in developing a plan to ensure quality customer service and support to families willing to provide permanency for children in foster care.

Appendix B: Resource Parent Survey Summary

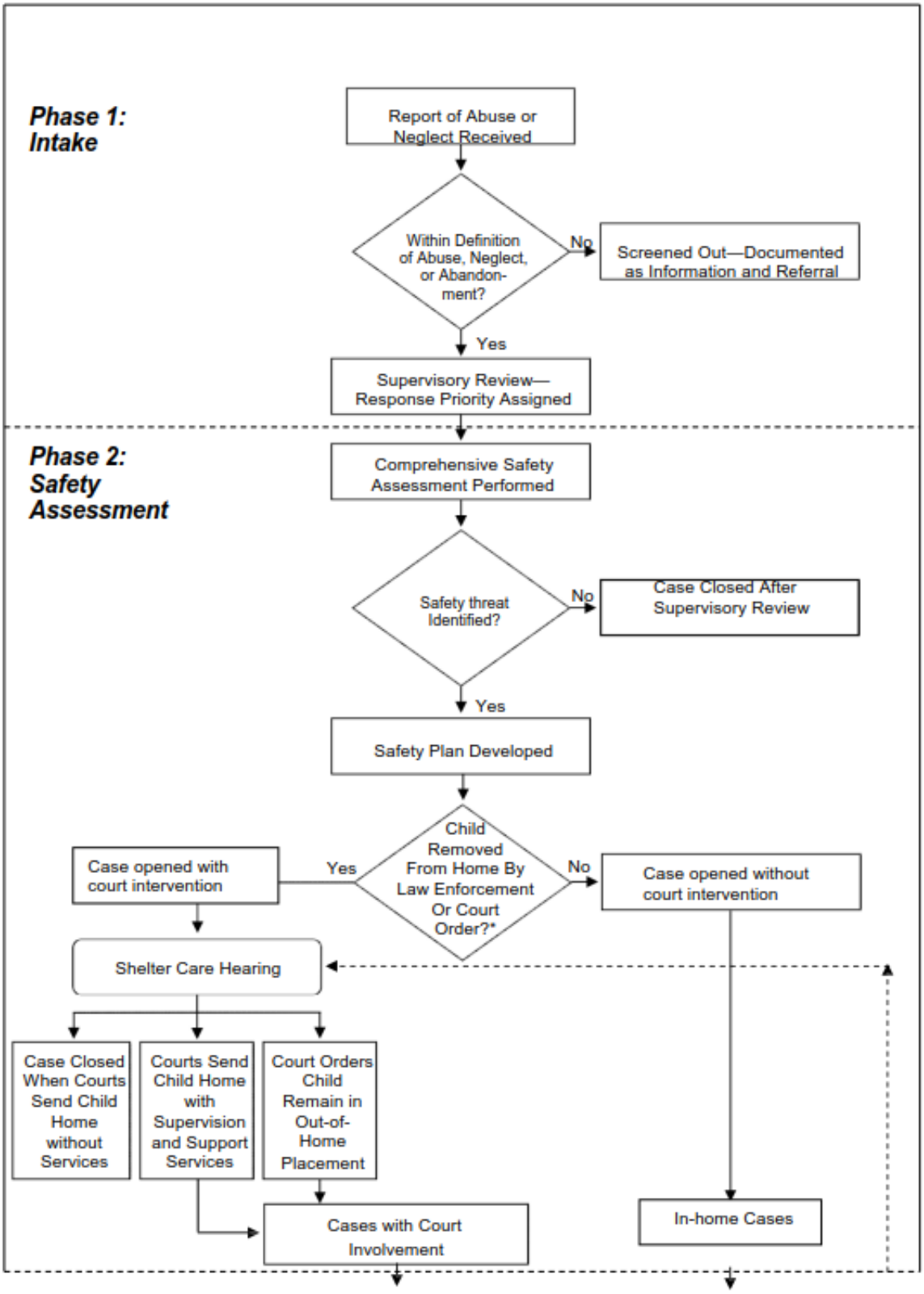
In November 2016, the updated Foster/ Adoptive Parent Annual Survey was sent to over 1,500 Idaho resource parents across the state via email or postal mail. A total of 415 resource parents responded to the survey (28% response rate), doubling our response rate from 2015.	Highlights of response data: 76% of respondents indicated their phone calls, emails, and texts were always or usually answered within two business days. 60-70% of respondents agreed they received sufficient information about the child and the circumstances surrounding the child's placement in foster care. 69% of respondents reported they always or usually receive advance notice of court hearings and reviews concerning the child(ren) in their home. 66% of respondents rated the overall support they received as good or very good. 68% of respondents reported they feel they are a valued participant on the decision-making team that supports the child(ren) placed in their homes. 75% of respondents would be very likely or somewhat likely to recommend foster parenting to a friend or family member.

Appendix C: Summary of Required Court Hearings

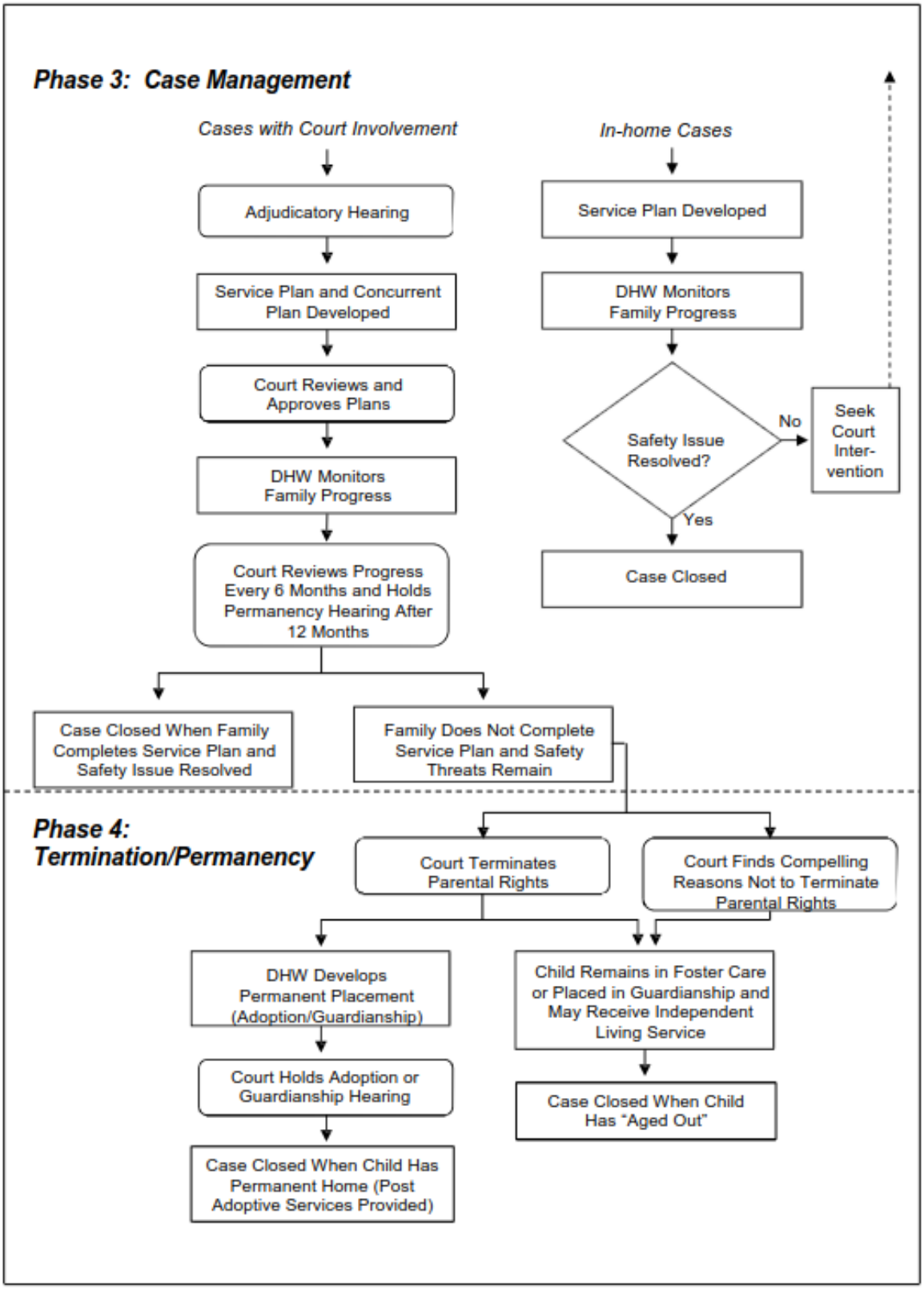
Hearing	Purpose	Time Requirement
Shelter Care Hearing	To determine if the removal of a child from his/her home is warranted. The court must find that it is contrary to the welfare of the child to remain in his/her home. The court must also determine that reasonable efforts have been made to prevent removal unless there are aggravating circumstances, such as the parent abandoning the child, committing murder, or committing felony assault against a child.	Within 48 hours of removal.
Adjudicatory Hearing	Following investigation of referrals, to determine whether the evidence indicates abuse or neglect has occurred and to determine whether the child should remain in foster care.	Within 30 days of the petition requesting removal.
Plan Review	To review the service plan developed by the Department. The court can approve, reject, or modify the plan.	Within 60 days of removal or 30 days of the court order taking custody of the child, whichever comes first.
Review Hearings	To review child protection cases while the child remains in the Department's legal custody.	Held at six (6) month intervals.
Permanency Hearing	To review the permanency plan developed by the Department, which contains its final recommendation regarding reunification and permanent placement of the child.	Twelve (12) months after removal or the court accepts jurisdiction for a case, whichever comes first.
Guardianship Hearing	To appoint a guardian for the child if the child's permanency plan is guardianship.	Thirteen (13) months after removal, unless an extension is approved by the court.
Termination Hearing	To determine if termination of parental rights is in the child's best interests. The court must find that reasonable efforts to achieve reunification have been made, but these efforts have failed.	To be initiated when a child has been in out-of-home care more than 15 of the last 22 months.
Adoption Finalization	To approve the adoption of a child. The child remains in Department custody and review hearings continue until the adoption is finalized.	Within 24 months of removal.

*The hearings listed above are those which are required to be held by state and federal law. Additional hearings are often held at the discretion of the court to assess case status and progress.

Appendix D: Child Welfare Process Flow Chart



** The majority of children enter foster care via a declaration of imminent danger by law enforcement. Less frequently, the Department may file a petition with the court requesting removal. In this circumstance, a judge makes a determination to sign an order for removal.*


Phase 3: Case Management
Cases with Court Involvement
Adjudicatory Hearing
Service Plan and Concurrent Plan Developed
Court Reviews and Approves Plans
DHW Monitors Family Progress
Court Reviews Progress Every 6 Months and Holds Permanency Hearing After 12 Months
Case Closed When Family Completes Service Plan and Safety Issue Resolved
Family Does Not Complete Service Plan and Safety Threats Remain
In-home Cases
Service Plan Developed
DHW Monitors Family Progress
Safety Issue Resolved?
No
Seek Court Inter-vention
Yes
Case Closed
Phase 4: Termination/Permanency
Court Terminates Parental Rights
Court Finds Compelling Reasons Not to Terminate Parental Rights
DHW Develops Permanent Placement (Adoption/Guardianship)
Court Holds Adoption or Guardianship Hearing
Case Closed When Child Has Permanent Home (Post Adoptive Services Provided)
Child Remains in Foster Care or Placed in Guardianship and May Receive Independent Living Service
Case Closed When Child Has "Aged Out"

AGENDA

SENATE HEALTH & WELFARE COMMITTEE

3:00 P.M.
Room WW54
Tuesday, February 06, 2018

SUBJECT	DESCRIPTION	PRESENTER
Minutes Approval	Minutes of the January 23, 2018 Meeting	Senator Lee
H 0354	Uniform Controlled Substances	Representative Perry
S 1248	Organ Donation Notification	Senator Heider
S 1249	Education and Organ Donation	Senator Heider
S 1250	State Employees and Organ Donation	Senator 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 Heider
Vice Chairman Souza
Sen Martin
Sen Lee
Sen Harris
Sen Agenbroad
Sen Foreman
Sen Potts
Sen Jordan

COMMITTEE SECRETARY

Rachel Goodman
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Tuesday, February 06, 2018
TIME:	3:00 P.M.
PLACE:	Room WW54
MEMBERS PRESENT:	Chairman Heider, Vice Chairman Souza, Senators Martin, Lee, Harris, Agenbroad, Foreman, Potts, 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.
APPROVAL OF MINUTES:	**Senator Lee** moved to approve the Minutes of January 23, 2018. **Vice Chairman Souza** seconded the motion. The motion carried by **voice vote**.
H 0354	**Uniform Controlled Substances**. **Representative Perry** stated that this bill requires that opioid antagonists, known by the names NARCAN and Naloxone, be entered into the Idaho Prescription Monitoring Program (PMP). **Representative Perry** explained that this will allow providers to make informed decisions regarding patient care. She noted that this bill will not require any changes to the PMP, which is already in use by Idaho health care providers.
DISCUSSION:	**Vice Chairman Souza** asked why it would be helpful to track the use of opioid antagonists. **Representative Perry** explained that it will allow for a better understanding of Idaho's prescription habits. She noted that she would like physicians to prescribe opioid antagonists when prescribing opioids. The American Medical Association also recommends co-prescription of these substances.
MOTION:	There being no more testimony or questions, **Senator Harris** moved to send **H 0354** to the floor with a **do pass** recommendation. **Senator Lee** seconded the motion. The motion carried by **voice vote**. Senator Harris will carry this bill on the floor of the Senate.
PASSED THE GAVEL:	Chairman Heider passed the gavel to Vice Chairman Souza.
S 1248	**Organ Donation Notification**. **Chairman Heider** explained this bill facilitates more rapid notification of organ donation services when a fatality has occurred. He requested that the bill be sent to the 14th Order so that a mistake in the language could be amended. **Chairman Heider** introduced Wayne Denny, the Bureau Chief of the Bureau of Emergency Medical Services (EMS) and Preparedness within the Idaho Department of Health and Welfare (DHW). **Mr. Denny** stated that this bill eliminates the requirement that first responders search deceased individuals for an organ donation card before notifying organ donation services. He noted that first responders are sometimes unable to locate an organ donation card, which can delay the process of harvesting organs. **Mr. Denny** explained that this bill directs first responders to contact their local dispatch centers when a fatality occurs. He proposed amending the bill to identify the Idaho State EMS Communications Center (StateCOMM) as the proper contact.

DISCUSSION: **Senator Foreman** asked if this bill eliminates the requirement for first responders to search deceased individuals for a donor authorization card. He asked when officials will determine an individual's organ donor status. **Mr. Denny** explained that first responders often find documentation of an individual's donor status once they reach a hospital. If no organ donation authorization is found, law enforcement can access a database which includes organ donor status information. **Mr. Denny** noted that individuals who are not authorized organ donors can posthumously become a donor if family members provide consent. He asserted that notifying organ donor services as soon as possible is vital for successful donation.

Vice Chairman Souza asked if this bill is intended to reduce the time it takes to transport a deceased individual to a hospital, thereby increasing the likelihood that the individual's organs and/or tissues are viable for donation. **Mr. Denny** responded in the affirmative. He noted that the purpose of the bill is to ensure that organ donor services do not miss opportunities for organ donation.

Senator Lee asserted that this bill seems to indicate a shift from an opt-in policy to an opt-out policy. She noted that the current process requires people to choose to participate in the organ donation program. Under the proposed legislation, first responders would act as though all individuals are organ donors, and individuals who are not would be filtered out. She asked if Mr. Denny agreed. **Mr. Denny** explained that he did not view the policy as an opt-in/opt-out policy. He expressed concern that the current policy does not honor organ donor's wishes, as notification of organ donor services can occur too late to allow for successful organ harvesting. **Senator Lee** reiterated that this bill indicates a shift toward an opt-out policy. She noted that she would like to amend the bill to include a section regarding due diligence.

Senator Foreman stated that he would like to amend the bill to require a quick search for a donor authorization card to ensure that mistakes are not made. **Mr. Denny** stated that he hoped to amend the bill to include language that will please everyone. **Vice Chairman Souza** inquired as to what such language would entail. **Mr. Denny** stated that he would consider the Committee's feedback when developing new language for the bill. **Vice Chairman Souza** asked if Mr. Denny intended to add language indicating that victims would be transported to a hospital as quickly as possible while StateCOMM is notified and the individual's donor status is researched. She then asked if information regarding organ donor status is stored in a database. **Mr. Denny** responded in the affirmative.

Senator Potts asserted that the bill does not permit harvesting the organs of individuals who are not organ donors. He expressed support for the language in the bill and noted that officials will still verify whether an individual is an organ donor.

MOTION: **Senator Martin** moved to send **S 1248** to the **14th Order** for amendment. **Senator Lee** seconded the motion.

TESTIMONY: **Marty Durand** introduced herself as a recipient of a kidney transplant. She expressed support for **S 1248**, **S 1249**, and **S 1250**. She noted that there are currently 95,466 Americans on the kidney transplant waiting list and around 3,000 people are added each month. **Ms. Durand** stated around 13 individuals on the kidney transplant waiting list die each day. The average waiting time for receiving a kidney transplant is three to five years. **Ms. Durand** also stated that, on average, patients who receive a kidney transplant live longer than those on dialysis.

VOICE VOTE: The motion to send **S 1248** to the **14th Order** carried by **voice vote**.

S 1249 **Education and Organ Donation**. **Chairman Heider** emphasized the importance of organ donation. He explained that this bill would require postsecondary institutions that receive State funding to notify all students on the option to register as organ donors. The notice would be delivered twice per year and would include instructions on how to register as a donor. **Chairman Heider** noted that many college students do not have a driver's license; therefore, they may be unaware that they can register as a donor.

DISCUSSION: **Senator Lee** asked if there will be penalties for colleges/universities that do not notify students as required by this bill. **Chairman Heider** stated that there will no penalties for colleges/universities that do not notify students of the option to be an organ donor.

Senator Lee asked if the Division of Public Health would be responsible for creating a standardized notification to be sent to all students. **Chairman Heider** stated that colleges/universities will be instructed to notify their students of the option to become an organ donor; if the institutions choose not to do so, they will not be penalized. **Senator Lee** asked who would provide the information to be included in the notice to the colleges/universities. She asked if the notice would be standardized. **Chairman Heider** noted that this was not included in the legislation. However, he asserted that it would be possible to standardize the notice.

MOTION: There being no more testimony or questions, **Senator Lee** moved to send **S 1249** to the floor with a **do pass** recommendation. **Senator Jordan** seconded the motion. The motion carried by **voice vote**. Chairman Heider will carry the bill on the floor of the Senate.

S 1250 **State Employees and Organ Donation**. **Chairman Heider** explained that **S 1250** requires the Idaho Division of Human Resources or other appropriate agency to notify State employees of the benefits they receive if they donate an organ. The notification would be sent in April, which is National Donate Life Month. State employees are entitled to five days of leave for bone marrow donation and thirty days of leave for organ donation. The employee must provide documentation that they are serving as a donor.

DISCUSSION: **Vice Chairman Souza** asked if the leave days for donation are paid leave days. **Chairman Heider** responded in the affirmative.

Senator Agenbroad asked why notification of benefits is necessary. **Chairman Heider** responded that notifying employees will ensure that they are aware of the benefits they receive if they donate an organ or bone marrow. He asserted that this will encourage organ donation.

Senator Martin asked if State employees take sick leave when they donate organs. **Chairman Heider** clarified that the purpose of this bill is to notify State employees of the existing benefits for organ donors.

Senator Lee asserted that this bill does not address the leave policy for State employees who donate organs. She noted that this bill requires notification, but does not make changes to the existing leave policy. She asked Chairman Heider if she was correct. **Chairman Heider** responded in the affirmative.

MOTION: There being no more testimony or questions, **Senator Potts** moved to send **S 1250** to floor with a **do pass** recommendation. **Senator Jordan** seconded the motion. The motion carried by **voice vote**.

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

ADJOURNED: There being no further business, **Chairman Heider** adjourned the meeting at 3:40 p.m.

_____

Senator Heider
Chair

_____

Rachel Goodman
Secretary

AGENDA

SENATE HEALTH & WELFARE COMMITTEE

3:00 P.M.
Room WW54
Wednesday, February 07, 2018

SUBJECT	DESCRIPTION	PRESENTER
RS26015	Insurance Coverage for Contraceptives	Senator Buckner-Webb
Docket No. 16-0309-1702	Medicaid Basic Plan Benefits	Tiffany Kinzler, Bureau Chief, Bureau of Medical Care
Docket No. 16-0310-1702	Medicaid Enhanced Plan Benefits	Tiffany Kinzler
Docket No. 16-0309-1703	Medicaid Basic Plan Benefits	Tiffany Kinzler
Docket No. 16-0310-1703	Medicaid Enhanced Plan Benefits	Tiffany Kinzler
Docket No. 16-0202-1701	Rules of the Idaho Emergency Medical Services (EMS) Physician Commission	Dr. Curtis Sandy, Chairman, Idaho EMS Physician Commission
Presentation	Graduate Medical Education in Idaho	Susie Pouliot, CEO, Idaho Medical Association Dr. Ted Epperly, Graduate Medical Education Coordinator, State Board of Education

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 Heider
Vice Chairman Souza
Sen Martin
Sen Lee
Sen Harris
Sen Agenbroad
Sen Foreman
Sen Potts
Sen Jordan

COMMITTEE SECRETARY

Rachel Goodman
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

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

Graduate Medical Education in Idaho:

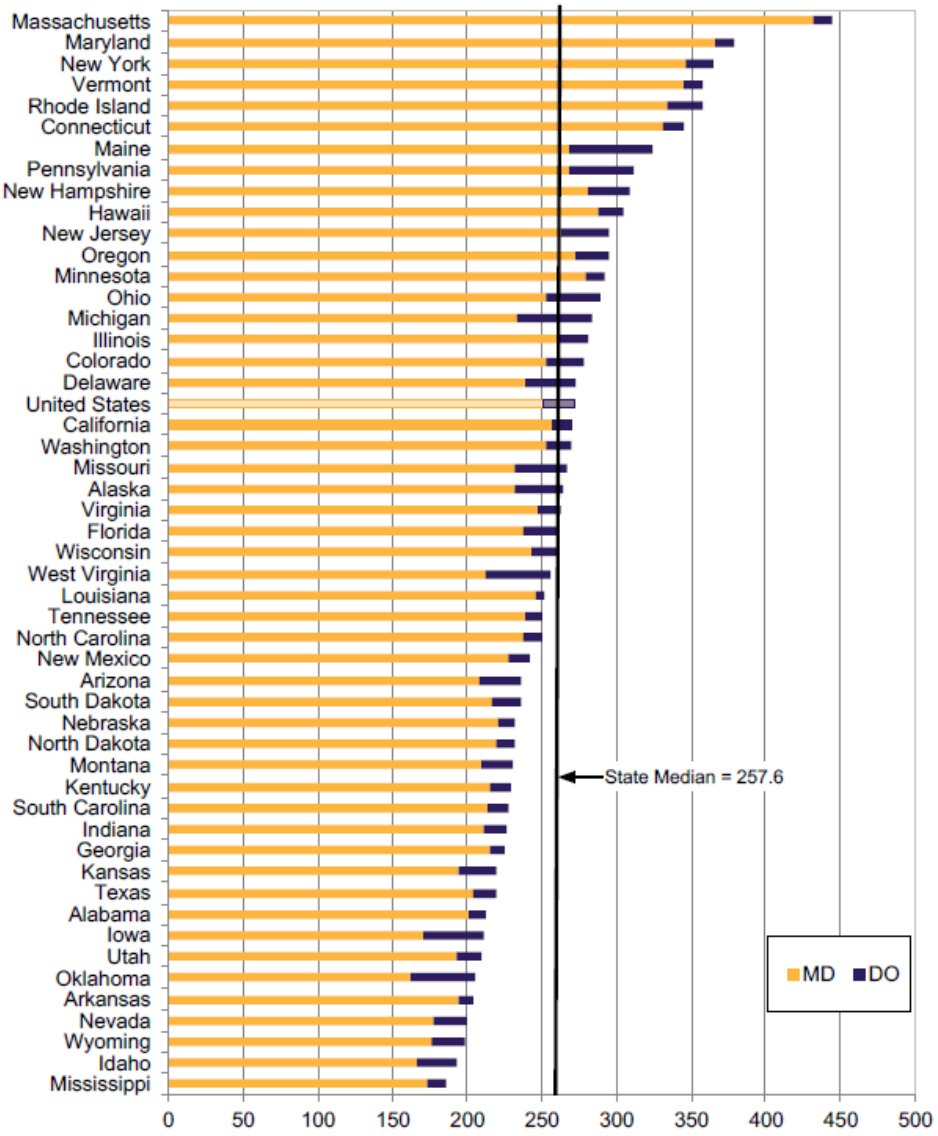
A Ten Year Strategic Plan

February 6, 2018

Ted Epperly, MD
State Board of Education | GME Coordinator
Idaho Medical Association
Medical Education Committee

Active Physicians per 100,000 Population

Figure 1.1. Active physicians per 100,000 population by degree type, 2016.

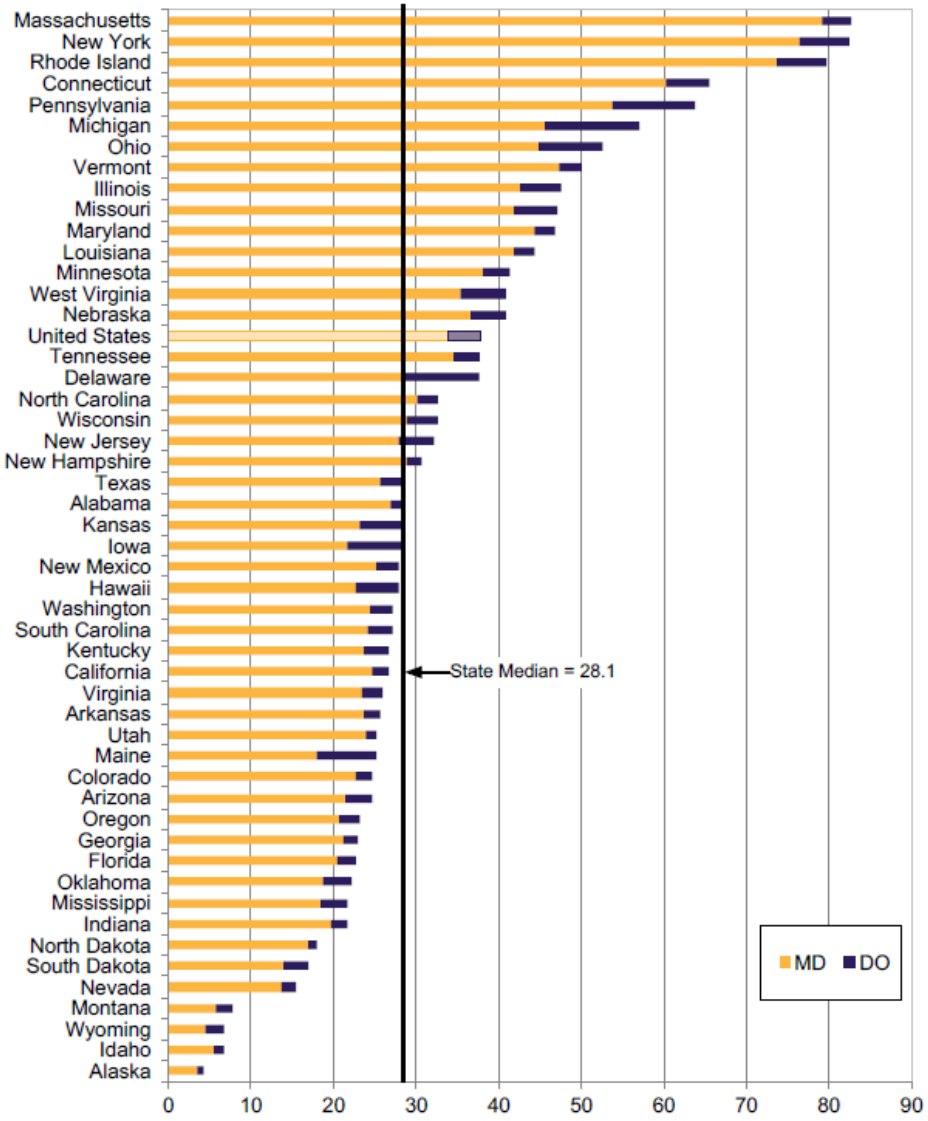


Sources: July 1, 2016, population estimates are from the U.S. Census Bureau (released December 2016). Physician data are from the 2017 AMA Physician Masterfile (December 31, 2016).

Note: Physicians whose school type was unavailable (n = 39) are excluded.

Residents and Fellows on duty as of December 31, 2016, in ACGME-accredited programs per 100,000 population

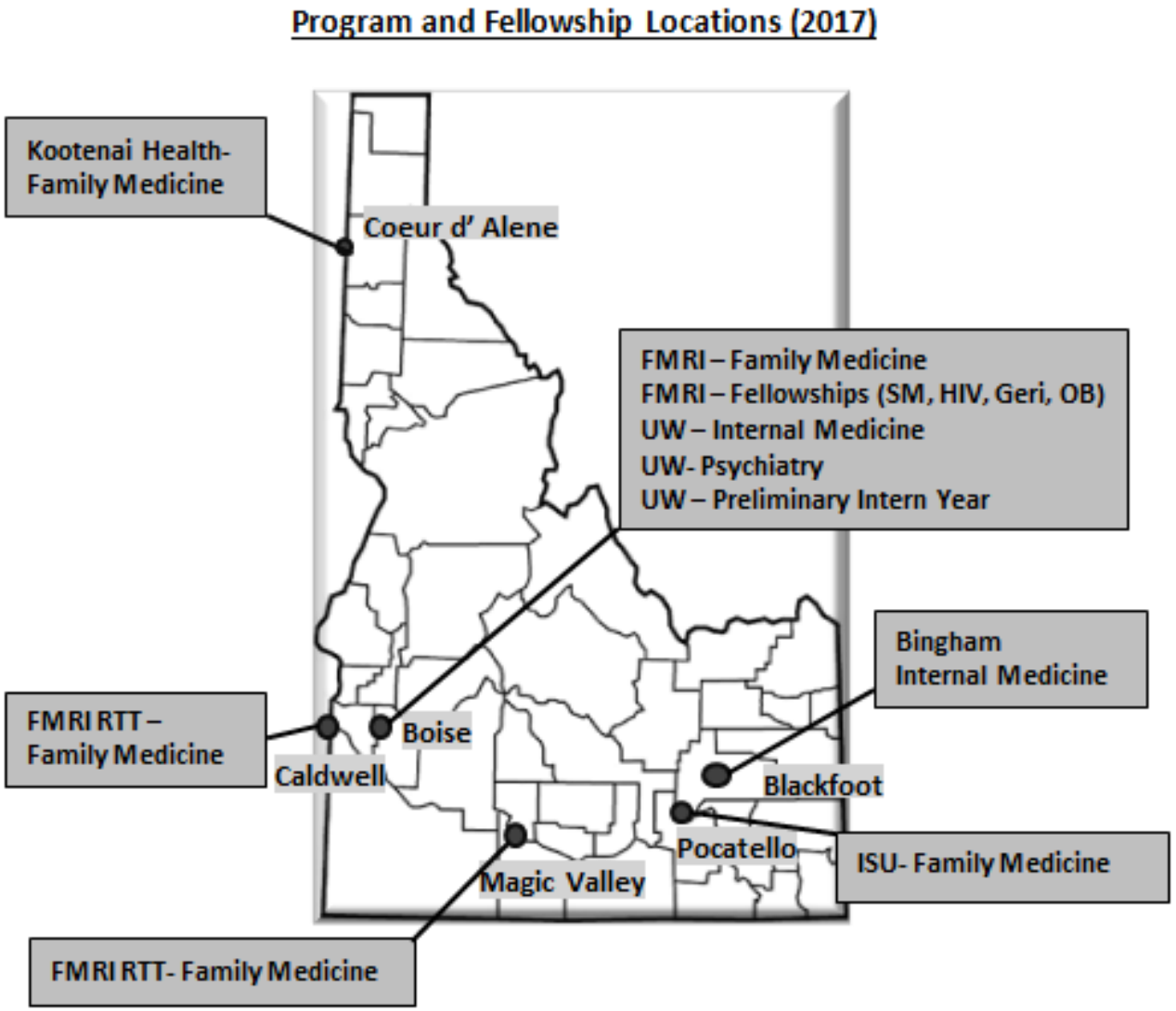
Figure 3.1. Residents and fellows on duty as of December 31, 2016, in ACGME-accredited programs per 100,000 population by degree type.



Sources: July 1, 2016, population estimates are from the U.S. Census Bureau (released December 31, 2016). Resident physician data are from the National GME Census in GME Track® as of August 2017.

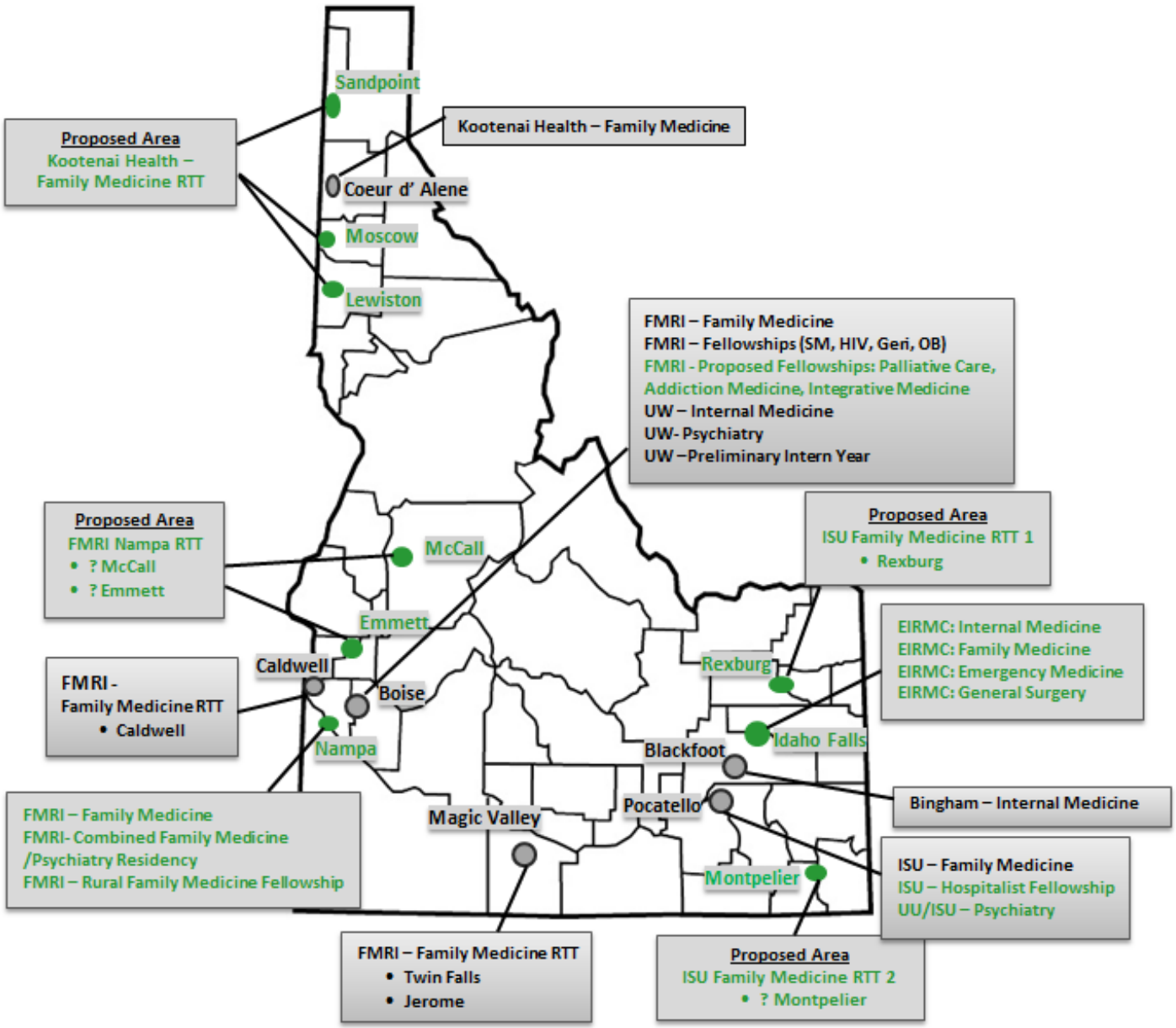
Programs Specialties and Locations in Idaho (2017)

Figure One – Programs Specialties and Locations in Idaho



Program and Fellowship Locations (2028)

Figure Two – Program and Fellowship Locations (2028)



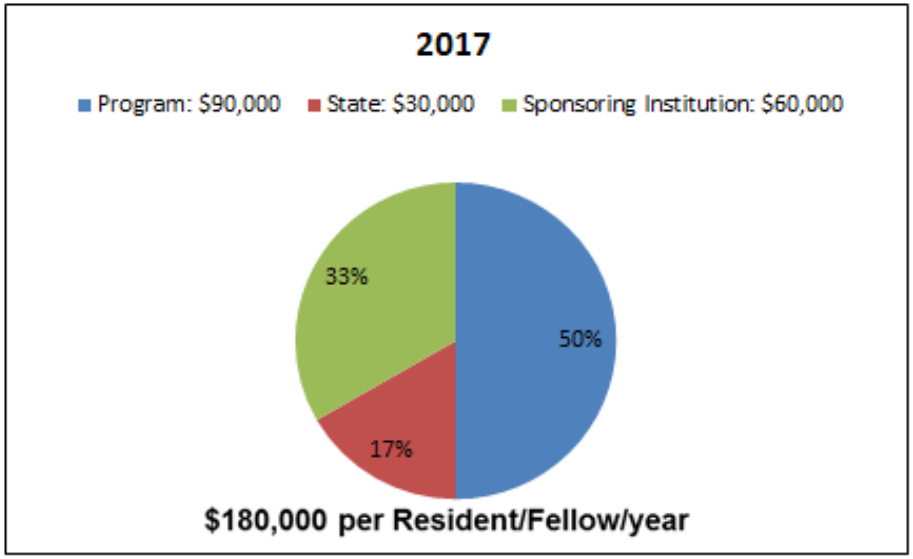
Current and New Program Growth

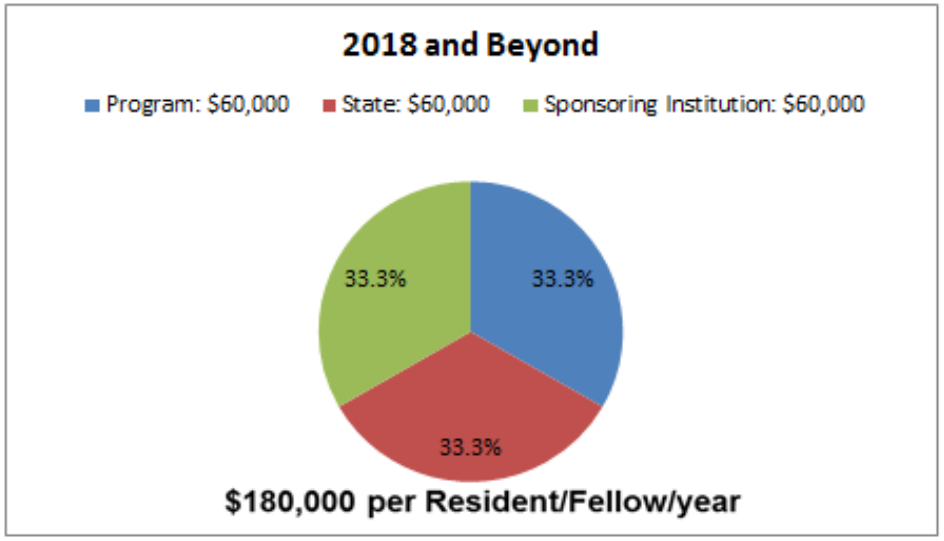
Table 11: Current and New Program Growth

Program Types	2017	2028
Family Medicine	**Five Programs** • FMRI-Boise (33) • FMRI – RTT Caldwell (9) • FMRI – RTT – Magic Valley (6) • ISU – Pocatello (21) • Kootenai – Coeur d' Alene (18)	**Twelve Programs** • FMRI Boise (42) • FMRI RTT Caldwell (12) • FMRI Magic Valley (12) • FMRI Nampa (18) • FMRI Nampa RTT (6) • FMRI Nampa Combined Family Medicine and Psychiatry * (10) • ISU Pocatello (27) • ISU Pocatello – RTT #1 (Rexburg) (6) • ISU Pocatello RTT #2 (Montpellier) (6) • Kootenai Coeur d' Alene (21) • Kootenai Coeur d'Alene – RTT (Sandpoint, Moscow or Lewiston) (6) • EIRMC Idaho Falls (18)
Internal Medicine	**Two Programs** • UW- Boise (25) • RVU – Bingham – Blackfoot (11)	**Three Programs** • UW- Boise *(36 Residents & 3 Chief Residents = 39)* • RVU – Bingham – Blackfoot (15) • EIRMC – Idaho Falls (30)
Psychiatry	**One Program** • UW – Boise –Psychiatry (7)	**Three Programs** • UW – Boise– Psychiatry (24) • ISU/UU – Pocatello (12) • FMRI Nampa – Combined Family Medicine/Psychiatry * (10 noted above)
Preliminary Year Internship	**One Program** • UW- Boise (4)	**One Program** • UW – Boise (4)
Emergency Medicine	(0)	**One Program** • EIRMC – Idaho Falls (24)
General Surgery	(0)	**One Program** • EIRMC – Idaho Falls (15)
Fellowships	• Sports Medicine (1) • HIV/Viral Hepatology (1) • Obstetrics (1) • Geriatrics (1)	• Sports Medicine (1) • HIV/Viral Hepatology (2) • Obstetrics (1) • Geriatrics (1) • Palliative Care (1) • Addiction Medicine (1) • Integrative Medicine (1) • Rural Family Medicine (1) • Hospitalist Medicine (1)
Total	**Nine Programs (134)** **Four Fellowships (4)**	**Twenty One Programs * (347)** **Ten Fellowships (10)** * (The Nampa combined family medicine/psychiatry residency will produce Board certified physicians in both family medicine and psychiatry)

Resident Funding Per Year by Institution

Figure Three – Resident Funding Per Year by Institution



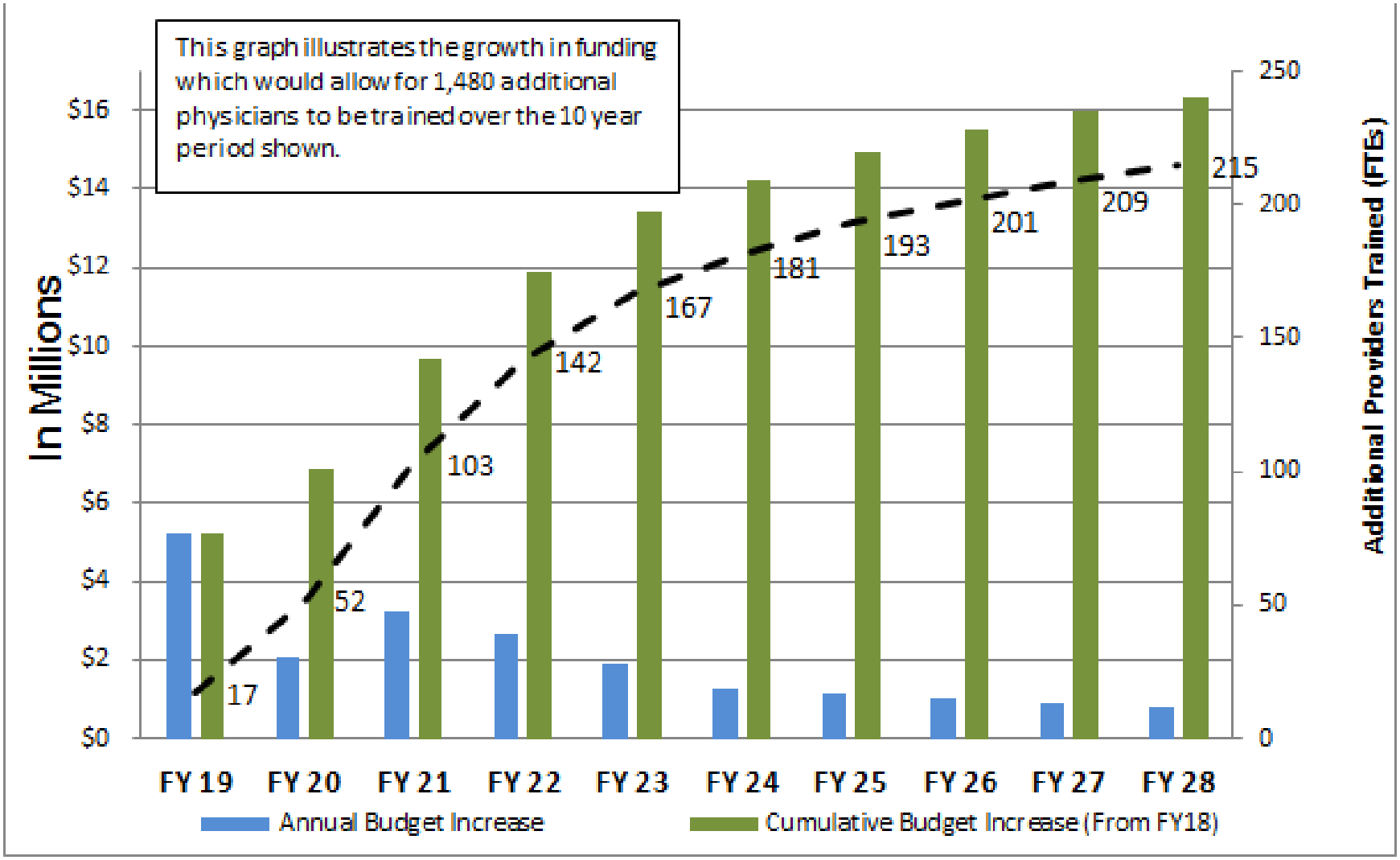


Idaho Currently Contributes:

$30,000	GME Resident/Year *(Now)*
$37,000	WWAMI Student/Year
$44,000	UU Student/Year
$45,000	Vet Student/Year
$50,000	Dental Student/Year
$60,000	GME Resident/Year *(New)*

10 Year GME Growth and Additional Providers Trained

Figure 4: 10 Year GME Growth and Additional Providers Trained



Ten Year Growth in Graduate Medical Education Programs, Residents and Fellows, and Cost to Idaho's Legislature

Table 23:
Ten Year Growth in Graduate Medical Education (GME) Programs, Residents and Fellows, and Cost to Idaho's Legislature

	2017	2028	% Increase
GME Residency Programs	9	21*	233%
GME Fellowship Programs	4	9	225%
Residents and Fellows Training in Idaho/year	141	356	252%
Number of Graduates Each Year from Idaho's GME Programs	52	124	237%
GME Residents per 100,000 Citizens in Idaho	6.7 (National Average is 28.1)	17.7 (Assuming Idaho's Populations grows to 2 Million People by 2028)	276%
State Support of GME and Additional Healthcare Programs in Idaho	$5,138,700/year	$16,349,000/year	318%

* *The Nampa combined Family Medicine/Psychiatry program is being counted as both a family medicine and psychiatry program as it is producing physicians that will be Board Certified in Family Medicine and Psychiatry.*

The state's investment in additional healthcare providers is matched 2-to1 by the programs and sponsors. Each physician will generate $1.3M per year in economic impact—total impact to Idaho will be $1.3 Billion and 10,000 new jobs—and quality healthcare for citizens throughout Idaho.

The Ten Year GME Plan provides a once in a generation opportunity that will serve multiple generations of people!

AGENDA

SENATE HEALTH & WELFARE COMMITTEE

3:00 P.M.
Room WW54
Thursday, February 08, 2018

SUBJECT	DESCRIPTION	PRESENTER
RS26030	Service Animals	Senator Hagedorn
RS26099	Cytomegalovirus Awareness Month	Senator Lee
H 0352	Occupational Licensing, Physicians	Kris Ellis, Idaho Orthopaedic Society
Docket No. 15-0202-1701	Vocational Rehabilitation Services	Dr. Mike Walsh, Rehabilitation Services Chief, Idaho Commission for the Blind and Visually Impaired
S 1262	Patient Caregiver Support Act	Lupe Wissel, State Director, AARP Idaho
Presentation	Catastrophic Health Care Cost Program	Kathryn Mooney, Program Director, Catastrophic Health Care Cost Program

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 Heider
Vice Chairman Souza
Sen Martin
Sen Lee
Sen Harris
Sen Agenbroad
Sen Foreman
Sen Potts
Sen Jordan

COMMITTEE SECRETARY

Rachel Goodman
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Thursday, February 08, 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 & Welfare Committee (Committee) to order at 3:03 p.m.
RS 26030	**Service Animals. Ian Freeman,** representing himself and other veterans, explained this RS would change Idaho Code to allow people with mental disabilities, such as post-traumatic stress disorder (PTSD), to take their service dogs into public accommodations.
MOTION:	There being no more questions, **Senator Jordan** moved to send **RS 26030** to print. **Senator Potts** seconded the motion. The motion passed by **voice vote.**
DISCUSSION:	**Senator Souza** requested that Mr. Freeman explain the differentiation between service animals the next time this legislation is discussed.
RS 26099	**Cytomegalovirus (CMV) Awareness Month. Senator Lee** proposed Idaho recognize June as Cytomegalovirus Awareness Month. She emphasized the importance of CMV awareness and explained that the various regions of Idaho would be free to choose any day in June to recognize Cytomegalovirus.
MOTION:	There being no more questions, **Senator Agenbroad** moved to send **RS 26099** to print. **Senator Jordan** seconded the motion. The motion passed by **voice vote.**
DISCUSSION:	**Jessica Rachels**, from the Idaho CMV Advocacy Project, stated that more recognition will lead to more research about CMV.
H 0352	**Occupational Licensing, Physicians. Kris Ellis** introduced herself as a representative of the Idaho Orthopaedic Society. She explained this bill would exempt physicians, physician assistants, dieticians, and athletic trainers licensed in another state from the requirement to have an Idaho license. The exemption would apply if they are practicing in Idaho as part of an athletic organization or performing arts company, or if they are practicing for less than 60 days. The exemption does not allow for practice in a licensed health care facility and does not allow for prescription privileges. **Senator Potts** asked if this bill only applies to athletic trainers. **Ms. Ellis** clarified this bill applies to medical doctors who travel into Idaho. **Senator Potts** asked if this bill affects a physician's authority to prescribe medication to out-of-state patients. **Ms. Ellis** stated this will not affect that authority.
MOTION:	There being no more testimony or questions, **Vice Chairman Souza** moved to send **H 0352** to the floor with **do pass** recommendation. **Senator Martin** seconded the motion. The motion passed by **voice vote.** Vice Chairman Souza will carry the bill.

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

DOCKET NO. 15-0202-1701 **Vocational Rehabilitation Services. Dr. Mike Walsh** introduced himself as the Chief of Rehabilitation Services for the Idaho Commission for the Blind and Visually Impaired (ICBVI). He explained this docket would align the rules with federal workforce laws that govern vocational rehabilitation programs. This docket would require the ICBVI to develop an individualized plan for employment within 90 days of eligibility determination. **Dr. Walsh** explained this docket would also: provide increased funding for tuition fees; provide funding for a broader range of education and training programs; increase the cap on follow-up low-vision consultation costs; increase on-the-job training fees; add the ICBVI's selection policy to the rules.

DISCUSSION: **Senator Jordan** asked whether the on-the-job training fee increase serves as an incentive for employers to offer employment. **Dr. Walsh** responded that it does offer an incentive, as the ICBVI pays the employer during the training period.

MOTION: There being no more testimony or questions, **Senator Martin** moved to approve **Docket No. 15-0202-1701. Senator Harris** seconded the motion. The motion passed by **voice vote.**

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

S 1262 **Patient Caregiver Support Act.**

MOTION: **Chairman Heider** moved to hold **S 1262**. The motion was seconded by **Senator Martin. Chairman Heider** commended Lupe Wissel, the State Director of the American Association of Retired Persons (AARP) Idaho, for her work. He suggested that AARP and the Idaho Hospital Association (IHA) work together to arrive at a consensus on this bill. The Committee will hold the bill until the two groups present a bill they both agree upon. The motion passed by **voice vote.**

PRESENTATION: **Catastrophic Health Care Cost Program. Kathryn Mooney** introduced herself as the Program Director for the Catastrophic Health Care Cost Program (CAT). She explained that the program is a medical financial assistance program. Eligible patients have a lien placed against them and must sign a reimbursement agreement. Participants are sometimes able to repay their medical bills at the Medicaid rate. **Ms. Mooney** stated that the CAT fund is part of the General Fund, but is governed by a board of directors.

Ms. Mooney noted that CAT fund applications are reviewed for Medicaid eligibility, and 10-14 percent are determined to be Medicaid eligible. She referenced the "Combined State and County Cases and Dollars" table in the CAT fund slideshow (see Attachment 1), which shows a breakdown of diagnoses and associated costs. She noted that counties bear the majority of the cost for mental health treatments. **Ms. Mooney** stated that the CAT fund administrative costs are less than $400,000 annually.

Ms. Mooney stated that the CAT fund must conduct medical reviews. The number of medical reviews per year has increased annually since 2016. She then referenced the "New CAT Cases Approved and Provider Payments for 2017 and 2018" table in the slideshow (see Attachment 1). The number of cases approved can vary greatly from year to year; such fluctuations make it difficult to estimate future costs.

Senator Potts asked if the 2018 numbers are up-to-date or if they are projections for full-year spending. **Ms. Mooney** responded that the numbers indicate the amount already spent/cases already approved in fiscal year (FY) 2018. **Chairman Heider** expressed concern that FY 2018 spending was already so high.

Senator Jordan asked if cases are categorized by county of residence or county of incident. **Ms. Mooney** clarified that they are categorized by county of residency.

Ms. Mooney stated that 533 cases have been approved in FY 2018, totalling $12.6 million. The average amount paid per case in FY 2018 is currently $23,730. The CAT fund estimates that a total of 783 cases will be approved in FY 2018, totalling $20.8 million. The CAT fund also pays for continuing care for patients. In FY 2017, the CAT fund spent $1.3 million on continuing care; in FY 2018, the CAT fund has spent $1.4 million on continuing care.

Vice Chairman Souza asked why St. Luke's Regional Medical Center (St. Luke's) has substantially more CAT cases than other hospitals. **Ms. Mooney** suggested this is because St. Luke's is the only hospital in the State that processes their own applications and does their own billing; other hospitals contract such services to third parties. **Senator Souza** asked if St. Luke's absorbs more of the unreimbursed cost of care. **Ms. Mooney** responded that a portion of the CAT fund report displays the write-off of each hospital.

Senator Potts asked what led to the increase in caseload. **Ms. Mooney** replied that Idaho's population is growing and clarified that an individual must be a resident of Idaho before qualifying for CAT. **Senator Potts** inquired if individuals with mental illness who are eligible for Medicaid can receive resources from other sources prior to the CAT fund. **Ms. Mooney** replied that the county pays for the first three days of care when someone is committed. The case is then sent to the Idaho Department of Health and Welfare. The CAT fund does not pay for protective custody holds or involuntary commitments. The county absorbs most of these costs.

Senator Jordan sought more information about the contract that the CAT fund has with examiners that evaluate the fund's billing. **Ms. Mooney** reported that the CAT fund and each county contracts with a company that reviews bills and medical records. The companies make determinations regarding medical necessity. She noted that these contracts saved the CAT fund $9 million in two years.

ADJOURNED: There being no further business, **Chairman Heider** adjourned the meeting at 3:49 p.m.

Senator Heider
Chair

Rachel Goodman
Secretary

Catastrophic Health Care Cost Program

Idaho State Legislature
Health & Welfare
Committee

Kathryn Mooney

Director

Catastrophic Health Care Cost Program Board Members

Roger Christensen	Chairman	IAC District 6	Bonneville County
Greg Johnson	Vice Chair	IAC District 2	Lewis County
Russell Barron	Secretary	Director	Dept. H&W
Glen Bailey		IAC District 1	Bonner County
Paul Christensen		IAC District 4	Cassia County
Dave Case		IAC District 3	Ada County
Bill Lasley		IAC District 5	Power County
David High		Governor's Appointee	Boise
Senator Jim Guthrie		Leg. District 28	McCammon
Senator Maryanne Jordan		Leg. District 17	Boise
Rep. Tom Loertscher		Leg. District 32	Bone

Medicaid Determinations

(Combined Application Unit)

	2014	2015	2016	2017	FYTD 2018
❑ Total Applications Received	6425	5683	4997	5304	2832
❑ Applications Approved	706	767	455	512	238
❑ Approval Percentage	10%	14%	10%	10%	9%
❑ Applications Denied	6136	4952	4576	4578	2613
❑ Applications Pending	154	86	86	202	101
❑ Denials for failure to/provide info	66	29	50	46	97

COMBINED STATE & COUNTY CASES & DOLLARS
Fiscal Year 2017

DIAGNOSIS	AGE GROUP							GENDER		RESIDENT		HOUSEHOLD SIZE						AMOUNT PAID
	0 TO 10	11 TO 20	21 TO 30	31 TO 40	41 TO 50	51 TO 64	65+	MALE	FEM	YES	NO	1	2	3	4	5	6+	TOTAL
01 Accident-Vehicle	0	7	18	16	10	2	1	42	12	50	4	22	13	8	7	3	2	$1,806,924.92
10 Accident-General	0	5	40	28	43	61	1	128	50	164	14	105	36	8	15	7	8	$2,158,378.61
20 Coronary	0	4	18	24	55	119	6	144	82	220	6	124	60	22	10	7	3	$3,633,119.89
30 Birth	0	0	0	1	0	0	0	0	1	1	0	0	0	0	1	0	0	$11,000.00
40 Cancer	0	2	0	8	24	63	1	53	45	91	7	47	30	10	8	2	3	$1,346,485.28
50 Respiratory	0	0	9	14	19	49	1	50	44	91	3	49	22	14	6	2	3	$1,541,552.03
60 Mental Health	2	137	665	571	416	365	53	1191	1029	2172	48	1985	164	38	10	8	4	$6,641,037.51
70 General	1	19	124	154	174	284	88	490	354	800	44	535	163	66	36	24	16	$5,848,206.39
80 Chronic Disease	0	3	9	25	32	35	1	67	38	104	1	46	32	16	5	4	2	$1,615,300.46
90 Infectious Disease	0	1	2	3	6	3	1	6	10	16	0	10	3	1	0	0	2	$607,393.21
100 Neurology	0	0	1	2	2	9	0	6	8	14	0	7	5	1	0	1	0	$294,635.11
200 Digestive System	0	10	60	73	85	112	5	156	189	328	17	161	85	41	26	17	15	$3,901,400.76
TOTALS	3	188	946	919	866	1102	158	2333	1862	4051	144	3091	613	225	124	75	58	$29,405,434.17

Medical Reviews FY 2014 - 2018

	Fiscal 2014	Fiscal 2015	Fiscal 2016	Fiscal 2017	Fiscal 18 1st 1/2
TOTAL	**1494**	**1543**	**1528**	**1565**	**862***

**Represents a 20% increase over the same 6 mo. period last year.*

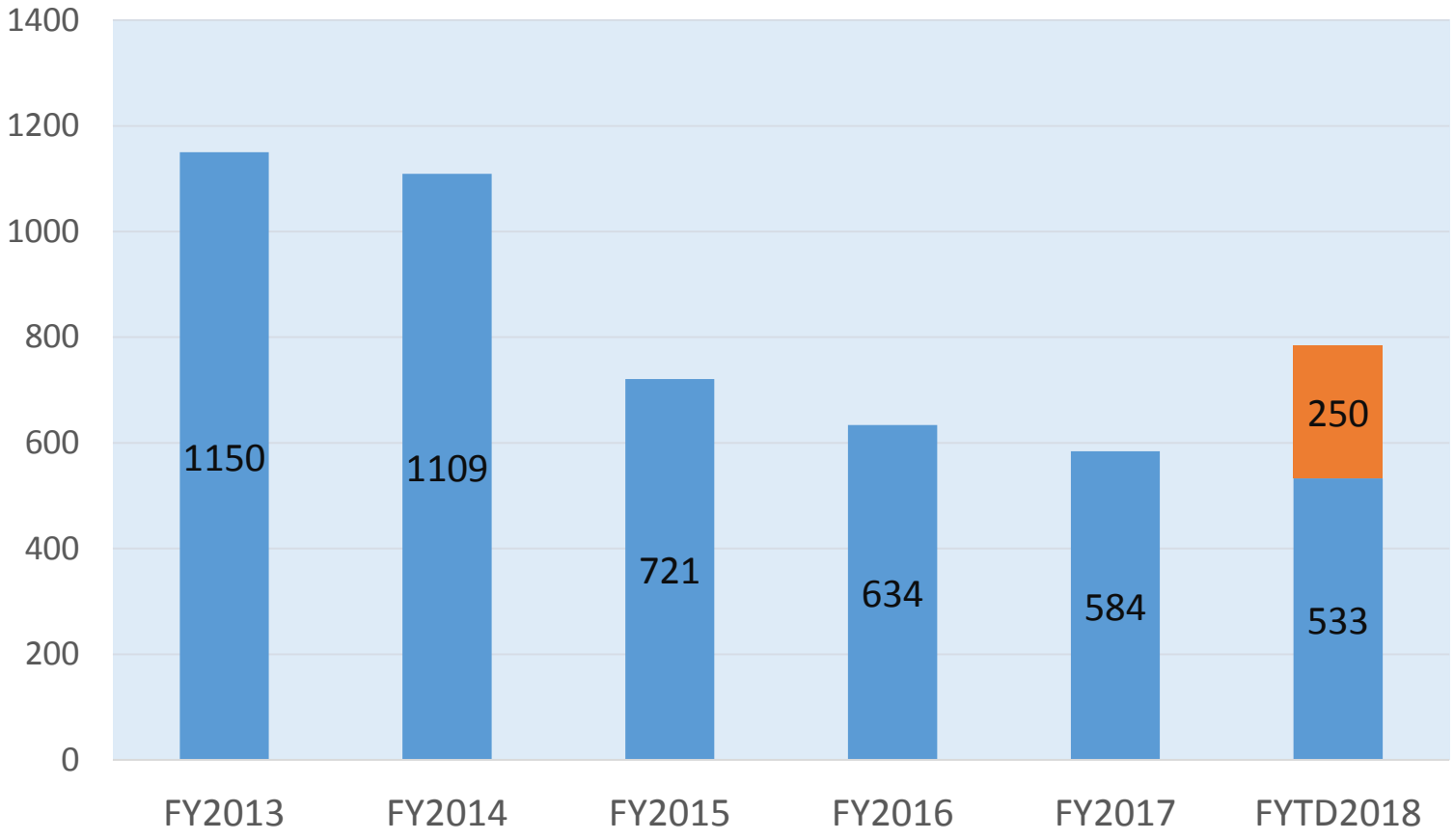
NEW CAT Cases Approved and Provider Payments for FISCAL 2017 and FYDT2018

County	2017 Cases	2018 Cases	2017	2018		County	2017 Cases	2018 Cases	2017 Amount	2018 Amount
ADA	185	198	$3,627,605	$3,767,883		GOODING	15	18	$648,975	298,354.29
ADAMS	5	3	$85,065	$14,401		IDAHO	6	4	$75,799	160,134.69
BANNOCK	45	15	$557,552	$508,217		JEFFERSON	4	8	$57,105	159,055.20
BEAR LAKE	6	2	$30,593	$20,509		JEROME	7	9	$349,589	118,335.92
BENEWAH	1	0	$5,704	$0		KOOTENAI	38	20	$551,546	579,569.58
BINGHAM	9	5	$447,628	$142,272		LATAH	5	9	$71,645	119,561.27
BLAINE	15	10	$261,259	$186,062		LEMHI	4	3	$81,528	42,020.76
BOISE	4	4	$13,314	$53,072		LEWIS	2	3	$59,744	23,187.08
BONNER	3	5	$59,245	$51,471		LINCOLN	1	3	$8,994	64,189.98
BONNEVILLE	11	15	$109,127	$659,759		MADISON	6	1	$287,925	2,962.27
BOUNDARY	3	7	$32,387	$240,243		MINIDOKA	10	5	$257,706	80,089.84
BUTTE	0	1	$0	$20,631		NEZ PERCE	14	11	$134,140	145,938.76
CAMAS	1	0	$22,065	$0		ONEIDA	2	2	$82,384	213,030.48
CANYON	45	47	$1,368,828	$1,490,890		OWYHEE	9	10	$205,524	144,243.25
CARIBOU	1	1	$58,770	$4,131		PAYETTE	11	7	$303,165	161,530.81
CASSIA	14	5	$261,679	$93,274		POWER	1	6	$8,857	110,336.11
CLARK	0	0	$0	$0		SHOSHONE	6	3	$118,463	79,109.15
CLEARWATER	5	6	$210,729	$32,358		TETON	0	0	$0	0.00
CUSTER	3	0	$4,879	$0		TWIN FALLS	49	52	$788,509	863,448.65
ELMORE	19	16	$246,396	$161,584		VALLEY	9	7	$158,797	69,884.74
FRANKLIN	6	0	$26,143	$0		WASHINGTON	12	5	$257,073	63,857.75
FREMONT	1	0	$17,692	$0						
GEM	7	7	$393,833	$57,744		TOTAL	584	533	$12,352,238	11,131,537

History of CAT Claims Paid

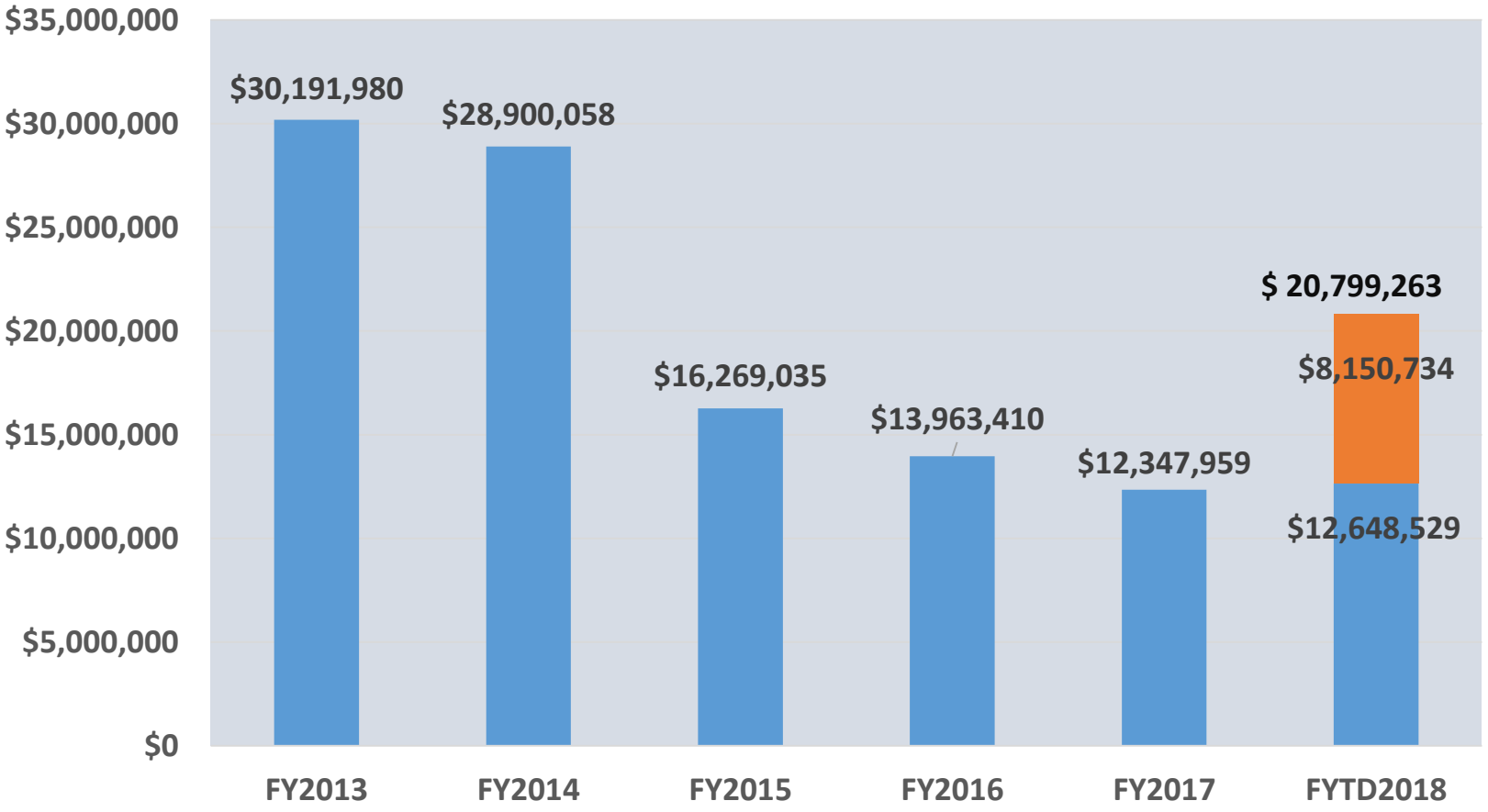
	2013	2014	2015	2016	2017	2018 YTD
No. of cases Approved	**1150**	**1109**	**721**	**634**	**584**	**533**
Provider Payments	$30,718,074	$28,977,540	$18,615,111	$16,582,239	$12,352,238	$12,648,539
Average Amount per Case	$26,711	$26,129	$25,818	$26,155	$21,151	$23,730

CAT Case load FYDT 2018



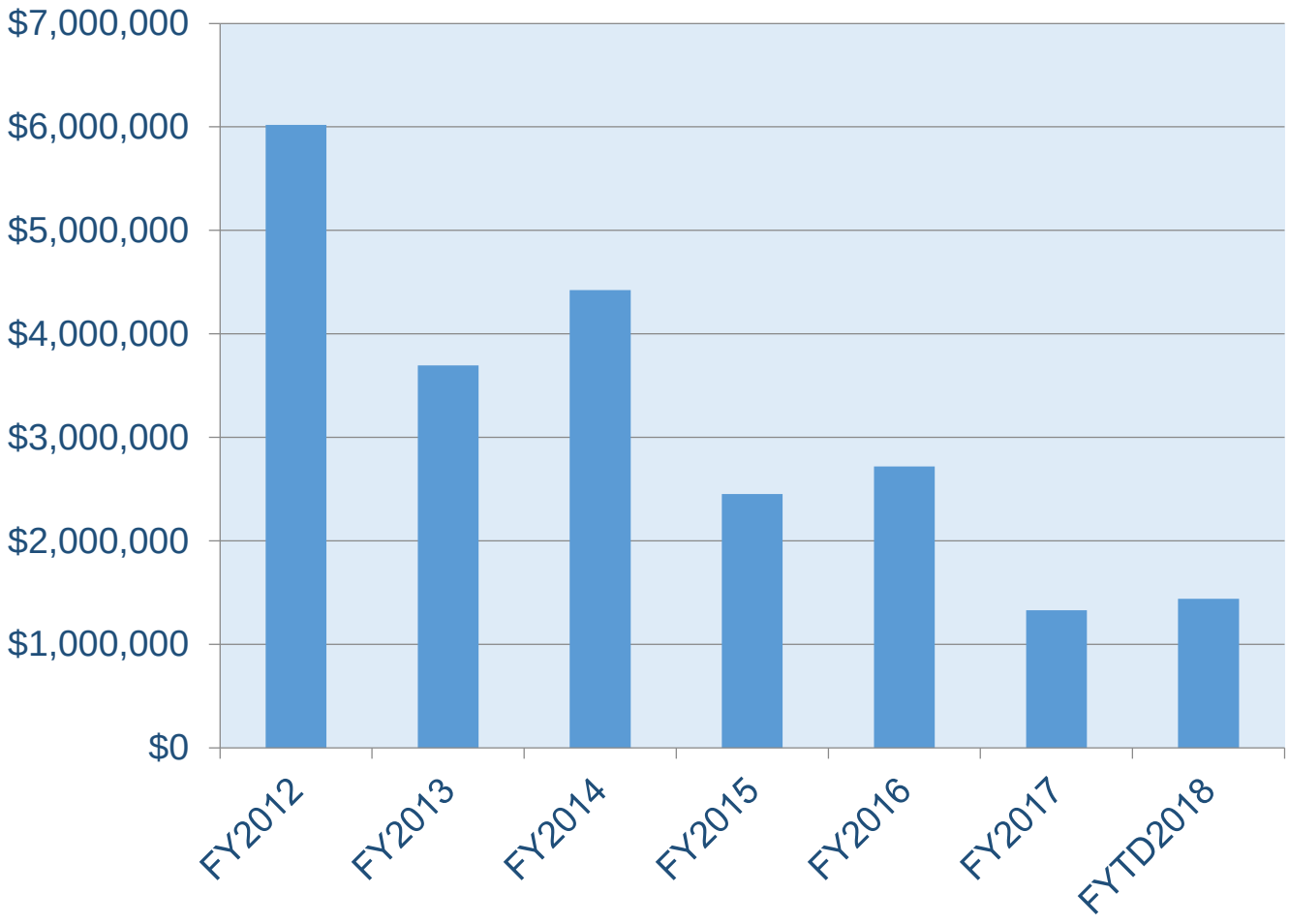
FYTD is 7 months, July-Jan.
Orange is projected for year end.

Provider Payments with FYTD 2018



FYTD is 7 months, July-Jan.
Orange is projected for year end.

Payments for Continuing Care



QUESTIONS

AGENDA

SENATE HEALTH & WELFARE COMMITTEE

3:00 P.M.
Room WW54
Monday, February 12, 2018

SUBJECT	DESCRIPTION	PRESENTER
RS26109	Emergency Medical Services Standards	Senator Brackett
RS26110	Emergency Medical Services Volunteers	Senator Brackett
RS26143	Direct Primary Care Pilot Program	Senator Thayn
RS26076	Individuals with Disabilities	Cheryl Bloom
H 0393	Insurance, Immunization Board	Representative Blanksma
S 1235	Board of Nursing, Education	Sandra Evans, Executive Director, Board of Nursing
Presentation	Epidiolex	Dr. Robert T. Wechsler

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 Heider
Vice Chairman Souza
Sen Martin
Sen Lee
Sen Harris
Sen Agenbroad
Sen Foreman
Sen Potts
Sen Jordan

COMMITTEE SECRETARY

Rachel Goodman
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Monday, February 12, 2018
TIME:	3:00 P.M.
PLACE:	Room WW54
MEMBERS PRESENT:	Chairman Heider, Vice Chairman Souza, Senators Lee, Harris, Agenbroad, Foreman, Potts, and Jordan
ABSENT/ EXCUSED:	Senator Martin
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 3:10 p.m.
RS 26109	**Emergency Medical Services (EMS) Standards**. **Senator Brackett** explained that the purpose of this legislation is to allow a licensed emergency medical responder (EMR) to serve as an ambulance attendant. Currently, an individual must be a licensed emergency medical technician (EMT) in order serve as an ambulance attendant.
MOTION:	There being no questions, **Senator Lee** moved to send **RS 26109** to print. **Vice Chairman Souza** seconded the motion. The motion carried by **voice vote**.
RS 26110	**Emergency Medical Services Volunteers**. **Senator Brackett** stated that this legislation is meant to follow up on a series of town hall meetings held in 2012. This legislation would evaluate the outcomes of recommendations made during those meetings and consider the challenges currently facing rural EMS divisions.
MOTION:	There being no questions, **Vice Chairman Souza** moved to send **RS 26110** to print. **Senator Lee** seconded the motion. The motion carried by **voice vote**.
RS 26143	**Direct Primary Care Pilot Program**. **Senator Thayn** explained that this legislation would establish a pilot program which would combine financial literacy courses or health coaching with primary care. Establishing the program as a pilot program will allow for the collection of data regarding the program's effectiveness.
MOTION:	There being no questions, **Vice Chairman Souza** moved to send **RS 26143** to print. **Senator Foreman** seconded the motion.
DISCUSSION:	**Senator Jordan** asked if public health districts and clinic providers were informed of this legislation. She noted that a similar program had been discussed during the 2017 Legislative Session, but public health districts and clinics did not feel that they had the capacity to support the program. **Senator Thayn** explained that the bill from the 2017 Legislative Session dealt with counties, not public health districts. He stated that he discussed **RS 26143** with the public health districts and several of them indicated interest in the program. He also noted that this RS would not have any impact on other health care legislation.
VOICE VOTE:	The motion carried by **voice vote**, with **Senator Jordan** voting **nay**.

RS 26076 **Individuals with Disabilities**. **Cheryl Bloom** explained that the purpose of this RS is to amend current Idaho Code regarding service animals. She commented that not all disabilities are covered in the portion of Idaho Code addressing service animals. **Ms. Bloom** also noted that Idaho Code does not include a distinct exclusion of comfort animals or personal protection trained dogs as service dogs. This RS would amend these issues. **Ms. Bloom** emphasized the importance of clear language regarding public access denial by business owners. This RS would clarify information regarding trainers and dogs in training.

MOTION: There being no questions, **Senator Lee** moved to send **RS 26076** to print. **Senator Jordan** seconded the motion.

DISCUSSION: **Senator Lee** noted that this RS involves a significant rewrite of Idaho Code and deserves a hearing.

Senator Foreman expressed concern that the RS proposes penalties which are overly harsh.

VOICE VOTE: The motion carried by **voice vote**.

H 0393 **Insurance, Immunization Board**. **Representative Blanksma** explained that this legislation would make the following changes: 1.) add a self-insured individual from the business community to the Immunization Board; 2.) extend the sunset date to 2024; and 3.) remove the interest requirement for nonpayment of assessments. **Representative Blanksma** noted that the interest requirement was removed because it is too difficult to implement. However, the Director of the Idaho Department of Insurance will retain the ability to administer fines for nonpayment of assessments. **Representative Blanksma** stated this bill would have no fiscal impact and clarified that all money collected by the Immunization Board is spent on vaccinations.

DISCUSSION: **Senator Jordan** sought more information regarding the fines and penalties that the Director of Insurance can impose. **Representative Blanksma** explained that it is difficult to calculate interest for nonpayment. She noted that the Director of Insurance has the ability to penalize those who do not pay, but stated that this has never been done.

Dean Cameron introduced himself as the Director of the Idaho Department of Insurance. He stated that it is difficult to determine when to begin calculating interest for non-payments. **Director Cameron** noted that some carriers challenged the requirement to pay for assessments and the authority of the Immunization Board. He explained that he has the authority to impose fines, but it is rarely used.

Senator Jordan asked what criteria are used to determine whether a penalty should be imposed. **Director Cameron** acknowledged that the language allowing for the imposition of penalties is permissive. Penalties depend upon the discretion of the Department of Insurance.

TESTIMONY: **Sharon Hawkins** introduced herself as a representative of the Idaho Association of Commerce and Industry (IACI). She stated that IACI supports **H 0393**.

MOTION: There being no more testimony or questions, **Senator Agenbroad** moved to send **H 0393** to the floor with a **do pass** recommendation. **Senator Harris** seconded the motion. The motion carried by **voice vote**, with **Senator Foreman** voting **nay**. Senator Agenbroad will carry the bill on the floor of the Senate.

S 1235 **Board of Nursing, Education**. **Sandra Evans** introduced herself as the Executive Director of the Idaho Board of Nursing (BON). Idaho Code § 54-1403 created the BON and defines the required qualifications for the BON's members. Five members of the BON must be registered nurses (RNs). They must be actively engaged in a field of nursing in Idaho at the time of their appointment. RNs must meet certain academic requirements in order to serve on the BON. **S 1235** would eliminate these education requirements for RN members.

Ms. Evans noted that there are many educational pathways leading to nursing licensure, ranging from technical programs to master's degree programs. Regardless of which educational program a nursing student completes, all graduates take the same licensing examination to obtain an RN license. The BON requires all RNs to demonstrate continuous professional development in order to renew their license. **Ms. Evans** stated that the BON's education requirements for RN board members are limiting and inconsistent with the BON's commitment to lifelong education. **S 1235** seeks to remove educational limitations on BON membership.

DISCUSSION: **Senator Potts** expressed concern that removing educational requirements could cause the BON to fill all five RN positions with master's and doctoral graduates; therefore, individuals with lower levels of education would not be represented on the BON. He noted that the educational requirements ensure educational diversity on the BON. He asked how the BON would maintain this diversity without educational requirements. **Ms. Evans** asserted that the BON is seeking individuals to represent RN nurses in general, regardless of their educational background. She stated that the BON has historically remained sufficiently educationally diverse. **Ms. Evans** also noted that it can be difficult to find BON appointees who meet required educational criteria. In the past, Idaho governors have been interested in appointing geographically diverse nurses to the BON, as opposed to educationally diverse nurses.

Senator Harris asked if the BON has struggled to fill positions due to educational restrictions. **Ms. Evans** responded in the affirmative.

Vice Chairman Souza noted that active diploma nurses are currently very rare. She asked if a nurse's personality, motivation, and willingness to serve on the BON is more important than educational background when considering the nurse for BON membership. **Ms. Evans** responded in the affirmative. She emphasized the importance of maintaining demographic and geographic diversity on the BON.

TESTIMONY: **Dr. Randall Hudspeth** introduced himself as the Executive Director of the Idaho Alliance of Leaders in Nursing and the Nurse Leaders of Idaho, as well as a former chairman of the BON. **Dr. Hudspeth** noted that 67.25 percent of Idaho's nurses hold a baccalaureate degree. The number of associate degree nurses in Idaho is decreasing.

DISCUSSION: **Senator Potts** asked if there should be geographical requirements for BON members. **Ms. Evans** stated that the BON has discussed a variety of potential membership requirements. She expressed uncertainty regarding whether a more prescriptive set of requirements will lead to increased diversity on the BON.

MOTION: There being no more testimony or questions, **Vice Chairman Souza** moved to send **S 1235** to the floor with a **do pass** recommendation. **Senator Potts** seconded the motion.

Vice Chairman Souza expressed confidence in the BON's ability to maintain its diverse membership.

The motion carried by **voice vote**. Vice Chairman Souza will carry the bill on the floor of the Senate.

PRESENTATION: **Epidiolex**. **Dr. Robert Wechsler** stated that Epidiolex is a pharmaceutical-grade cannabidiol (CBD) oil in development by Greenwich Pharmaceuticals. **Dr. Wechsler** explained that he is the sponsor of the Epidiolex study. Forty children initially entered the study, but one chose not to continue due to an aversion to blood draws, one dropped out due to relocation, and four dropped out after receiving no perceived benefit from Epidiolex. Of the 34 children remaining in the program, 14 have experienced a moderate to high benefit from Epidiolex, meaning a reduced number of seizures. Another 14 children have not experienced a reduction in the number of seizures, but have experienced a decrease in seizure intensity.

Dr. Wechsler explained that Greenwich Pharmaceuticals has completed all four of its initial clinical trials. All studies showed encouraging results. Greenwich Pharmaceuticals submitted a New Drug Application (NDA) to the Food and Drug Administration (FDA) in October 2017. **Dr. Wechsler** expected the NDA to be approved by the FDA in June 2018. The Drug Enforcement Administration (DEA) will then need to schedule Epidiolex. Barring any unexpected events, **Dr. Wechsler** anticipated that Epidiolex will be available by prescription by the end of 2018.

Dr. Wechsler expressed concern about false claims regarding the medical benefits of marijuana. He also voiced concern that artisanal CBD products are not regulated and often have very low levels of CBD. **Dr. Wechsler** noted dosing problems related to artisanal CBD products. Epidiolex is 95 percent CBD; a typical dose for an adult is two teaspoons. Artisanal products are sometimes only two percent CBD; an effective dose for an adult would be roughly one liter per day. Artisanal products may contain higher levels of tetrahydrocannabinol (THC) than advertised. These products can be dangerous for patients.

DISCUSSION: **Chairman Heider** asked if Dr. Wechsler's findings have been published. **Dr. Wechsler** stated that he presented his findings in a poster at an American Epilepsy Society meeting. He offered to distribute the poster to the Committee. **Dr. Wechsler** expects to publish his findings once all 39 study participants have been in the study for one year.

Senator Jordan asked Dr. Wechsler to define "moderate benefits." **Dr. Wechsler** stated that a moderate benefit refers to a 30 to 50 percent reduction in the number of seizures.

Senator Potts asked how much THC is in Epidiolex. **Dr. Wechsler** explained that the two most prevalent cannabinoids in marijuana are THC and CBD; the two compounds have completely different effects. CBD has no psychoactive properties. Epidiolex is a highly purified CBD oil that contains 95 percent CBD and only trace amounts of THC, if any. There is not enough THC in Epidiolex to be biologically significant. However, artisanal CBD products often contain THC. Products with high levels of THC can worsen seizures.

Chairman Heider asked if Epidiolex will be available by prescription in the future. **Dr. Wechsler** expected Epidiolex will be available by prescription by the end of

2018. It will be impossible for the DEA to schedule Epidiolex as a Schedule I Drug because Schedule I Drugs have no medical value. Drug scheduling is often based on abuse liability studies; Epidiolex has very low abuse liability. **Chairman Heider** asked if Greenwich Pharmaceuticals can produce a sufficient supply of Epidiolex to meet demand. **Dr. Wechsler** stated that Greenwich Pharmaceuticals is confident in its ability to produce a sufficient amount of Epidiolex. **Chairman Heider** commended Dr. Wechsler for his work.

ADJOURNED: There being no further business, **Chairman Heider** adjourned the meeting at 4:14 p.m.

_____

Senator Heider
Chair

_____

Rachel Goodman
Secretary

AGENDA

SENATE HEALTH & WELFARE COMMITTEE

3:00 P.M.
Room WW54
Tuesday, February 13, 2018

SUBJECT	DESCRIPTION	PRESENTER
Approval of Minutes	Minutes of the January 24, 2018 Meeting	Senator Martin
	Minutes of the January 29, 2018 Meeting	Senator Souza
H 0353	Volunteer Health Care Providers	Ken McClure, Idaho Medical Association
H 0337	Behavioral Health Council and Boards	Ross Edmunds, Department of Health and Welfare
H 0339	Pharmacy, Drug Substitutions	Alex Adams, Executive Director, Board of Pharmacy
H 0340	Controlled Substances	Alex Adams
H 0351	Pharmacy, Licensing and Registration	Alex Adams
Presentation	Licensing and Certification of Residential Care Performance Evaluation Report	Rakesh Mohan, Director, Office of Performance Evaluations Ryan Langril Tony Grange

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 Heider
Vice Chairman Souza
Sen Martin
Sen Lee
Sen Harris
Sen Agenbroad
Sen Foreman
Sen Potts
Sen Jordan

COMMITTEE SECRETARY

Rachel Goodman
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Tuesday, February 13, 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 3:01 p.m.
APPROVAL OF MINUTES:	**Senator Martin** moved to approve the Minutes of January 24, 2018. **Senator Jordan** seconded the motion. The motion carried by **voice vote**.
H 0353	**Volunteer Health Care Providers**. **Ken McClure** spoke on behalf of the Idaho Medical Association. **Mr. McClure** stated this bill would provide limited immunity for physicians and other health care providers who participate in community health screening events. Community health screening events are sponsored by a church, civic club, high school, or similar entity and provide health screenings to the public. Because Idaho has so few physicians per capita, community health screening events play a critical role. **H 0353** grants limited immunity to health care providers who volunteer at community health screening events, given that the patient signs a limited liability form. **Mr. McClure** clarified this bill applies to screening events only, not treatment.
DISCUSSION:	**Chairman Heider** noted physicians have participated in community health screenings without limited immunity. He asked why this bill is necessary. **Mr. McClure** explained many independent physicians are transitioning into employment within health systems and hospitals. Independent doctors generally have a malpractice insurance policy that covers them in any practice setting. Physicians working within a health system or hospital have malpractice insurance through their employers. This malpractice insurance only applies to the employer's patients, and not to patients seen at volunteer events. A lack of malpractice coverage at community health screening disincentivizes physician participation. **Senator Jordan** asked if this bill would apply to volunteer dental events. **Mr. McClure** stated this bill could apply to dental events if the events only involve screening, not treatment. **Senator Jordan** noted the bill does not offer immunity for physicians who have committed grossly negligent acts. She asked for the definition of gross negligence. **Mr. McClure** explained gross negligence is an extreme deviation from the standard of care. He clarified that a simple mistake could be considered simple negligence, but would be unlikely to be considered gross negligence. **Senator Jordan** asked if gross negligence can realistically occur in a screening setting. **Mr. McClure** stated it can, but it is unlikely.

MOTION: There being no more testimony or questions, **Senator Potts** moved to send **H 0353** to the floor with a **do pass** recommendation. **Vice Chairman Souza** seconded the motion. The motion carried by **voice vote**. Senator Lee will carry the bill on the floor of the Senate.

H 0337 **Behavioral Health Council and Boards**. **Ross Edmunds** introduced himself as the Administrator for the Division of Behavioral Health within the Idaho Department of Health and Welfare (DHW). This bill would make the following changes: 1.) add definitions of provider categories to Idaho Code; 2.) add a prevention specialist position to the Idaho Behavioral Health Planning Council and the Regional Behavioral Health Boards; and 3.) clarify language relating to the appointment of Regional Behavioral Health Board members.

DISCUSSION: **Senator Foreman** expressed concern that this bill would require support service providers to undergo training in order to become certified. He noted many individuals who provide support services have useful life experience, but may not have sufficient time or money to undergo training. **Mr. Edmunds** explained this bill would not prohibit anyone with life experience from providing support. However, in order for the State to reimburse someone for their support services, the individual must undergo training and be certified. **Mr. Edmunds** noted the training course is only one week and scholarships for the course are available.

Senator Potts expressed concern that requiring training is a burden to support service providers. **Mr. Edmunds** reiterated this bill would not prohibit anyone with life experience from providing support. Training is only required in order for State reimbursement.

Senator Harris asked if a similar bill was introduced during the 2017 Legislative Session. He asked if counties have provided input regarding this bill. **Mr. Edmunds** confirmed a similar bill failed during the 2017 Legislative Session. He stated feedback on the previous bill was incorporated into **H 0337**.

Vice Chairman Souza expressed concern that Regional Behavioral Health Boards must each have three county commissioners, as some counties only have three commissioners. She noted it is unrealistic to expect all of a county's commissioners to sit on the same board, given their busy schedules. **Mr. Edmunds** clarified that each Regional Behavioral Health Board will include three county commissioners from the region, not from each county.

MOTION: There being no more testimony or questions, **Senator Jordan** moved to send **H 0337** to the floor with a **do pass** recommendation. **Senator Martin** seconded the motion. The motion carried by **voice vote**. **Senator Potts** and **Senator Foreman** voted **nay**. Senator Jordan will carry the bill on the floor of the Senate.

H 0339 **Pharmacy, Drug Substitutions**. **Alex Adams** introduced himself as the Executive Director of the Idaho Board of Pharmacy (BOP). **Dr. Adams** indicated this bill would allow limited therapeutic substitution of drugs within the same therapeutic class. He noted this practice is common in health care facilities in Idaho; however, current Idaho law prohibits the practice in outpatient settings. **H 0339** would allow therapeutic substitution if the following criteria are met: 1.) the patient's physician must opt into the substitution; 2.) the substitution must be in compliance with the patient's health plan formulary; and 3.) the patient must agree to the substitution. The bill would prohibit substitution of high-risk drugs.

DISCUSSION: **Senator Potts** asked if brand-generic substitution is currently illegal. **Dr. Adams** stated brand-generic substitution is legal. He explained **H 0339** does not address brand-generic substitution. This bill addresses drug substitution within a therapeutic class. **Senator Potts** sought information regarding the management of side effects caused by drug substitutions. **Dr. Adams** stated this is why the previously mentioned criteria must be met. The physician and patient must agree to the substitution. **Dr. Adams** asserted an individual's prescribed drug may not be covered by Medicaid, while a substitute drug is. This bill will allow Medicaid recipients to access necessary medication without waiting for their physician to issue a new prescription.

Senator Jordan asked when a patient would agree to the substitution. **Dr. Adams** stated a patient would most likely agree to the substitution at the pharmacy. The pharmacist would discuss a possible drug substitution with the patient, and the patient would decide whether to allow the substitution. **Senator Jordan** expressed concern that a patient may feel pressured to agree to a drug substitution. She asked how to ensure this does not occur. **Dr. Adams** noted this bill was modelled after similar legislation from other states. In other states, the legislation is effective. Pharmacists are required to counsel patients when dispensing the initial prescription. **Dr. Adams** stated the conversation regarding drug substitution would naturally occur during such counsel.

MOTION: There being no more testimony or questions, **Senator Harris** moved to send **H 0339** to the floor with a **do pass** recommendation. **Senator Lee** seconded the motion. The motion carried by **voice vote**. Senator Harris will carry the bill on the floor of the Senate.

H 0340 **Controlled Substances**. **Dr. Adams** indicated this bill would update Idaho's Controlled Substances Act to reflect the Drug Enforcement Administration's scheduling of acetyl fentanyl and dronabinol. He mentioned the bill also streamlines and modernizes several sections of the Controlled Substances Act. These updates do not add any new regulatory requirements; instead, they clarify existing requirements for issuing, distributing, and dispensing controlled substances in compliance with federal law.

This bill would also remove the requirement for pharmacists to be involved in the process of dispensing drugs in opioid treatment programs. This requirement is not included in federal law.

DISCUSSION: **Vice Chairman Souza** sought more information regarding the role of pharmacists in opioid treatment programs. **Dr. Adams** explained that opioid treatment programs must involve a pharmacist in the process of dispensing drugs to patients. This bill would eliminate this requirement, as it is a burden to opioid treatment programs.

MOTION: There being no more testimony or questions, **Vice Chairman Souza** moved to send **H 0340** to the floor with a **do pass** recommendation. **Senator Martin** seconded the motion. The motion carried by **voice vote**. Vice Chairman Souza will carry this bill on the floor of the Senate.

H 0351 **Pharmacy, Licensing and Registration**. **Dr. Adams** explained this bill updates and modernizes Idaho's Pharmacy Practice Act and is complementary to the BOP's comprehensive rewrite of administrative rules. Dr. Adams noted this bill modernizes definitions and eliminates obsolete licenses and licensing requirements. **H 0351** would eliminate the requirement for student pharmacy technicians to be fingerprinted; student pharmacy technicians are individuals between 16 and 18 years of age who are in a supervised school program. **Dr. Adams** stated this will save each student pharmacy technician $32 per year. In addition, **H 0351**: narrows the definition of veterinary drug outlets; eliminates temporary reciprocity licensure; allows over-the-counter medication to be sold at locations without a BOP license; limits the powers and duties of the BOP; clarifies that the BOP can receive grants and sponsor educational programs; removes statutory cap on license fees; consolidates pharmacist and controlled substance licenses.

MOTION: There being no testimony or questions, **Senator Harris** moved to send **H 0351** to the floor with a **do pass** recommendation. **Senator Potts** seconded the motion. The motion carried by **voice vote**. Senator Harris will carry this bill on the floor of the Senate.

PRESENTATION: **Licensing and Certification of Residential Care Performance Evaluation Report**. **Rakesh Mohan**, Director of the Office of Performance Evaluations (OPE), explained OPE discovered a dysfunctional work environment within the Nursing Home Survey Team within the Department of Health and Welfare (DHW). OPE informed Russell Barron, Director of the DHW, who immediately began investigating the issue.

Ryan Langrill noted the Division of Licensing and Certification (DLC) within DHW fell behind on nursing home and assisted living surveys. As a result, new nursing homes waited 18 months to receive initial certification. Until receiving certification, these facilities cannot receive Medicaid or Medicare payments, which are nursing homes' primary source of payment. Idaho nursing homes also expressed concern that DLC surveys are excessively strict and punitive. **Mr. Langrill** provided details about the nursing home survey process. He stated there was a dysfunctional work environment within the Nursing Home Survey Team, which led to a dysfunctional survey culture. He noted the dysfunctional environment did not extend to the Assisted Living Facility Survey Team. Providers alleged that members of the Nursing Home Survey Team berated and belittled them and attempted to instill fear in providers.

Mr. Langrill mentioned the Nursing Home Survey Team had many vacancies, leading to a staff shortage and a backlog of surveys and certifications. DHW utilized contract surveyors in order to eliminate the backlog. **Mr. Langrill** noted Idaho's nursing home citation rates are above the national average, but are not cause for concern. Factors such as the Centers for Medicare and Medicaid Services' inconsistent oversight across the United States affect Idaho's citation rates. New federal mandates are expected to align Idaho's future citation rates with the national average. **Mr. Langrill** commented that OPE will conduct a follow-up investigation of the Nursing Home Survey Team in three months.

Mr. Langrill stated the Assisted Living Facility Survey Team did not have a dysfunctional work environment; providers reported a high level of confidence in the team. However, the Assisted Living Facility Survey Team had 67 overdue surveys in December 2017. DLC cannot hire contract surveyors to complete assisted living facility surverys, so it has relied upon temporary employees to address the survey backlog. Temporary employees are limited to eight months of employment. Temporary employees who are not trained surveyors must undergo a six-month training process. **Mr. Langrill** stated that temporary surveyors model

has overextended DLC's training resources and negatively affected team morale.

Providers also reported concerns about the Assisted Living Facility Survey Team's inconsistent interpretation of rules. **Mr. Langrill** indicated assisted living facilities cannot dispute all citations. OPE recommended DLC develop a dispute resolution process that encompasses all citations.

Tony Grange noted the number of residential care beds in Idaho is decreasing while the demand for those beds is increasing. He stated Idaho is very focused on assisted living facilities; Idaho has more assisted living facility beds per capita than comparison states, which include Washington, Oregon, Montana, Wyoming, and Utah. Idaho's assisted living facilities are also smaller and more likely to be located in rural counties than assisted living facilities in comparison states. Medicaid policies vary by provider. **Mr. Grange** noted some small assisted living facilities have been closing and the percentage of Medicaid residents is decreasing. The facilities that have closed disproportionately served Medicaid residents and mentally ill residents. **Mr. Grange** stated complex behaviors can make Idaho providers reluctant to admit applicants. He asserted providers in other states show less reluctance to admit residents with such behaviors. OPE also conducted a survey which showed that Idaho has lower Medicaid reimbursement rates than comparison states.

Mr. Grange stated two DLC surveyors conduct surveys for 30 children's residential facilities. These surveys differ from nursing home and assisted living surveys in that they are conducted by a single surveyor and are scheduled, not unannounced. Surveys are conducted annually, and there is no exemption for exemplary facilities. Providers indicated they are generally satisfied with the survey process, but expressed concern that the surveys are staff-intensive. **Mr. Grange** stated DLC is considering using a shorter application process based on past compliance in order to decrease the burden on providers.

Mr. Grange explained psychiatric residential treatment facilities serve individuals under 21 years of age in an inpatient setting. These facilities must meet federal requirements to be certified. Idaho does not certify these facilities, and the Idaho Medicaid plan does not cover them. Because Medicaid is required to cover medically necessary care for children, Idaho children on Medicaid are sent out-of-state to receive the treatment provided at psychiatric residential treatment facilities. In 2017, Medicaid sent 22 children out-of-state for treatment.

Mr. Grange recommended the children's residential team develop criteria for extended licensure and evaluate options for certifying psychiatric residential treatment facilities so children can be served in-state.

Mr. Langrill recommended collecting license fees from assisted living facilities and nursing homes. He noted these fees would provide a steady source of revenue. Comparison states charge varying amounts for license fees. **Mr. Langrill** emphasized the importance of collaboration between DLC and providers.

DISCUSSION: **Senator Agenbroad** asked for the definition of an overdue survey. He also asked how many surveys are currently overdue. **Mr. Langrill** stated CMS requires states to survey nursing homes every 15 months and maintain a statewide average of 12 months. However, there are no such requirements for initial certifications, which makes initial certifications a lesser priority when DLC falls behind on surveys. **Tamara Prisock** introduced herself as the DLC Administrator. She stated there are currently no overdue nursing home surveys.

Senator Martin asked how many assisted living surveys are overdue. **Mr. Langrill** stated assisted living facilities must be surveyed every year. If a facility does not receive any major citations for two consecutive years, the survey requirement can be extended to every three years. There are currently around 67 overdue surveys. **Senator Martin** noted that individuals in assisted living facilities may fall, lash out, or hit others. He asked how this affects a provider's survey. **Mr. Langrill** stated it would depend upon the context of the incident. For example, if a facility failed to follow rules regarding the prevention of falls, it would receive a citation. However, if a fall occurs, but there is no rule violation, the facility would not receive a citation.

Senator Lee asked if DLC is currently behind on certifying new facilities. She noted facilities cannot receive Medicaid reimbursements until they are licensed. **Ms. Prisock** stated new assisted living facilities are licensed immediately after the application process. She asserted initial surveys are completed quickly and a follow-up survey is conducted six months later. **Ms. Prisock** explained initial State licensing of nursing homes is a quick process. State-licensed nursing homes can admit residents, but must wait for federal certification before receiving Medicaid and Medicare reimbursements. Once a State license is issued and the facility can demonstrate the care it provides, DLC places the facility on the survey schedule.

Senator Lee sought information regarding the average delay between placing a facility on the survey schedule and completing the survey. **Ms. Prisock** stated facilities are placed on the survey schedule, but complaints and urgent recertification needs can disrupt the survey schedule. **Senator Lee** asked if it is common for a facility to wait four months before being surveyed. **Ms. Prisock** stated this is not common.

Senator Martin inquired as to why assisted living facilities cannot dispute citations. **Mr. Langrill** stated if there is an enforcement action, the facility can go through an administrative appeals process. If there is a core citation (citations for abuse, neglect, exploitation, etc.), a dispute resolution process is available. However, there is no resolution or appeal process for non-core citations. **Senator Martin** asked why there is no formal resolution for non-core citations. **Mr. Langrill** recommended that DLC develop a resolution process for such citations.

Senator Agenbroad explained that a facility received a letter from DLC stating the facility would have to wait 18 months before receiving a license. The facility then received a letter stating it would have to wait 12 months. He asked if this is a normal course of procedure. **Ms. Prisock** stated this occurrence is not normal.

Senator Lee asked how OPE will determine the success of efforts to improve the work environment among the nursing home survey team. **Mr. Langrill** stated OPE will follow-up with individuals who previously expressed concerns to determine whether the work environment has become more professional. **Mr. Mohan** explained OPE will: speak with Director Barron regarding his efforts to solve the issue; speak with the nursing home survey team regarding the work environment; and speak with the personnel department at DLC and other stakeholders regarding the problems. He noted OPE may conduct a survey or hold one-on-one interviews

with DLC staff.

Vice Chairman Souza sought information regarding the required background for surveyors, the pay rate for surveyors, and the average turnover rate for surveyor positions. She asked why there are so many surveyor vacancies at DLC. She also inquired as to the difference in cost between a full-time surveyor and a contract surveyor. **Vice Chairman Souza** then expressed concern regarding the recommended licensing fees for providers. **Mr. Langrill** explained most surveyors are registered nurses (RNs) with previous experience in long-term care, although some have different backgrounds. The median salary for a surveyor in Idaho is $65,000 per year, which is equivalent to the median salary for surveyors in other states. **Mr. Langrill** stated only two surveyors on the nursing home survey team had held the position for more than two years. The assisted living survey team does not have a high turnover rate. **Mr. Langrill** also noted contract surveyors did not cost DLC additional money.

ADJOURNED: There being no further business, **Chairman Heider** adjourned the meeting at 4:46 p.m.

_____

Senator Heider
Chair

_____

Rachel Goodman
Secretary

AGENDA

SENATE HEALTH & WELFARE COMMITTEE

3:00 P.M.
Room WW54
Wednesday, February 14, 2018

SUBJECT	DESCRIPTION	PRESENTER
Approval of Minutes	Minutes of the January 25, 2018 Meeting	Senator Foreman
	Minutes of the January 30, 2018 Meeting	Senator Agenbroad
S 1271	Health Care Organizations	Kris Ellis
H 0347	Ombudsman for Elderly, Reporting	Cathy Hart, State Ombudsman, Commission on Aging
Presentation	Department of Health and Welfare Budget	Russ Barron, Director, Department of Health and Welfare
Presentation	Idaho Speech, Language, Hearing Association Audiology Project	Tammy Emerson, Idaho Speech, Language, Hearing Association

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 Heider
Vice Chairman Souza
Sen Martin
Sen Lee
Sen Harris
Sen Agenbroad
Sen Foreman
Sen Potts
Sen Jordan

COMMITTEE SECRETARY

Rachel Goodman
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Wednesday, February 14, 2018
TIME:	3:00 P.M.
PLACE:	Room WW54
MEMBERS PRESENT:	Chairman Heider, Vice Chairman Souza, Senators Martin, Lee, Agenbroad, Foreman, Potts, Jordan
ABSENT/ EXCUSED:	Senator Harris
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 to order at 3:03 p.m.
APPROVAL OF MINUTES:	**Senator Foreman** moved to approve the Minutes of January 25, 2018. **Vice Chairman Souza** seconded the motion. The motion carried by **voice vote**. **Senator Agenbroad** moved to approve the Minutes of January 30, 2018. **Senator Jordan** seconded the motion. The motion carried by **voice vote**.
S 1271	**Health Care Organizations**. **Kris Ellis** spoke on behalf of the Idaho Health Care Association. This legislation would add assisted living and residential care facilities to the existing peer review statute. The purpose of the peer review statute is to encourage quality improvement through patient safety investigations and analyses, root cause analyses, and adverse outcome reviews. This legislation would allow assisted living staff who participate in the peer review process to speak freely and know they are immune from liability. It would also ensure the confidentiality of the peer review records.
DISCUSSION:	**Senator Jordan** asked if assisted living facilities and residential care facilities are defined similarly in Idaho Code. **Ms. Ellis** stated this legislation consistently refers to such providers as residential care facilities. **Chairman Heider** asserted that different teams inspect assisted living facilities and residential care facilities. He asked Ms. Ellis to explain the difference. **Ms. Ellis** explained that nursing home surveyors are directed by the federal government, whereas assisted living facility surveyors are regulated by the State. She stated this legislation would allow assisted living facilities to identify the root cause of any problems without being punished.
TESTIMONY:	**Mike Sharp** spoke on behalf of Edgewood Healthcare, which operates ten assisted living communities throughout Idaho. He stated Edgewood Healthcare supports **S 1271** because it allows assisted living facilities to participate in the peer review process.
MOTION:	There being no more testimony or questions, **Vice Chairman Souza** moved to send **S 1271** to the floor with a **do pass** recommendation. **Senator Martin** seconded the motion. The motion carried by **voice vote**. Vice Chairman Souza will carry the bill on the floor of the Senate.

H 0347 **Ombudsman for Elderly, Reporting**. **Cathy Hart** introduced herself as the State Long-Term Care Ombudsman for the Idaho Commission on Aging. **Ms. Hart** stated federal law authorizes the Ombudsman Program, which advocates for nursing home and assisted living facility residents. The State Long-Term Care Ombudsman manages six local ombudsman programs in Idaho. The programs collectively serve over 15,000 residents.

Ms. Hart stated this legislation would: clarify that retaliation against a resident or other person filing a complaint with the Ombudsman Program is prohibited; grant the program permission to enter a long-term care facility at any time to investigate a complaint; clarify that the Ombudsman Program is separate and distinct from the Idaho Commission on Aging; state that the program will work to resolve complaints to the satisfaction of the resident or the resident's representative; clarify that client or complainant information can only be released with resident permission or court order; require the program to notify the resident or personal representative of any action taken on their behalf; and remove the program from the list of mandatory reporters of abuse, neglect, or exploitation of a vulnerable adult. This legislation would have no fiscal impact.

DISCUSSION: **Senator Lee** asked what would occur if a complaint is not resolved to the satisfaction of the resident or the resident's representative. **Ms. Hart** stated the Ombudsman Program's ultimate goal is to resolve issues to the best of its ability. In the process of investigating complaints, the program educates residents about the importance of bringing in other people to resolve the issue. Residents are often afraid of retaliation, which can make them reluctant to pursue a resolution. **Senator Lee** asserted the proposed legislation creates liability by stating the program will resolve complaints to the satisfaction of the resident. **Ms. Hart** noted some issues are not solved to the satisfaction of the client.

Senator Martin also expressed concern about the addition of the phrase "to the satisfaction of the resident." He sought more information about the source of the phrase. **Ms. Hart** stated the language came directly from the Older Americans Act. **Chairman Heider** explained the proposed legislation states the Ombudsman program "will work to resolve" issues to the resident's satisfaction; it does not state the program "must resolve."

Senator Potts expressed concern that this bill does not mention working with a nursing home or assisted living facility to resolve issues. He stated allowing the program to enter a facility at any time could lead to staffing issues at the facility. **Senator Potts** also expressed concern that this bill discusses verbal notification, but not written notification. **Ms. Hart** stated it is not the Ombudsman's intent to be an adversary to facilities. The program works closely with facilities while also being mindful of a resident's fear of potential retaliation. **Ms. Hart** noted it is necessary for the program to have 24-hour access to facilities, as problems may arise after-hours or on the weekend. She stated the program is mindful of staffing issues. **Ms. Hart** clarified the program can provide information in writing. **Senator Potts** expressed concern that this bill does not reflect the program's willingness to work with facilities.

Senator Foreman asked if granting the program the ability to enter a facility at any time violates the Fourth Amendment to the United States Constitution. **Ms. Hart** stated the program has never come into conflict with the Fourth Amendment. She clarified the program does not search facilities; the program investigates issues surrounding resident complaints. **Senator Lee** asked if this is why the Ombudsman Program would be removed from the list of mandatory reporters of abuse and neglect. **Ms. Hart** responded in the affirmative.

MOTION: There being no more testimony or questions, **Senator Lee** moved to send **H 0347** to the floor with a **do pass** recommendation. **Vice Chairman Souza** seconded the motion.

DISCUSSION: **Senator Martin** asserted the language of the bill was appropriate. **Senator Lee** expressed concern, but also stated any issues that arise can be addressed by the Committee during the 2019 Legislative Session. **Senator Potts** expressed concern the language is too extreme.

VOICE VOTE: The motion carried by **voice vote**. **Senator Potts** and **Senator Foreman** voted **nay**.

PRESENTATION: **Department of Health and Welfare Budget**. **Russ Barron** introduced himself as the Director of the Idaho Department of Health and Welfare (DHW). **Director Barron** stated the recommended DHW budget for fiscal year (FY) 2019 is $3.14 billion. Federal funds account for 62 percent of the 2019 budget, and funds derived from the General Fund account for 25 percent. The total budget increase for FY 2019 is 9.97 percent. **Director Barron** stated the increase is caused primarily by: Medicaid caseload, utilization, and mandatory cost increases; reduction in hospital cost settlements; and a federal medical assistance percentage (FMAP) adjustment.

Nearly 86 percent of the DHW budget for FY 2019 goes to private service providers; the majority of this category covers Medicaid services. **Director Barron** noted the other portions of the DHW budget are for administrative costs. DHW attempts to keep such costs as low as possible. The FY 2019 budget recommendation includes the addition of 13 full-time positions within DHW. **Director Barron** referenced a chart showing the budget distribution among the various divisions within DHW (see Attachment 1). The Division of Medicaid receives 81 percent of the overall budget and provides medical coverage for over 300,000 Idahoans. Medicaid enrollment in Idaho continues to grow, but DHW's Medicaid costs have increased at a lower rate than inflation. **Director Barron** referenced a slide illustrating the transformation of Medicaid payments since 2012.

Director Barron listed the following General Fund budget recommendations: implement the Idaho Health Care Plan, which would establish a dual waiver process; create additional behavioral health community crisis centers; transfer funds from the Children's Mental Health Program to Medicaid for children with serious emotional disturbances; provide funds for Youth Empowerment Services system updates to accommodate a new assessment tool and manage workflow; invest in new technology projects to improve efficiency; and increase DHW employee compensation.

DISCUSSION: **Senator Foreman** commended DHW for its work, but expressed concern about current levels of social spending. He asked how Director Barron would change the health and welfare system if he could hypothetically replace the current system. **Director Barron** stated he focuses on preventive services and addressing the root cause of issues. He expressed concern about behavioral health issues in Idaho, and emphasized the importance of addressing those issues.

Senator Agenbroad noted Medicaid reimbursement rates are low in Idaho. He asked how to alleviate the burden that this places on providers and make it easier for providers to work with DHW. **Director Barron** responded DHW works to ease the burden on providers. He stated he is open to meeting with providers and stakeholders to discuss potential improvements to the system.

Senator Potts asked if the proposed budget in Director Barron's presentation included the proposed Idaho Health Care Plan. **Director Barron** responded in the affirmative. **Senator Potts** expressed concern about the proposed budget increase.

Director Barron stated DHW tries not to spend any money unnecessarily. He noted Idaho's Medicaid spending is more conservative than most states' Medicaid spending.

Senator Lee asked if the proposed 2019 budget reflects the movement of complex medical cases onto Medicaid. **Director Barron** stated the number of Medicaid recipients cited in the presentation does not include the recipients that would be added if the Idaho Health Care Plan is approved. He noted the plan would result in the addition of 2,500-3,500 new Medicaid recipients. **Senator Lee** asked if DHW has considered the private insurance cost of complex condition coverage. **Director Barron** stated $200 million in costs would be removed from the individual insurance market. Medicaid would then pay $100 million, which is the total cost of the plan. **Director Barron** noted he did not know the costs associated with each complex condition.

Vice Chairman Souza stated DHW originally estimated the Idaho Health Care Plan would cover 2,000 Idahoans. The estimate has since increased to 2,500-3,500. She expressed concern that there would be no stable cost estimates for the plan and that the number of participants would continue to grow. **Director Barron** explained that the estimate increased due to conflict with the United States Department of Health and Human Services (HHS). **Director Barron** noted HHS rejected DHW's original plan, which would have served 2,000 Idahoans. DHW modified the plan to obtain HHS approval; the modifications caused the number of potential participants to increase. **Director Barron** asserted the waiver aspect of the proposed plan would allow DHW to control the number of participants.

Vice Chairman Souza expressed concern that the proposed waiver could be amended in the future to include more complex diagnoses. She stated the plan would relieve the burden on insurance companies currently serving patients with complex conditions. **Vice Chairman Souza** asked if rising costs for insurance companies will create pressure to add more complex conditions to the proposed waiver. **Director Barron** stated there is no pressure on insurance companies. He asserted Idaho citizens cannot afford insurance; therefore, the goal of the plan is to reduce insurance rates so citizens can afford coverage.

Vice Chairman Souza noted $200 million would be removed from the private insurance market if the plan is approved. The cost to the State would be $100 million. She asked if there would be a $100 million reduction in private insurance rates. **Director Barron** clarified that the total cost of the plan would be $100 million; however, the cost to the State would be $29 million. He stated insurance rates would decrease by 20 percent.

PRESENTATION: Idaho Speech, Language, Hearing Association Audiology Project. **Tammy Emerson** spoke on behalf of the Idaho Speech, Language, Hearing Association (ISHA). She stated the goal of the ISHA Audiology Project is to reinstate adult audiology Medicaid reimbursement. The 2011 Legislature made cuts to reduce the cost of Medicaid; the cuts included reducing coverage for adult audiology services. ISHA successfully recovered Medicaid coverage of diagnostic audiology services for adults, but not all audiology services. ISHA representatives discussed the issue with the Division of Medicaid within DHW. **Ms. Emerson** stated the Division of Medicaid was receptive, but wanted legislative support before attempting a rule change to reinstate adult audiology Medicaid reimbursement.

April Ward introduced herself as an audiologist and a representative of ISHA. She stated ISHA is seeking to garner legislative support for an administrative rule change within the Division of Medicaid; the rule change would allow for Medicaid coverage of hearing aid and cochlear implant services for adults. **Dr. Ward** noted

coverage of audiology services will reduce long-term costs to Medicaid.

Numerous studies have shown strong links between hearing loss and dementia. Untreated hearing loss can cause brain atrophy and can cause the visual section of the brain to take over the auditory section. This process can be reversed if individuals receive treatment soon enough; however, the process can become irreversible if not treated in a timely manner. This makes hearing aids and cochlear implants ineffective, as the auditory portion of the brain no longer performs auditory functions. Studies have also shown a fivefold increase in dementia among individuals with untreated hearing loss. **Dr. Ward** noted the cost of treating someone with dementia is significantly higher than the cost of treating hearing loss.

Dr. Ward explained individuals with hearing loss make an average of $4,000 less per year than individuals without hearing loss. Treating hearing loss can mitigate the negative financial impact of hearing loss by 50 percent. **Dr. Ward** stated Medicaid coverage of adult audiology services would result in $1.8 million in additional income for Idahoans with hearing loss. The cost to the State would be $1.5 million.

DISCUSSION: **Senator Potts** asked Dr. Ward to confirm that providing Medicaid coverage for adult audiology services would result in a net gain of $271,000. **Ms. Emerson** stated the figures provided in the presentation are estimates. She noted the Division of Medicaid would conduct a financial impact study before proposing an administrative rule change. **Ms. Emerson** expressed hope that members of the Committee would contact the Division of Medicaid to request a study of the issue. She also provided several personal anecdotes illustrating the negative financial impact of untreated hearing loss.

Senator Foreman voiced his support of Medicaid coverage for adult audiology services and expressed concern regarding Idaho's current welfare system. He noted the structure of the current welfare system prevents the government from appropriating funds to those who truly need assistance. He then commended Ms. Emerson for her work.

Dr. Ward noted Medicaid spends between $17,000 and $20,000 for a cochlear implant and the corresponding surgery. This amount does not include follow-up services. When individuals on Medicaid reach the age of 21, they no longer have coverage of audiology services. If they cannot afford cochlear implant mapping or repairs, the cochlear implant previously covered by Medicaid loses effectiveness.

ADJOURNED: There being no further business, **Chairman Heider** adjourned the meeting at 4:38 p.m.

_____	_____
Senator Heider	Rachel Goodman
Chair	Secretary

IDAHO Department of Health and Welfare

Idaho Department of Health & Welfare

Senate Health & Welfare Committee

Russ Barron
Director

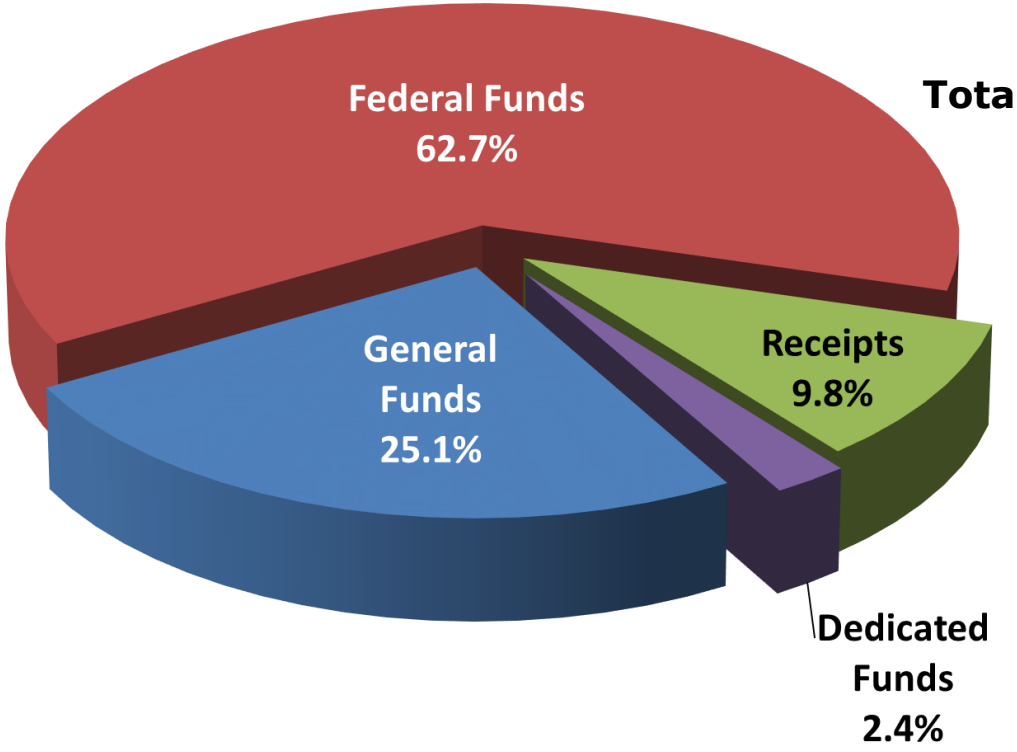
February 14, 2018

IDAHO DEPARTMENT OF HEALTH & WELFARE

Today's Presentation

1. Budget overview
2. Medicaid cost containment strategies
3. Top General Fund budget recommendations

SFY 2019 Recommendation by Fund Source



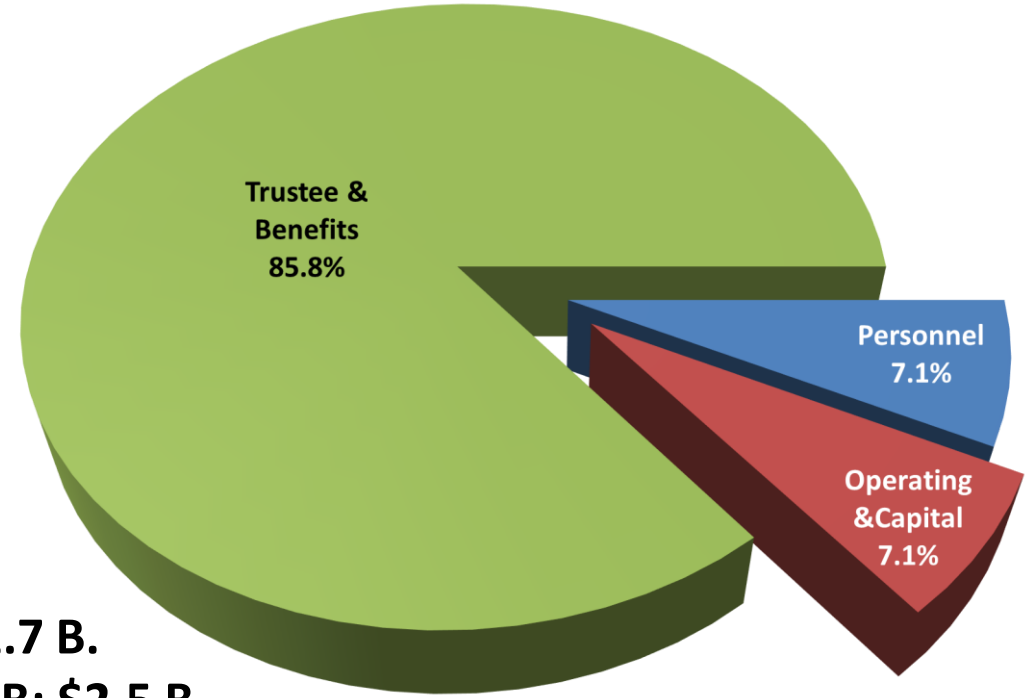
Total: $3.14 B.

Increase from SFY 2018	
General	11.61%
Dedicated	15.11%
Receipts	-7.88%
Federal	12.53%
Total	9.97%

Cause of More Than 55% of General Fund Increase:

- **$35.2 M.** for Medicaid caseload, utilization and mandatory cost increases – most is for caseload growth and mandatory cost increases
- **$7.2 M** to cover the reduction in hospital cost settlements
- **$2.7 M.** in FMAP adjustment from 71.17% to 71.13%

SFY 2019 Recommendation by Category



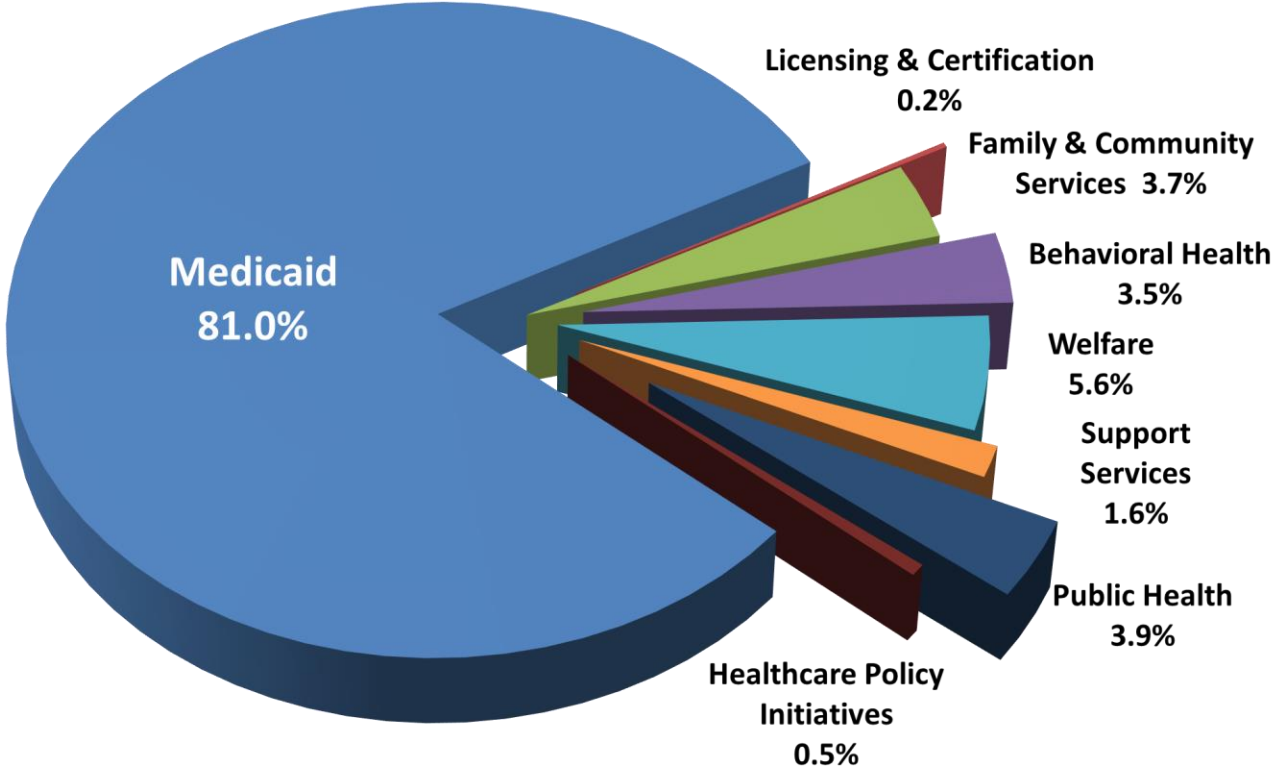
Total: $3.14 B.

FTP: 2,931

T&B: $2.7 B.

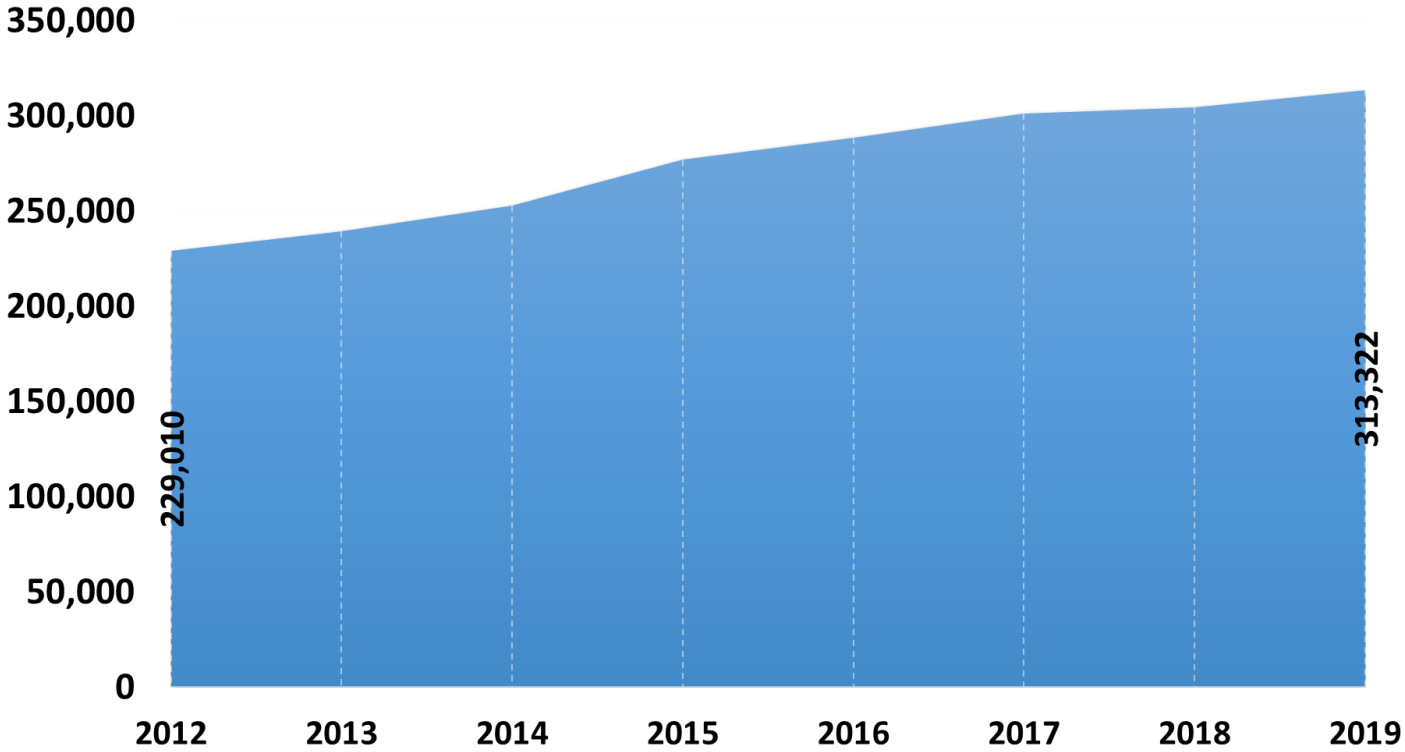
Medicaid T&B: $2.5 B.

SFY 2019 Recommendation by Program



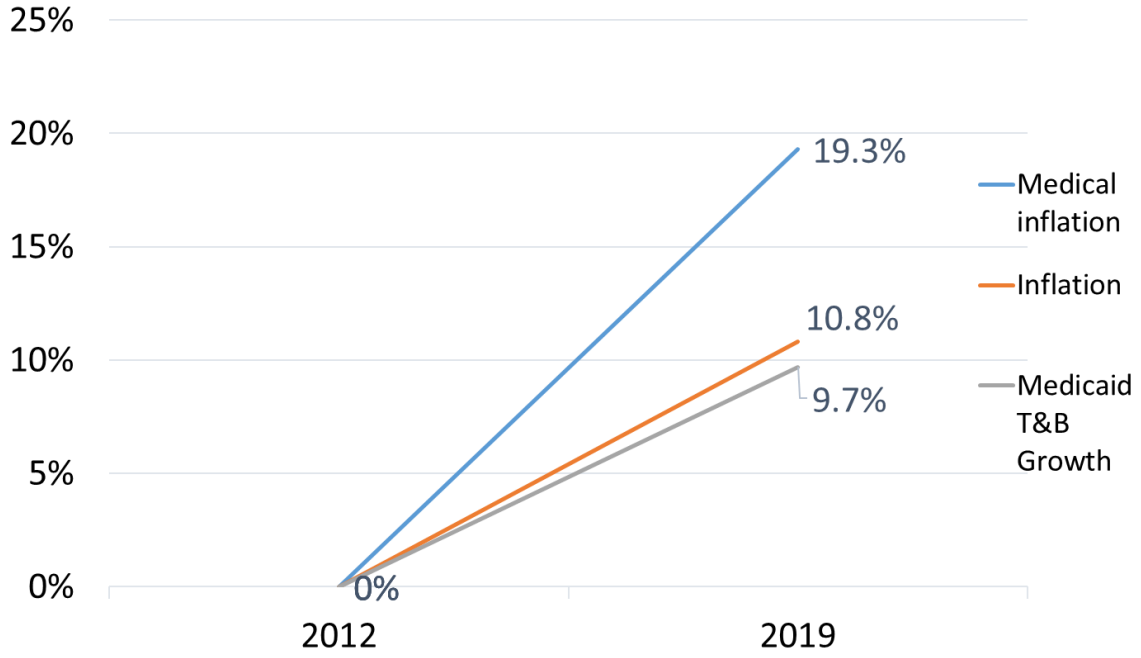
Total: $3.14 B.

Medicaid Enrollment Continues to Grow



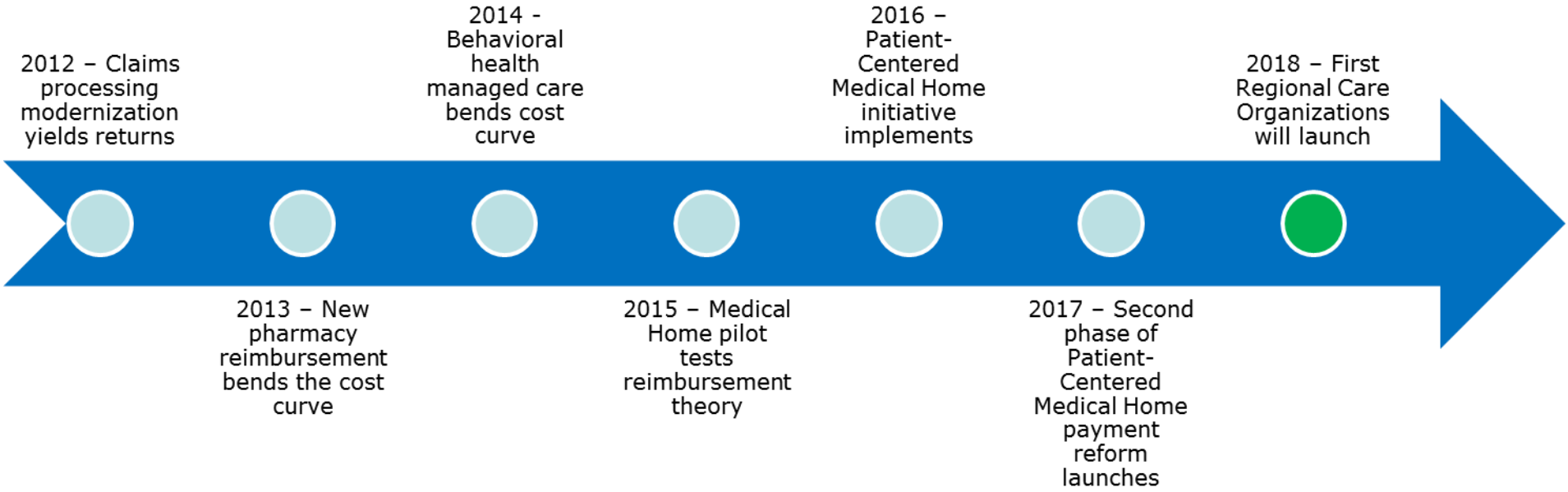
$158 M. in GF increase due to enrollment over 7 year span.

Medicaid Cost Growth is Less Than Inflation



$56.9 M. GF increase in average annual case cost over the same 7-year span, due to inflation.

Medicaid Payment Transformation 2012-2018



SFY 2019 Top General Fund Budget Recommendations

1. Idaho Health Care Plan
2. Behavioral Health: Community Crisis Centers and Youth Empowerment Services
3. Technology projects to improve productivity and efficiency
4. Change in Employee Compensation

IDAHO Department of Health and Welfare

Idaho Health Care Plan: Dual Waivers

This plan allows the Department of Insurance and the Department of Health and Welfare to submit applications for waivers to provide:

- Affordable, private health coverage for low-income Idaho citizens
- Temporary Medicaid coverage for some of Idaho's sickest individuals

This will result in:

- A reduction in health insurance premiums for everyone on the individual market
- A balanced risk pool for long-term sustainability of insurance markets.

Community Crisis Center Admissions

	FY2015	FY2016	FY2017	FY2018	Total
Behavioral Health Crisis Center of Eastern Idaho (Dec. 2014)	735	1,950	2,481	1,408	6,574
North Idaho Crisis Center (Dec. 2015)	0	615	1,118	707	2,440
Crisis Center of South Central Idaho (Oct. 2016)	0	0	1,031	1,171	2,202
Pathways Behavioral Health Community Crisis Center (Dec. 2017)	0	0	0	62	62
Totals	735	2,565	4,630	3,348	11,278

Children's Mental Health: Youth Empowerment Services

Settlement agreement of 35-year Jeff D. lawsuit to improve and expand access to children's mental health services

- Transfer of $1.2 M in GF from Children's Mental Health to Medicaid to pay for mental health services for children in homes with income between 185% and 300% of FPL

- System updates to accommodate new assessment tool and to manage caseload and workflows: $250,000 in GF

Technology Projects to Improve Efficiency

Child Welfare

$3.9 M. GF

Year 3 of 5

- Benefits 1,600 children in foster care on any given day (~2,700 annually), their families, and their foster families
- Used to document case information
- Processes payments for foster families and generates referrals to Medicaid and Child Support

Child Support

$2.7 M. GF

Year 3 of 3

Idaho Child Support
SERVICES FOR FAMILIES

- Supports more than 416,000 parents and children and more than $205 M. in payments
- Enhances case management, financial modules, efficiency, and productivity

Change in Employee Compensation (CEC)

- DHW turnover is up slightly from 12% in 2016 to 12.9% in 2017.
- State pay currently lags the private sector by slightly more than 20%.
- In SFY 2017, in employee exit interviews, 43% cited pay as either the primary reason for leaving, or a contributing factor to their decision to leave. This is up from 37% in SFY16.

IDAHO Department of Health and Welfare

Idaho Department of Health & Welfare

Senate Health & Welfare Committee

Russ Barron
Director

February 14, 2018

IDAHO DEPARTMENT OF HEALTH & WELFARE

AGENDA

SENATE HEALTH & WELFARE COMMITTEE

3:00 P.M.
Room WW54
Thursday, February 15, 2018

SUBJECT	DESCRIPTION	PRESENTER
Page Farewell	Farewell to Committee Page Heidi Kofoed	Chairman Heider
Approval of Minutes	Minutes of the January 29, 2018 Meeting	Senator Souza
H 0343	Dentistry, Dental Specialists	Susan Miller, Executive Director, Board of Dentistry
H 0344	Dental Hygienists, Access Settings	Susan Miller
H 0345	Dentistry, Convictions	Susan Miller
H 0346	Board of Dentistry, Compensation	Susan Miller
H 0336	Medicaid, Nursing Facilities	Alexandra Fernandez, 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 Heider
Vice Chairman Souza
Sen Martin
Sen Lee
Sen Harris
Sen Agenbroad
Sen Foreman
Sen Potts
Sen Jordan

COMMITTEE SECRETARY

Rachel Goodman
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Thursday, February 15, 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.
ADJOURNED:	**Chairman Heider** called the meeting of the Health and Welfare Committee (Committee) to order at 3:00 p.m.
PAGE FAREWELL:	**Chairman Heider** recognized and thanked Heidi Kofoed for her excellent work as the Committee page. **Ms. Kofoed** thanked the Committee and spoke about her experience as a Senate page.
APPROVAL OF MINUTES:	**Vice Chairman Souza** moved to approve the Minutes of January 29, 2018. **Senator Jordan** seconded the motion. The motion carried by **voice vote**.
H 0343	**Dentistry, Dental Specialists**. **Susan Miller** introduced herself as the Executive Director of the Idaho Board of Dentistry (BOD). Current Idaho law states dental specialties are determined by the American Dental Association (ADA). **Dr. Miller** explained **H 0343** would strike references to the ADA from this section of Idaho Code and give the BOD the authority to recognize the specialty areas of dental practice. **Dr. Miller** stated the BOD is prepared to engage stakeholders in the rulemaking process that would result from this legislation. The legislation would have no fiscal impact.
MOTION:	There being no testimony or questions, **Senator Martin** moved to send **H 0343** to the floor with a **do pass** recommendation. **Vice Chairman Souza** seconded the motion. The motion carried by **voice vote**. Senator Martin will carry this bill on the floor of the Senate.
H 0344	**Dental Hygienists, Access Settings**. **Dr. Miller** explained this bill would revise the definition of "extended access oral health care program" and the associated supervision requirements. Current law requires supervising dentists in extended access oral health care programs to be employed by, retained by, or a volunteer for the program. **Dr. Miller** asserted requiring a relationship between the supervising dentist and the program creates a barrier to care. This legislation would also replace language referring to locations with the broader term "practice setting." This legislation would have no fiscal impact.
DISCUSSION:	**Chairman Heider** asked for the definition of practice settings. **Dr. Miller** stated practice settings refer to locations such as dental offices and extended access oral health care programs. Using the term "practice settings" throughout the legislation would be more consistent. **Senator Lee** asked how this legislation relates to a BOD rule which places a 75-mile restriction on the practice of teledentistry. **Dr. Miller** stated this legislation discusses authorization for procedures performed by dental hygienists, which relates to teledentistry, an extended access oral health care setting.

MOTION: There being no more testimony or questions, **Senator Jordan** moved to send **H 0344** to the floor with a **do pass** recommendation. **Senator Lee** seconded the motion. The motion carried by **voice vote**. Senator Jordan will carry the bill on the floor of the Senate.

H 0345 **Dentistry, Convictions**. **Dr. Miller** stated this legislation expands the definition of "conviction" in the Dental Practice Act by including a finding of guilt under the Uniform Code of Military Justice (UCMJ). This will clarify the BOD's authority when considering applicants for licensure, or when considering conduct of licensees who have been convicted of a crime by a military tribunal. **Dr. Miller** asserted it is currently unclear that conviction under the UCMJ is covered in the Dental Practice Act's current definition of conviction. **Dr. Miller** noted, in the past two years, the BOD has considered the applications of two dentists who were convicted of felony-level conduct under the UCMJ.

DISCUSSION: **Senator Potts** asked if this specification is necessary. He asked if the BOD had to accept the applications of the two dentists convicted under the UCMJ because Idaho law does not specify UCMJ convictions as convictions. **Dr. Miller** stated there was no issue with the two convicted dentists because they did not appeal the rejection of their applications. However, she explained the current definition of conviction does not include UCMJ conviction.

MOTION: There being no more testimony or questions, **Senator Agenbroad** moved to send **H 0345** to the floor with a **do pass** recommendation. **Vice Chairman Souza** seconded the motion. The motion carried by **voice vote**. Senator Agenbroad will carry this bill on the floor of the Senate.

H 0346 **Board of Dentistry, Compensation**. **Dr. Miller** explained BOD member compensation has remained static at $50 per day for many years. Members are compensated for each day spent in the performance of duties, which typically consists of one to one-and-a-half meeting days per quarter. BOD members spend a significant amount of non-compensated time traveling and reviewing materials before meetings. This legislation would increase BOD member compensation to $100 per day. **Dr. Miller** stated the BOD is a dedicated fund agency; therefore, this legislation would not impact the General Fund. **H 0346** would result in a yearly draw of less than $5,000 from the BOD's dedicated fund.

DISCUSSION: **Senator Martin** inquired as to the current balance of the BOD's fund. **Dr. Miller** stated the BOD's fund is currently equal to 100-150 percent of the BOD's operating budget.

Senator Jordan asked when the per diem pay for BOD members was last increased. **Dr. Miller** stated that the rate was last increased sometime before 1985.

MOTION: There being no more testimony or questions, **Senator Martin** moved to send **H 0346** to the floor with a **do pass** recommendation. **Vice Chairman Souza** seconded the motion. The motion carried by **voice vote**. Senator Martin will carry this bill on the floor of the Senate.

H 0336 **Medicaid, Nursing Facilities**. **Alexandra Fernandez** introduced herself as the Bureau Chief of the Bureau of Long-Term Care in the Division of Medicaid within the Department of Health and Welfare (DHW). This legislation is meant to implement quality incentive programs for skilled nursing facilities. **Ms. Fernandez** stated skilled nursing facilities are required to contribute to the Assessment Fund annually. The Division of Medicaid is then able to add federal matching funds to the Assessment Fund. The Fund is used to pay participating facilities based on the number of days the facility serves Medicaid participants. In order to retain this revenue source for skilled nursing facilities, Idaho must comply with federal regulations pertaining to these types of payments. This bill would ensure compliance by incorporating a quality component into the existing Assessment Fund distribution method. This legislation would also allow Idaho's three veterans homes to participate in the Skilled Nursing Facility Quality Program.

The Division of Medicaid formed a workgroup, which established quality measures and payment distribution that will be used during the first five-year period of the Skilled Nursing Facility Quality Program. Quality measures are based on resident data that skilled nursing facilities already collect and supply to the Centers for Medicare and Medicaid Services (CMS). Full implementation of the program would occur in State fiscal year (FY) 2021. The proposed payment distribution method would ensure that facilities have the opportunity to earn 100 percent of their allocation if they are high performers or if they demonstrate improvement over time. The Division of Medicaid workgroup will meet on a semi-annual basis to discuss the program. **Ms. Fernandez** asserted this legislation would have no fiscal impact to the State.

DISCUSSION: **Senator Lee** asked if this assessment would replace the licensing process. She asked if the two processes are similar. **Ms. Fernandez** stated the proposed assessment is separate and distinct from the licensing process. **Senator Lee** asked if the assessment is part of a review process that determines the allocation of funds. **Ms. Fernandez** responded in the affirmative. She explained this initiative is meant to improve quality over time. She also noted that the quality data necessary for the proposed assessment comes from an existing data source.

Senator Potts asked if facilities who do not meet certain standards received a reduced allocation. **Ms. Fernandez** responded in the affirmative. She explained any money remaining in the Assessment Fund would be distributed evenly among the participating facilities. **Senator Potts** asked how the remaining funds are distributed across the remaining facilities. **Ms. Fernandez** explained the distribution would be based upon the number of days a facility serves a Medicaid resident. **Senator Potts** asked if facilities have the opportunity to resolve issues found in the assessment prior to losing a portion of their funding. **Ms. Fernandez** explained that the program would begin collecting data in 2019, but would not implement the proposed distribution method until 2021. This would allow facilities to rectify problems before their payments are impacted.

Vice Chairman Souza noted quality measures must be based on a periodic evaluation. She asked who would conduct the evaluation, how much an evaluation would cost a facility, how often facilities would be evaluated, and whether a facility could dispute the findings of an evaluation. **Ms. Fernandez** stated quality data is collected by the skilled nursing facility. The data is derived from an evaluation of each resident's functionality. It is collected upon a resident's admission to the facility and approximately every three months thereafter. The data is then submitted to CMS. **Ms. Fernandez** noted that the Skilled Nursing Facility Quality Program would be utilizing an existing data set.

Vice Chairman Souza asked if the natural decline of a patient's health would reflect

poorly upon a facility in the proposed assessment. **Ms. Fernandez** explained the quality measures focus upon preventable conditions such as pressure ulcers or falls resulting in major injury. **Vice Chairman Souza** asked if reimbursement from the Assessment Fund is based upon self-reported data from the facilities. **Ms. Fernandez** responded in the affirmative.

TESTIMONY: **Rick Holloway** introduced himself as the Home Administrator of the Idaho State Veterans Home in Boise. He expressed support for **H 0336**, which would allow Idaho State Veterans Homes to participate in the program.

DISCUSSION: **Senator Potts** asked if the evaluation standards could be so costly that facilities would prefer to take the loss over improving the facility. **Mr. Holloway** responded in the negative.

MOTION: There being no more testimony or questions, **Senator Harris** moved to send **H 0336** to the floor with a **do pass** recommendation. **Senator Potts** seconded the motion. The motion carried by **voice vote**. Senator Harris will carry this bill to the floor of the Senate.

ADJOURNED: There being no further business, **Chairman Heider** adjourned the meeting at 3:38 p.m.

_____ _____

Senator Heider
Chair

Rachel Goodman
Secretary

AMENDED AGENDA #3

SENATE HEALTH & WELFARE COMMITTEE

3:00 P.M.
Room WW54
Monday, February 19, 2018

SUBJECT	DESCRIPTION	PRESENTER
Page Introduction	Introduction of Committee Page Harrison Woodland	Senator Heider
S 1311	Direct Primary Care Pilot	Senator Thayn
S 1310	Emergency Medical Services Standards	Senator Brackett
RS26212	Dental Licensure by Credentials	Senator 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 Heider
Vice Chairman Souza
Sen Martin
Sen Lee
Sen Harris
Sen Agenbroad
Sen Foreman
Sen Potts
Sen Jordan

COMMITTEE SECRETARY

Rachel Goodman
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Monday, February 19, 2018
TIME:	3:00 P.M.
PLACE:	Room WW54
MEMBERS PRESENT:	Chairman Heider, Vice Chairman Souza, Senators Martin, Harris, Agenbroad, Foreman, Potts, and Jordan
ABSENT/ EXCUSED:	Senator Lee
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 3:01 p.m.
PAGE WELCOME:	**Chairman Heider** welcomed Committee Page Harrison Woodland.
S 1311	**Direct Primary Care Pilot. Senator Thayn** stated the purpose of this bill is to help individuals pass through poverty more efficiently and to address health care issues. This bill would create a pilot program in which the State would provide a direct primary care membership to participants enrolled in a financial literacy course or a health coaching course from a qualified nonprofit. The pilot program would enroll 150 individuals across three health districts in the first year, and data would be collected. District health departments would oversee the program. To be eligible for the program, individuals must be over 18 years of age, earn less than 185 percent of the federal poverty limit, and be enrolled in a financial literacy course or health coaching program. The spouses of eligible individuals would also be granted a direct primary care membership. Eligible nonprofits must be tax exempt and have at least two years of experience in financial literacy or health coaching. The direct primary care membership may only be provided by the State for ten months and the cost of the membership must not exceed $70 per month. Up to 30 percent of the program expenses may be spent on administrative costs. **Senator Thayn** acknowledged this is a large percentage, but he noted the public health districts run on small budgets and do not wish to use their own savings to fund the program.
DISCUSSION:	**Vice Chairman Souza** asked why the pilot program did not require participants to be enrolled in both a financial literacy course and a health coaching course. **Senator Thayn** stated most nonprofits specialize in financial literacy or health coaching, but not both. **Vice Chairman Souza** asked if the public health districts are willing to participate and if only three public health districts would participate in the pilot program. **Senator Thayn** responded in the affirmative. He noted more public health districts may participate in the future if the program continues. **Senator Agenbroad** asked if individuals in the program are eligible for other State benefits. He inquired as to whether participation in the program would jeopardize their eligibility for such benefits. **Senator Thayn** stated he did not think the program would add to an individual's income; therefore, it would not affect eligibility for other benefits. **Senator Agenbroad** sought more information regarding what the

program would report and which entities would be responsible for reporting data. **Senator Thayn** explained a data programmer would create a program for data collection. Participants would provide data regarding income, health, and other relevant information.

Senator Martin asked Senator Thayn to explain the project's potential future. **Senator Thayn** asserted the pilot program will indicate whether such a program can help individuals pass through poverty and expand the State's tax base. If the pilot program is successful, the methods may be applicable to other programs in the future.

Senator Jordan asked what criteria would be used to determine whether a course is qualified. **Senator Thayn** stated the public health districts would determine which courses are qualified. **Senator Jordan** asserted 30 percent for administrative expenses seemed exorbitant. She inquired as to how the developers of the bill decided on 30 percent. **Senator Thayn** explained the public health districts are concerned about the cost of the program and requested $300 for administrative costs. **Senator Thayn** noted appropriating 30 percent of the program budget to administrative costs was necessary to secure the cooperation of the public health districts.

Senator Jordan expressed concern that participation in the pilot program would make some individuals ineligible for the benefits of the proposed Idaho Health Care Plan. She asked if Senator Thayn spoke to the Idaho Tax Commission to determine whether the pilot program's direct primary care membership would be considered taxable income. **Senator Thayn** asserted he did not think the pilot program benefits would be considered taxable income because the participants would not receive money directly. The public health district would transfer the money directly to the health care provider.

TESTIMONY: **Dr. Julie Gunther, M.D.** introduced herself as a doctor at a direct primary care medical clinic. She noted she can provide comprehensive primary care, urgent care, wellness care, wellness labs, and basic medications to patients for $70 per month. **Dr. Gunther** voiced her support for this bill.

DISCUSSION: **Chairman Heider** asked if the public health districts will contract with individual care facilities. **Dr. Gunther** responded in the affirmative. **Vice Chairman Souza** voiced her support for direct primary care and commended Dr. Gunther for her work. **Senator Foreman** expressed support for the pilot program and the potential change it could bring about within the welfare system. **Dr. Gunther** noted this bill demonstrates to physicians that they can practice medicine outside of the traditional system. She asserted direct primary care clinics restore physician autonomy and allow for more time with patients.

TESTIMONY: **Kimbra Shaw** introduced herself as the Executive Director of Love INC Boise (Love INC). Love INC launched an Abundant Living Program, which is a comprehensive transformational program with a financial literacy component. **Ms. Shaw** noted that Love INC would teach individuals to include the cost of direct primary care in their budget so they can continue receiving health care after leaving the pilot program. She voiced her support of this bill.

DISCUSSION: **Chairman Heider** asked Senator Thayn how the pilot program would transition into a larger program. **Senator Thayn** explained the State would need to find more nonprofits and health care partners to expand the program.

MOTION: There being no more testimony or questions, **Vice Chairman Souza** moved to send **S 1311** to the floor with a **do pass** recommendation. **Senator Martin** seconded the motion.

DISCUSSION: **Senator Jordan** expressed concern about the pilot program's effect upon participants' other benefits. She also voiced concern about the administrative cost of the program.

VOICE VOTE: The motion carried by **voice vote**. **Senator Jordan** voted **nay**.

S 1310 **Emergency Medical Services Standards**. **Senator Brackett** explained this bill would allow a licensed emergency medical responder (EMR) to serve as an ambulance attendant if he or she has a valid ambulant certification or if an emergency medical technician (EMT) is present. The purpose of the bill is to ensure the viability of rural medical response while maintaining high-quality patient care.

DISCUSSION: **Chairman Heider** inquired as to the difference in the number of training hours an EMR and an EMT must complete. **Senator Brackett** stated he thought EMTs completed twice as many training hours as an EMR.

Vice Chairman Souza asked if EMRs have the ability to complete all the tasks necessary in an emergency situation. **Senator Brackett** explained an EMR may be the only available responder in some emergency situations in rural areas. **Wayne Denny** introduced himself as the Bureau Chief of the Bureau of Emergency Medical Services and Preparedness. He stated EMT basic training is more advanced than it was in the past. EMR training is now comparable to the past EMT basic curriculum. By completing training modules, EMRs can reach the same skill level as an EMT.

Vice Chairman Souza noted the scope of this bill is not limited to rural areas. She asked if an EMR might also serve as an ambulance attendant in urban settings. She asked if this bill would encourage increased use of EMRs instead of EMTs. **Mr. Denny** explained urban areas have more resources; therefore, he did not expect many EMRs to serve as ambulance attendants in urban areas. He noted the EMT training course does not require a set number of hours; instead, an EMT completes training after passing competency assessments. **Mr. Denny** asserted allowing EMRs to become ambulance attendants may encourage them to become EMTs or advanced EMTs.

MOTION: There being no more testimony or questions, **Senator Harris** moved to send **S 1310** to the floor with a **do pass** recommendation. **Senator Agenbroad** seconded the motion. The motion carried by **voice vote**.

RS 26212 **Dental Licensure by Credentials**. **Chairman Heider** stated this RS would reduce the number of practice hours required for dental licensing. Current law requires a dentist to practice 1,000 hours per year for five years in order to be licensed. This RS would reduce the required hours to 3,500 hours total over five years. **Chairman Heider** explained certain circumstances may prevent individuals from reaching 1,000 hours of practice in one year.

UNANIMOUS CONSENT REQUEST: **Vice Chairman Souza** requested unanimous consent to send **RS 26212** to the Judiciary and Rules Committee to be printed. There were no objections.

ADJOURNED: There being no further business, **Chairman Heider** adjourned the meeting at 3:50 p.m.

Senator Heider
Chair

Rachel Goodman
Secretary

AGENDA

SENATE HEALTH & WELFARE COMMITTEE

3:00 P.M.
Room WW54
Tuesday, February 20, 2018

SUBJECT	DESCRIPTION	PRESENTER
Approval of Minutes	Minutes of the January 31, 2018 Meeting	Senator Harris
	Minutes of the February 1, 2018 Meeting	Senator Jordan
	Minutes of the February 5, 2018 Meeting	Senator Potts
H 0465	Medicaid, Dental Services	Representative Rubel
H 0409	Nursing Home Administrators	Kris Ellis, Idaho Health Care Association

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 Heider
Vice Chairman Souza
Sen Martin
Sen Lee
Sen Harris
Sen Agenbroad
Sen Foreman
Sen Potts
Sen Jordan

COMMITTEE SECRETARY

Rachel Goodman
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Tuesday, February 20, 2018
TIME:	3:00 P.M.
PLACE:	Room WW54
MEMBERS PRESENT:	Chairman Heider, Vice Chairman Souza, Senators Martin, Harris, Foreman, Potts, and Jordan
ABSENT/ EXCUSED:	Senators Lee and Agenbroad
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 3:06 p.m.
APPROVAL OF MINUTES:	**Senator Harris** moved to approve the Minutes of January 31, 2018. **Vice Chairman Souza** seconded the motion. The motion carried by **voice vote**. **Senator Jordan** moved to approve the Minutes of February 1, 2018. **Senator Martin** seconded the motion. The motion carried by **voice vote.** **Senator Potts** moved to approve the Minutes of February 5, 2018. **Vice Chairman Souza** seconded the motion. The motion carried by **voice vote**.
H 0465	**Medicaid, Dental Services**. **Representative Rubel** explained preventive dental care was covered by basic Medicaid until 2011, when preventive dental care coverage was cut as a result of the economic recession. **Representative Rubel** asserted this cut was intended to be temporary; Medicaid coverage of preventive dental care was supposed to be reinstated after the recession. There are currently 29,000 adults on Medicaid in Idaho. Individuals in this category earn less than 26 percent of the federal poverty limit and have minor children. This population also has high rates of mental illness. **Representative Rubel** explained a lack of preventive dental care can cause or worsen serious health problems such as diabetes, heart disease, etc. Untreated dental pain can also be a driver of opioid addiction. Data show that preventive dental care can reduce the incidence and cost of subsequent medical conditions. This bill would have a fiscal impact of $1.1 million to the General Fund, but would result in estimated savings of $2.5 million. **Representative Rubel** asserted this bill would save taxpayer money and alleviate human suffering. She noted lack of dental care can also have adverse effects upon employment opportunities. **Representative Packer** noted this bill would not expand the population covered by Medicaid, but would improve the management of Medicaid coverage for that population. She asserted preventive care is less expensive than emergency care. Idaho has seen an increase in trips to the emergency room caused by a lack of preventive oral care.

DISCUSSION: **Senator Jordan** asked how this bill would affect the Catastrophic Health Care (CAT) Fund and county spending. **Representative Rubel** stated most of the medical costs will be absorbed by Medicaid. The bill would likely have a positive effect upon counties and the CAT Fund because it would result in fewer hospitalizations.

Vice Chairman Souza asked what percentage of the 29,000 Idahoans with Basic Medicaid have a mental illness. **Representative Rubel** stated the unofficial estimate is over half.

Senator Potts asked how many people with Basic Medicaid would utilize preventive dental care coverage. He noted many people with mental illnesses have an aversion to dentists. He asked if having dental insurance will lead people to use dental insurance. **Representative Rubel** acknowledged mental issues can be a barrier for individuals seeking dental care. She asserted a lack of insurance is also a barrier. **Representative Rubel** noted that drugs for mental illness can cause serious dental problems. This can exacerbate dental issues for individuals who lack preventive dental care coverage. She stated she did not have statistics showing the percent of individuals who used Medicaid dental coverage before it was cut; however, there has been an increase in dental emergency treatment costs.

Senator Potts asked if there were statistics regarding dental costs before and after 2011. **Representative Rubel** stated there has been a 20-25 percent increase in dental emergencies, which only constitute a fraction of downstream costs caused by a lack of preventive dental care. Dental problems can cause or worsen many conditions, such as diabetes. However, when such conditions require treatment, they are not tracked as dental cases. **Senator Potts** asserted factors other than oral care can worsen diabetes. He noted many providers do not accept Medicaid. He asked if there is any concern regarding access to dentists who will accept Medicaid. **Representative Rubel** explained studies control for other factors in order to determine the effect of preventive dental care on health conditions and costs. Studies utilize control groups and are able to isolate variables. Regarding Senator Potts' question about access, **Representative Rubel** acknowledged Idaho's Medicaid reimbursement rates are quite low. She noted people may end up on waiting lists for dental care, but she asserted being on a waiting list is better than lacking access altogether.

TESTIMONY: **Bill Roden** spoke on behalf of Delta Dental of Idaho and voiced his support for this bill. He noted preventive dental care coverage for Medicaid recipients was cut due to the recession, but the cut was intended to be temporary. He also mentioned 50 percent of Idahoans lack dental insurance.

DISCUSSION: **Vice Chairman Souza** asked if Delta Dental of Idaho would have any role in facilitating dental access for the individuals affected by this bill. **Mr. Roden** responded in the negative. He noted Delta Dental of Idaho does facilitate dental care clinics for low-income families.

TESTIMONY: **Jim Baugh** introduced himself as the Executive Director of DisAbility Rights Idaho, which advocates for Idahoans with disabilities. **Mr. Baugh** explained dental coverage was restored for individuals with enhanced and coordinated Medicaid plans in 2013. However, dental coverage was never restored for basic Medicaid plans. This lack of coverage affects many people with chronic mental illnesses. **Mr. Baugh** noted many medications taken to treat mental illness negatively impact oral health. He asserted that individuals with disabilities want access to dental care.

DISCUSSION: **Vice Chairman Souza** asked how many individuals on basic Medicaid plans have a serious mental illness and take psychotropic drugs. **Mr. Baugh** explained there is a distinction between individuals with a serious mental illness and individuals taking psychotropic drugs. He also noted there are multiple definitions of "serious mental illness." Individuals with serious mental illnesses are intermittently functional and may maintain employment for periods of time. Changes in employment status alter an individual's Medicaid eligibility category. **Mr. Baugh** explained individuals taking psychotropic drugs have an increased need for preventive dental care. **Vice Chairman Souza** inquired as to how many individuals on a basic Medicaid plan take psychotropic drugs. **Mr. Baugh** responded he was unsure.

Senator Jordan noted individuals who need emergency dental care due to a lack of preventive dental care may be prescribed opioids. She sought information regarding the interaction between opioids and psychotropic drugs. **Mr. Baugh** stated he did not have that information. **Senator Jordan** asked if this issue could be investigated. **Mr. Baugh** responded in the affirmative.

TESTIMONY: **Dr. Ernest Meshack-Hart, D.D.S., F.A.G.D.** introduced himself as a general dentist, the Dental Director for Terry Reilly Health Services, and a member of the Idaho State Dental Association (ISDA) Medicaid Committee. He shared the story of a Medicaid patient who lacked preventive dental care coverage and developed a serious medical condition as a result. The necessary medical treatment cost $70,000.

According to the American Dental Association, the number of dental-related emergency room visits doubled between 2011 and 2014 in the United States. **Dr. Meshack-Hart** asserted this trend occurred in Idaho as well. He noted preventive dental care can greatly reduce the State's health care expenditures.

DISCUSSION: **Senator Potts** asked if the bill would cover the cost of root canals, caps, and bridges. **Dr. Meshack-Hart** explained this bill would restore the Medicaid dental benefits that existed prior to 2011. He noted the Idaho Department of Health and Welfare works with other groups to determine which procedures are covered. He also commented it is less costly to treat dental conditions at an early stage.

Senator Potts asked if psychotropic drugs cause dental problems that need a permanent solution and cannot be solved simply by maintenance. **Dr. Meshack-Hart** stated, if this bill passed, there would be a catch-up period in which some patients' dental conditions have progressed so far as to need more advanced treatments. He noted advanced treatments, such as root canals, are still cheaper and more effective than sending a patient to an emergency room.

TESTIMONY: **Michael McGrane** represented the Idaho Dental Hygienists' Association (IDHA) and voiced his support for this bill.

Elizabeth Criner spoke on behalf of ISDA. She stated only half of all Idahoans have dental insurance and explained dental insurance premiums are costly. She emphasized this bill would save taxpayer dollars by preventing more costly medical conditions caused by a lack of preventive oral care. **Ms. Criner** shared the story of a young Idahoan who passed away due to complications resulting from tooth decay. She also noted there are currently discussions regarding work requirements for Medicaid. She asserted poor oral care has a negative impact upon job opportunities and stressed the importance of adequate preventive dental care.

DISCUSSION: **Senator Jordan** asked if certain dental surgeries are considered preventive care. **Ms. Criner** stated such services are coverable under the federal Medicaid law. **Senator Jordan** noted ISDA members often volunteer at community dental care events. She asked if providing preventive dental care coverage to individuals would allow dentists to focus their volunteer efforts on other community needs. **Ms. Criner** asserted many dentists assist patients on Medicaid who lack dental coverage. She stated dentists will continue to look for opportunities to support their community.

Vice Chairman Souza noted many dentists have concerns about low Medicaid reimbursements in Idaho. She asked if ISDA members support providing dental coverage to an additional 29,000 Idahoans. She also stated there are community clinics that provide health care for low-income individuals. **Vice Chairman Souza** asked why there are not similar clinics for dental care. **Ms. Criner** acknowledged ISDA has concerns about the level of Medicaid reimbursements. However, she explained, ISDA views the issue of Medicaid reimbursement as separate and distinct from the issue of dental coverage for Medicaid recipients; therefore, ISDA supports this bill. **Ms. Criner** noted it can be difficult for dentists to work in clinics similar to community health clinics because the equipment dentists use is not portable. The Idaho Primary Care Association runs various health centers which include dental services. Idaho State University's dental hygienist program also holds dental events throughout the year.

Vice Chairman Souza suggested there is not enough dental health education for Idahoans. She asked Ms. Criner if more dental health education is needed for the low-income population. **Ms. Criner** noted ISDA runs a TV program on a local news channel that discusses oral health issues. ISDA also partners with other entities such as Public Health Districts and dental hygiene programs to educate citizens about oral health. **Ms. Criner** acknowledged that Idahoans need more dental health education.

Senator Jordan asked how much of the State economy dental care represents. **Ms. Criner** was unsure. **Senator Jordan** asked if the $3.8 million required to provide dental coverage for 29,000 Idahoans was a small percentage of the annual Statewide dental care costs. **Ms. Criner** responded in the affirmative.

TESTIMONY: **Representative Rubel** gave details about the per-person cost of preventive dental care coverage for Medicaid recipients. She stated 34 states provide preventive dental care coverage through Medicaid. Other states that cut and then reinstated dental benefits saw substantial savings after reinstatement.

DISCUSSION: **Vice Chairman Souza** asked if this bill would place a cap on the amount of care that is covered by Medicaid. **Matt Wimmer** introduced himself as the Administrator for the Division of Medicaid within the Idaho Department of Health and Welfare (DHW). He explained Medicaid would cover root canals, bridges, fillings, and other procedures typically included in a dental plan. The bill would impose limitations, but would cover services that are medically necessary.

MOTION: There being no more testimony or questions, **Senator Jordan** moved to send **H 0465** to the floor with a **do pass** recommendation. **Senator Martin** seconded the motion.

DISCUSSION: **Senator Potts** expressed concern that Medicaid recipients will not use the dental care coverage or will not be able to locate a dentist who will accept Medicaid.

Senator Jordan reminded the Committee that the elimination of Medicaid dental coverage was meant to be temporary. She stated this bill would offer relief to many people and mitigate a potential barrier to employment.

Vice Chairman Souza expressed concern that this bill is not fair to individuals who are not on Medicaid but who still cannot afford dental insurance. However, she voiced her support for providing dental coverage for Idahoans with mental disabilities. She stated she would support this bill because the fiscal impact would be minimal.

VOICE VOTE: The motion carried by **voice vote**. **Senator Potts** and **Senator Foreman** voted **nay**. Senator Jordan will carry the bill on the floor of the Senate.

H 0409 **Nursing Home Administrators**. **Kris Ellis** spoke on behalf of the Idaho Health Care Association. She explained this bill would reduce the time required to become a nursing home administrator from one year to approximately six months. This would facilitate the implementation of a health services executive license, which would allow an individual to serve as the administrator of a nursing home, assisted living facility, or home health provider. Currently, these categories require separate licenses. **Ms. Ellis** asserted this bill would also make it easier to recruit out-of-state administrators.

MOTION: **Senator Martin** moved to send **H 0409** to the floor with a **do pass** recommendation. **Senator Jordan** seconded the motion. The motion carried by **voice vote**. Senator Martin will carry the bill on the floor of the Senate.

TESTIMONY: **Tana Cory** introduced herself and the Bureau Chief for the Bureau of Occupational Licensing. She spoke on behalf of nursing home administrators and voiced her support for **H 0409**.

ADJOURNED: There being no further business, **Chairman Heider** adjourned the meeting at 4:20 p.m.

_____ _____

Senator Heider
Chair

Rachel Goodman
Secretary

AMENDED AGENDA #1
SENATE HEALTH & WELFARE COMMITTEE
3:00 P.M.
Room WW54
Wednesday, February 21, 2018

SUBJECT	DESCRIPTION	PRESENTER
Gubernatorial Appointment	Gubernatorial Appointment of Dr. Linda Hatzenbuehler to the State Board of Health and Welfare	Dr. Linda Hatzenbuehler
S 1296	Mental Disabilities, Service Animals	Ian Freeman
Presentation	Suicide Prevention	Dr. Linda Hatzenbuehler Shannon Decker, Executive Director, Idaho Suicide Prevention Coalition Kim Kane, Office of Suicide Prevention

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 Heider
Vice Chairman Souza
Sen Martin
Sen Lee
Sen Harris
Sen Agenbroad
Sen Foreman
Sen Potts
Sen Jordan

COMMITTEE SECRETARY

Rachel Goodman
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Wednesday, February 21, 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 to order the meeting of the Health and Welfare Committee (Committee) at 3:12 p.m.
GUBERNATORIAL APPOINTMENT:	**Consideration of the Gubernatorial Appointment of Linda Hatzenbuehler to the Idaho State Board of Health and Welfare**. **Dr. Linda Hatzenbuehler** stated she is a licensed psychologist and the chairperson of the Idaho Council on Suicide Prevention. She was a State employee for 40 years. **Dr. Hatzenbuehler** described her professional background and qualifications.
DISCUSSION:	**Senator Lee** asked Dr. Hatzenbuehler which aspect of health and welfare she would like the State to focus upon more. **Dr. Hatzenbuehler** stated Idaho should improve access to mental health services.
MOTION:	There being no more questions, **Vice Chairman Souza** moved to send the Gubernatorial appointment of Dr. Linda Hatzenbuehler to the Idaho State Board of Health and Welfare to the floor with the recommendation that she be confirmed by the Senate. **Senator Harris** seconded the motion. The motion carried by **voice vote**.
S 1296	**Mental Disabilities, Service Animals**. **Ian Freeman** explained this bill would allow individuals with mental disabilities to have service dogs. Currently, Idaho Code only recognizes service dogs for individuals with physical disabilities. **Mr. Freeman** noted this bill does not relate to emotional support animals.
DISCUSSION:	**Senator Lee** asked for an example of a mental disability and inquired as to whether this bill is in compliance with the Americans with Disabilities Act of 1990 (ADA). **Mr. Freeman** stated this bill would bring Idaho Code into compliance with the ADA. Mental disabilities include conditions such as post-traumatic stress disorder (PTSD) and anxiety. **Senator Jordan** asked if this bill draws upon a legal definition of mental disability included in the ADA. **Mr. Freeman** responded in the affirmative. **Chairman Heider** inquired as to how service animals are trained to assist individuals with mental disabilities. **Tina Day** spoke on behalf of Guardian Paws Service Dogs, which trains service animals for veterans. She emphasized that service dogs can have a very positive impact on individuals with PTSD. Service dogs must undergo obedience training, distraction training, and training that teaches them to interpret their handler's demeanor. **Senator Harris** asked how long it takes to train a service dog and how much the

training process costs. **Ms. Day** stated service dogs cost between $7,000 and $17,000. She noted Guardian Paws Service Dogs provides free service dogs to veterans. Basic obedience training lasts between six weeks and three months.

Senator Potts asked how to address the issue of emotional support dogs or therapy dogs that are not service dogs and are not trained. **Ms. Day** explained service dogs are not required to have any visible distinguishing factors. She emphasized the importance of educating citizens about service dogs and the differences between service dogs and emotional support or therapy animals. **Ms. Day** commented a service dog registry would violate the ADA. She also noted many businesses do not understand their rights relating to service animals. Business owners can request the removal of a service dog from their business under certain circumstances.

Senator Potts asserted many businesses now display signs which state service animals are only allowed on the premises if the handler has a physical, visible disability. He asked how this bill would affect these businesses. **Ms. Day** reiterated the importance of educating businesses about their rights.

Vice Chairman Souza asked if there is a point at which someone is too mentally disabled to handle a service dog. **Ms. Day** explained it depends upon the circumstances. She noted it is important to find a dog that is an appropriate match for the handler's needs and personality.

TESTIMONY: **Michael Green** shared his personal experience owning a service dog and spoke in support of this bill. He noted fraudulently claiming that a dog is a service animal is a federal felony.

Richard Turner shared his personal experience owning a service dog and spoke in support of this bill.

DISCUSSION: **Senator Jordan** asked if this bill would encourage individuals with mental disabilities who want service dogs, but are concerned about legality, to get service dogs. **Mr. Turner** responded in the affirmative. He noted many businesses will not allow service dogs to enter the premises if the handler does not have a visible disability. He asserted this bill will grant individuals with mental disabilities more freedom and security.

MOTION: There being no further testimony or questions, **Senator Martin** moved to send **S 1296** to the floor with a **do pass** recommendation. **Senator Jordan** seconded the motion.

DISCUSSION: **Senator Potts** expressed concern that this bill did not define the difference between a service animal and an emotional support or therapy animal. He also voiced concern that this bill does not adequately protect individuals with legitimate service animals.

SUBSTITUTE MOTION: **Senator Potts** moved that **S 1296** be held subject to the call of the Chair. He stated he would like to work on alternate wording for the bill. **Senator Harris** seconded the motion.

DISCUSSION: **Senator Jordan** asserted this bill will encourage more education about service animals. She noted the bill references various legal definitions included in federal law.

Senator Martin noted the bill simply allows individuals with mental disabilities to have service dogs. He explained the ADA already includes definitions of "assistance dog," "dog in training," and other relevant terms.

VOICE VOTE: The substitute motion to hold **S 1296** subject to the call of the Chair **failed** by **voice vote**. **Senator Potts** voted **aye**.

DISCUSSION: **Senator Potts** explained he would vote in favor of the original motion because he recognizes the importance of the issue. He emphasized the importance of educating the public about the subject.

VOICE VOTE: The original motion to send **S 1296** to the floor with a **do pass** recommendation **carried** by **voice vote**. Senator Hagedorn will carry the bill on the floor of the Senate.

PRESENTATION: **Suicide Prevention**. **Dr. Linda Hatzenbuehler** spoke on behalf of the Idaho Council on Suicide Prevention. She stated Idaho has one of the highest suicide rates in the United States. Idaho developed a suicide prevention plan in 2003; the plan was updated in 2011 as the result of a federal grant. The plan is meant to assist communities by facilitating suicide interventions and responses to suicide attempts. In 2006, the State established the Idaho Council on Suicide Prevention, which oversees suicide prevention efforts and creates annual reports about suicide in Idaho. The Idaho Council on Suicide Prevention consists of members from various stakeholder groups.

Dr. Hatzenbuehler explained a suicide prevention hotline was funded and has expanded since its original establishment. In 2016, the State began funding the Suicide Prevention Program, which recently released several public service announcements regarding suicide. Idaho's suicide rate is higher than the national average, and males have a higher rate of suicide than females. **Dr. Hatzenbuehler** noted suicide rates vary across Idaho's Public Health Districts and vary by age. The primary suicide method in Idaho is suicide by firearm.

The Idaho Council on Suicide Prevention hopes to form a partnership with coroners throughout the State in order to collect better suicide data. The Council also hopes to address the issue of gun safety in Idaho.

DISCUSSION: **Senator Harris** referenced a discrepancy between the suicide rates by age in the Idaho Council on Suicide Prevention's annual report (see Attachment 1) and the informational sheet (see Attachment 2). **Dr. Hatzenbuehler** indicated that the informational sheet included an additional age category. **Senator Harris** asked why the suicide rate among senior citizens is so high. **Dr. Hatzenbuehler** explained people may become more isolated and physically-challenged as they age. Some individuals may feel that they are a burden to others. These factors and others can contribute to suicidal thoughts.

Senator Potts asked how many suicides are caused by the colloquially-known Tide Pod Challenge and other similar pranks. **Kim Kane** introduced herself as the Program Director for the Suicide Prevention Program within the Idaho Department of Health and Welfare (DHW). She explained suicide is defined by intent. Accidental deaths are not included in suicide statistics. **Senator Potts** asked how officials determine whether a death is a suicide or an accident. **Ms. Kane** explained there are many ways, including psychological autopsies, to determine whether a death was intentional.

Senator Harris asked if there is a time of year in which suicide rates peak. **Ms. Kane** stated suicide rates are highest in late spring. **Chairman Heider** asked why suicide rates peak in spring. **Ms. Kane** explained committing suicide requires energy and planning. She noted a person's energy level increases in late spring, resulting in higher suicide rates during that season.

Vice Chairman Souza asked which methods are most effective in preventing

suicide. **Ms. Kane** stated 45 percent of suicide victims visited their primary care physician less than one month before their suicide. She asserted educating primary care physicians and other health care workers about suicide is important and can be an effective way to prevent suicide. **Vice Chairman Souza** asked Ms. Kane if any of Idaho's efforts to reduce suicide rates have been particularly effective. **Ms. Kane** stated Minidoka County and Cassia County have implemented effective suicide prevention programs.

Senator Agenbroad asked how the Idaho Council on Suicide Prevention, DHW, and Idaho school districts work together. **Ms. Kane** explained the Idaho Council on Suicide Prevention is responsible for oversight of suicide prevention efforts. She noted individuals from DHW and the Idaho State Board of Education are members of the Idaho Council on Suicide Prevention. **Ms. Kane** stated the various entities work together to develop suicide prevention programs.

Senator Potts asked if the suicide statistics provided in the presentation include suicides that occur in prisons and jails. He asked how many suicides take place in prisons and jails. **Ms. Kane** clarified that the statistics in the presentation include Idaho residents; therefore, if an Idahoan commits suicide while incarcerated, he or she is included in Idaho's suicide rate. She stated she did not know how many incarcerated Idahoans commit suicide annually.

Senator Potts asked for budget information. **Ms. Kane** stated she would make that information available to him.

Chairman Heider asked if there are any statistics about the number of people saved by Idaho's suicide prevention efforts. **Dr. Hatzenbuehler** explained it is difficult to measure that number. She stated there are statistics regarding usage of the suicide prevention hotline and crisis centers.

ADJOURNED: There being no further business, **Chairman Heider** adjourned the meeting at 4:37 p.m.

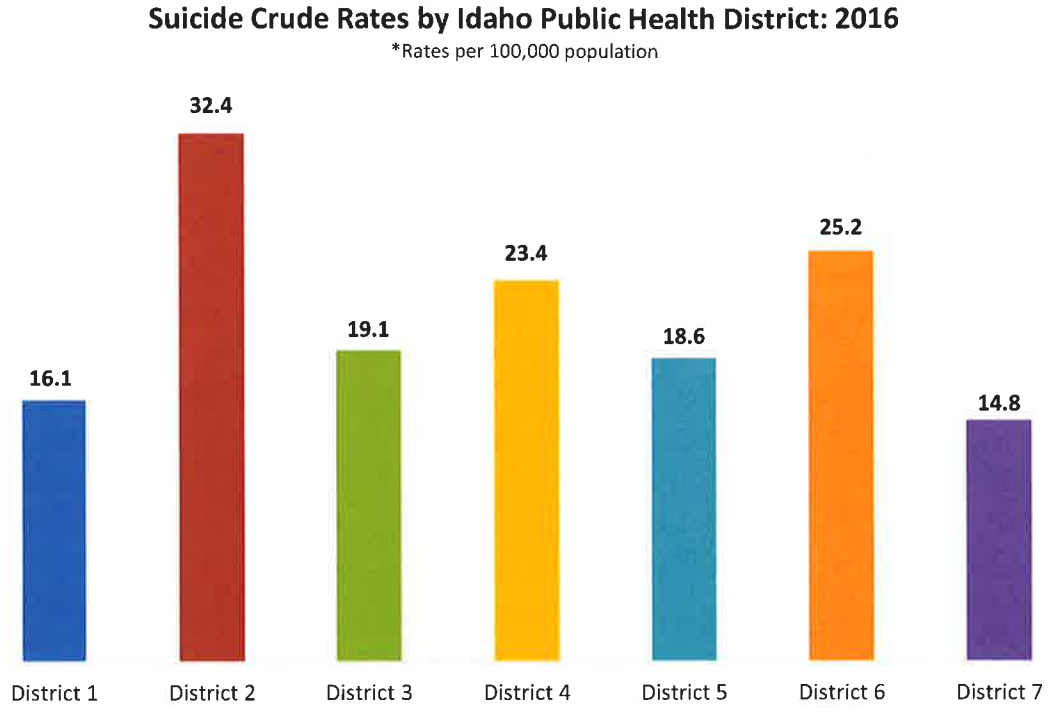
_____

Senator Heider
Chair

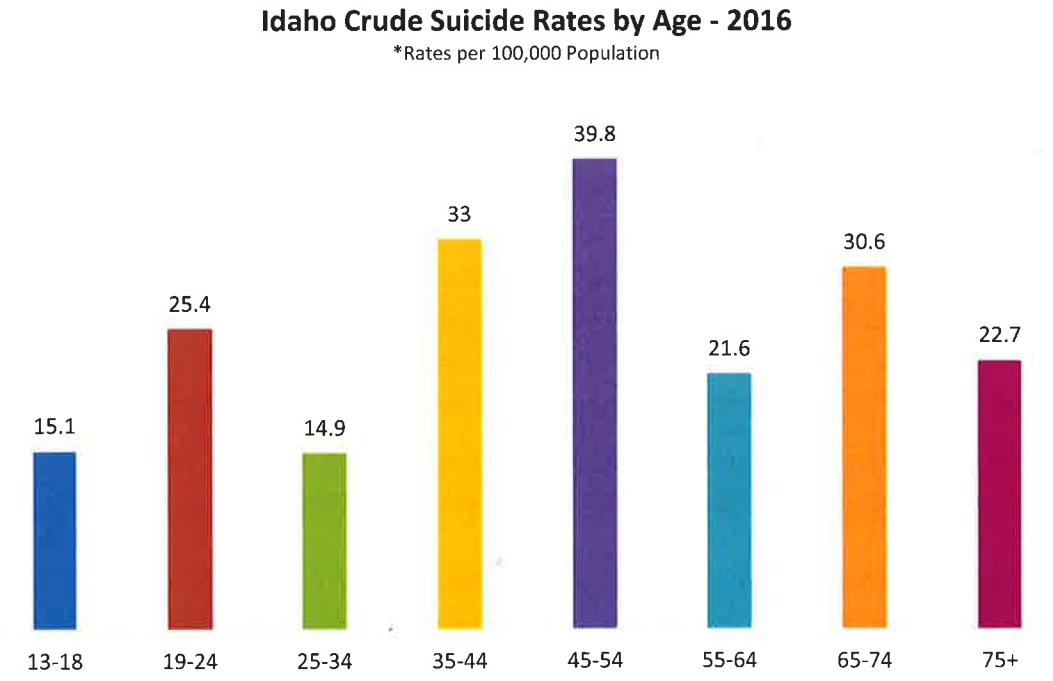
_____

Rachel Goodman
Secretary

Rate per 100,000 population. Source: Bureau of Vital Records and Health Statistics, 2016 data



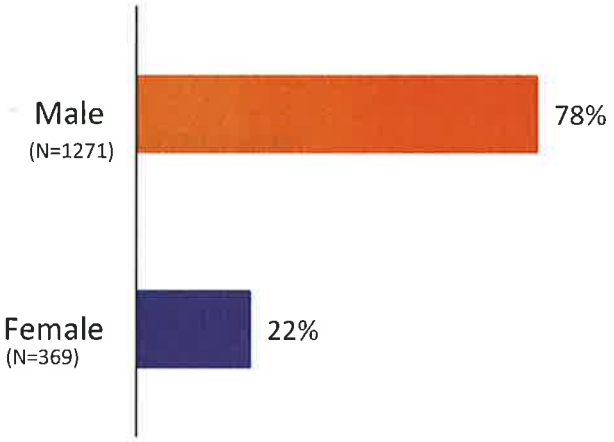
Between 2012 and 2016, 105 school-age children died by suicide, 27 of whom were 14 or younger, and in that same span of time, 169 college-age youth (19-24) died by suicide in Idaho.



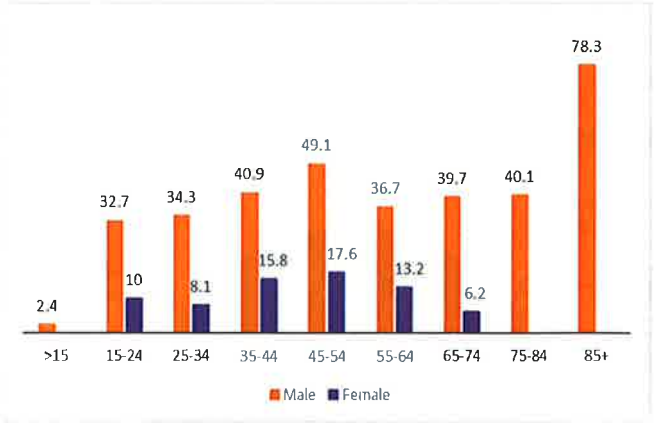
Idaho Youth Risk Behavior Survey 2017 – Public and Charter High School Students

Grade	Sad or Hopeless (%)	Suicidal (%)	Plan (%)	Attempt (%)	Medical Care for Attempt (%)
9th	34.8	22.7	20.1	12.8	3.2
10th	36.7	23.9	19.4	10.3	3.7
11th	34.0	20.9	19.1	8.8	3.3
12th	34.6	19.5	14.8	5.6	2.5
Idaho Overall	35.0	21.7	18.4	9.7	3.2

Idaho Suicide Deaths by Gender: 2012 - 2016



Idaho Suicide Rates by Age and Gender: 2012-2016 Combined (*Rate per 100,000 population)

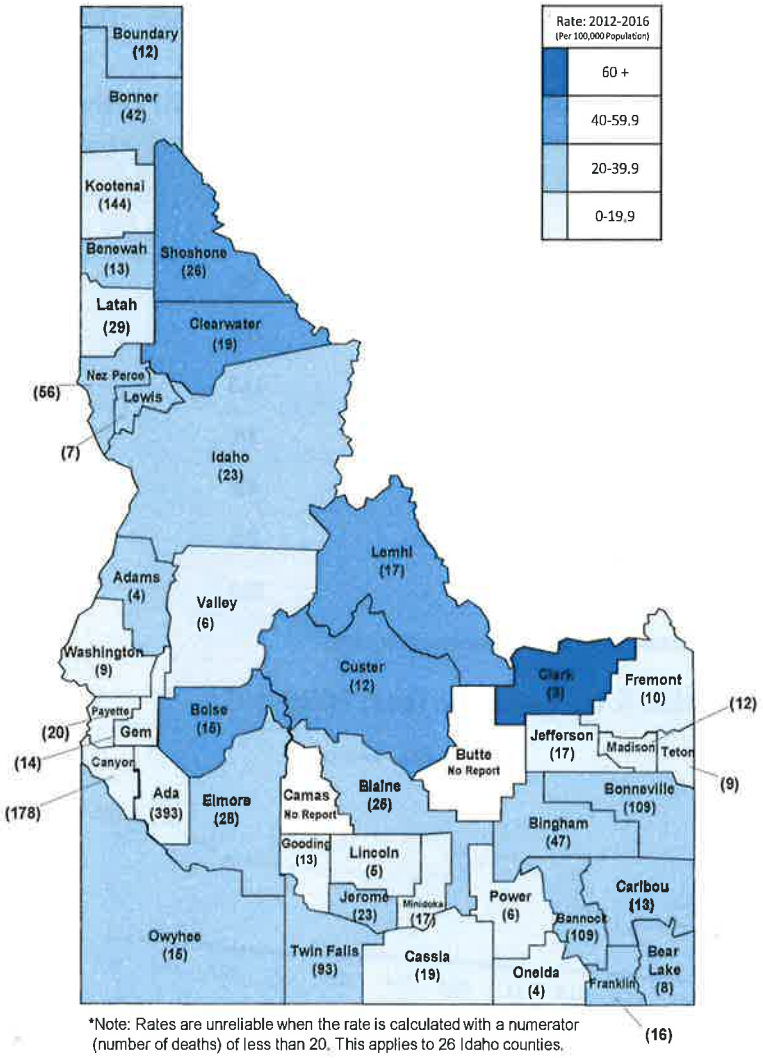


*Note: Rates are unreliable when the rate is calculated with a numerator (number of deaths) of less than 20.

Idaho Suicide Rates by County: 2012-2016

*Rate per 100,000 population

**Number of deaths is shown below county name.



*Note: Rates are unreliable when the rate is calculated with a numerator (number of deaths) of less than 20. This applies to 26 Idaho counties.

Suicide Prevention Program
450 W. State Street, 4th Floor
PO Box 83720
Boise, Idaho 83720-0036
(208) 334-4953

IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH

Sources: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare; Centers for Disease Control and Prevention; State Department of Education.

Special Thanks to Briana Coles & Max Rich, Senior Research Analysts and Pam Harder, Research Analyst Supervisor, Idaho Bureau of Vital Records and Health Statistics.

AGENDA

SENATE HEALTH & WELFARE COMMITTEE

3:00 P.M.
Room WW54
Thursday, February 22, 2018

SUBJECT	DESCRIPTION	PRESENTER
Approval of Minutes	Minutes of the February 8, 2018 Meeting	Senator Martin
HCR 038	Eating Disorder Awareness Week	Representative McCrostie
S 1312	Individuals with Disabilities	Cheryl Bloom

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 Heider
Vice Chairman Souza
Sen Martin
Sen Lee
Sen Harris
Sen Agenbroad
Sen Foreman
Sen Potts
Sen Jordan

COMMITTEE SECRETARY

Rachel Goodman
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Thursday, February 22, 2018
TIME:	3:00 P.M.
PLACE:	Room WW54
MEMBERS PRESENT:	Chairman Heider, Vice Chairman Souza, Senators Lee, Agenbroad, Foreman, Potts, and Jordan
ABSENT/ EXCUSED:	Senators Martin and Harris
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 3:01 p.m.
HCR 038	**Eating Disorder Awareness Week**. **Representative McCrostie** explained this resolution would establish February 26 through March 4, 2018 as Eating Disorder Awareness Week. Around 30 million Americans struggle with eating disorders, but many insurance companies do not cover eating disorder care. Eating disorder research receives a disproportionately low amount of funding. Roughly 58,000 Idahoans suffer from eating disorders, but Idaho has no residential eating disorder treatment center.
DISCUSSION:	**Chairman Heider** asked how Eating Disorders Awareness Week would be observed, given that it would occur so soon. **Representative McCrostie** explained various events were already planned to raise awareness about eating disorders. **Senator Lee** expressed her support of this resolution. She asked why the resolution was limited to only one week in one year. **Representative McCrostie** noted different legislation could be developed in the future. **Senator Lee** suggested expanding the resolution to establish an annual Eating Disorder Awareness Week. **Vice Chairman Souza** asked how this resolution will help raise awareness about eating disorders. **Representative McCrostie** mentioned there is a media campaign that would accompany the passage of this resolution. He explained this resolution attempts to bring more attention to eating disorders as a local issue. **Senator Jordan** noted this resolution could be a catalyst for further efforts to combat eating disorders.
MOTION:	There being no more questions or testimony, **Senator Jordan** moved to send **HCR 038** to the floor with a **do pass** recommendation. **Senator Lee** seconded the motion. The motion carried by **voice vote**. Senator Jordan will carry the resolution on the floor of the Senate.

S 1312 **Individuals with Disabilities**. **Cheryl Bloom** explained Idaho Code does not grant individuals training their own service dogs the same public access rights as professional service dog trainers. She noted the section of Idaho Code regarding service animals fails to recognize invisible disabilities. This bill would: align Idaho Code with the Americans with Disabilities Act of 1990 (ADA) by recognizing visible and invisible disabilities; provide a clearer definition of service dog; grant public access rights to individuals training their own service dogs; clarify the reasons for which a service dog may be removed from a business; and replace inconsistent terminology with "service dog." This bill would not modify fines or punishments related to service animals.

Ms. Bloom explained the importance of allowing individuals to train their own service dog. Service dogs can be costly, and the shortage of trainers in Idaho has caused individuals to wait up to seven years before receiving a trained dog. This bill would also clarify the difference between a service dog, a comfort animal, and personal protection animal. **Ms. Bloom** noted 28 states currently grant public access rights to individuals training their own service dog. This bill would clarify the rights and responsibilities of businesses in regards to service dogs.

DISCUSSION: **Senator Jordan** noted the bill would allow for denial of access if a handler cannot maintain control of a service dog or if a dog is a direct threat to others. She asked how this determination would be made. **Ms. Bloom** explained this bill's wording is derived from statute and case law. **Jim Baugh** introduced himself as the Executive Director of DisAbility Rights Idaho. He asserted the language in this bill is derived from federal ADA regulations. The language is thus interpreted by the United States Department of Justice.

Senator Jordan noted this bill holds dog handlers liable for damage caused by their dog. The dog handler would then be required to pay for the damages if the facility typically charges individuals for damage caused. She asked how it would be determined that a facility typically charges individuals for damage. **Mr. Baugh** explained that this section of the bill is meant to ensure equal protection.

Vice Chairman Souza noted the Committee previously heard a different bill (**S 1296**) regarding service dogs. She asked if Mr. Baugh was aware of **S 1296** and how it would interact with **S 1312**. **Mr. Baugh** explained **S 1296** does nothing more than allow individuals with mental disabilities to have service dogs. **S 1312** addresses a wider range of issues regarding service animals.

Senator Agenbroad asked why the bill eliminates part of a section title regarding battery of disabled persons. **Ms. Bloom** asserted this was a technical error. **Mr. Baugh** stated part of the title was eliminated because the bill section does not refer to battery against individuals with disabilities.

Senator Agenbroad noted the bill states no entity may ask an individual with a disability to pay a surcharge for being accompanied by a service dog, even if the entity asks others to pay a pet surcharge. He asked how this fits within the requirement of equal treatment. **Mr. Baugh** stated this aligns with the ADA. He asserted individuals who own pets can choose whether or not to bring their pet to a business. Individuals with service dogs do not have that choice, as they need the dog to perform tasks for them. The law therefore prohibits surcharges for service dogs.

Senator Potts asked why the term "intentionally" was changed to "knowingly" throughout the bill. **Ms. Bloom** explained the legal term "knowingly" implies a lesser standard of proof than the legal term "intentionally." She noted other states use "knowingly" in their service animal statutes. **Mr. Baugh** explained the legal

difference between "knowingly" and "intentionally."

Senator Potts asked who would have the burden of proof in demonstrating that a facility typically charges individuals for damages they cause. **Mr. Baugh** explained the burden of proof is borne by the plaintiff.

Senator Potts noted business owners can request that a service dog leave the premises in certain circumstances. The service dog must leave the facility, but the service dog handler can stay. He asked what would happen to the dog in this scenario. **Ms. Bloom** stated the service dog handler must remove the dog from the premises, but has complete discretion regarding what happens to the dog once it has been removed.

Senator Potts asked how to protect businesses from the growing trend of service dog fraudulence, given that this bill prohibits business owners from requesting documentation to prove that a dog is a legitimate service dog. **Ms. Bloom** noted anyone can purchase a service dog registration card online; therefore, requesting documentation is an unreliable way to determine whether a dog is a service dog. Individuals can try to determine whether an animal is a legitimate service dog by asking the handler what tasks the dog was trained to do. **Ms. Bloom** stated this bill provides clear and concise language regarding proper service dog behavior so that businesses understand their rights. **Mr. Baugh** clarified that businesses can ask if an animal is a service dog and what tasks the dog performs. If the dog is an emotional support or comfort animal, the business has the right to refuse entrance. **Mr. Baugh** noted it is illegal for an individual without a disability to pretend their dog is a service dog.

Senator Foreman asked if this bill can be amended or if it is constrained by federal regulations. **Mr. Baugh** noted some parts of this bill cannot be changed, as they are meant to bring Idaho Code into compliance with federal regulations. The State has discretion over the sections relating to criminal penalties and public access rights for service dogs in training.

Senator Potts asked how to guarantee that a service dog being trained off-leash will respond to voice commands as it is supposed to do. **Ms. Bloom** stated there is no way to guarantee that a dog will respond appropriately to voice commands. She noted if a dog is behaving improperly, the handler should remove the dog from the business.

Senator Potts inquired about new language relating to right-of-way for disabled pedestrians. **Ms. Bloom** indicated the language in that section of the bill was updated for the purpose of consistency.

Senator Jordan asked how this bill could address the issue of individuals without disabilities pretending to have service dogs. **Ms. Bloom** asserted the definitions of "service dog," "comfort animal," and "protection dog" can help mitigate the issue of illegitimate service dogs. She stated several other sections in this bill will help alleviate the issue as well.

TESTIMONY: **Cheylah Volkers** introduced herself as a puppy raiser at Genesis Service Dogs. She shared her personal experience as a puppy raiser and spoke in support of this bill.

Andrea Scott shared her personal experience with post-traumatic stress disorder (PTSD) and spoke in support of this bill. She explained the importance of allowing individuals with PTSD to have service dogs.

Lincea Ruth shared her personal experience as a dog trainer and spoke in support of this bill. She noted untrained dogs in businesses can distract legitimate service dogs from their tasks.

DISCUSSION: **Vice Chairman Souza** asked if an individual would be guilty of a misdemeanor if his or her non-service dog causes injury to a service dog handler by distracting a service dog. **Ms. Ruth** explained people are uneducated about service dogs. Many individuals who bring untrained dogs into businesses are unaware they could cause harm.

TESTIMONY: **Deborah Allen** introduced herself as a past puppy raiser and a service dog handler. She voiced support for the section of this bill relating to working service dogs; however, she expressed concern about the section pertaining to service dogs in training. **Ms. Allen** noted the bill's definitions of "dog trainer" and "puppy raiser" are inadequate. She also asserted the definition of "legal blindness" should not be struck from the bill. **Ms. Allen** expressed concern that the bill's ambiguity would allow for abuse.

Kevin Settles introduced himself as the owner of Bardenay Restaurants. He explained he has experienced problems with untrained emotional support animals in his restaurants. He stressed the need for legislation that addresses the issue of emotional support animals. He expressed support for this bill.

Nick DeMarco voiced concern about this bill's definition of "dog trainer" and "puppy raiser." He suggested having a discussion with stakeholders in order to improve this bill.

Ms. Bloom stated she was open to sending the bill to the Fourteenth Order for amendment in order to fix a technical mistake.

MOTION: There being no more testimony or questions, **Senator Foreman** moved to hold **S 1312** in Committee. **Senator Potts** seconded the motion.

DISCUSSION: **Vice Chairman Souza** stated she would support the motion and suggested that stakeholders meet to redesign this bill.

Senator Potts reiterated the importance of engaging stakeholders in development of a bill. He commended Ms. Bloom for her efforts.

Senator Lee suggested Ms. Bloom collaborate with stakeholders and Committee members during the interim period to revise this bill. **Senator Lee** stated she would speak with the Attorney General's Office in order to provide clarification to businesses regarding their rights and responsibilities relative to service dogs.

Chairman Heider encouraged Ms. Bloom to work with stakeholders to improve this bill.

Vice Chairman Souza noted the Committee previously heard a different bill pertaining to service dogs. She stated Ms. Bloom should reconcile the two bills.

VOICE VOTE: The motion carried by **voice vote**.

ADJOURNED: There being no further business, **Chairman Heider** adjourned the meeting at 4:46 p.m.

Senator Heider
Chair

Rachel Goodman
Secretary

AGENDA

SENATE HEALTH & WELFARE COMMITTEE

3:00 P.M.
Room WW54
Tuesday, February 27, 2018

SUBJECT	DESCRIPTION	PRESENTER
Approval of Minutes	Minutes of the February 7, 2018 Meeting	Senator Souza
	Minutes of the February 8, 2018 Meeting	Senator Martin
	Minutes of the February 12, 2018 Meeting	Senator Agenbroad
HCR 046	Board of Dentistry Rule Rejection	Representative Packer
Presentation	Suicide Prevention	Shannon Decker, Executive Director, Idaho Suicide Prevention 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 Heider
Vice Chairman Souza
Sen Martin
Sen Lee
Sen Harris
Sen Agenbroad
Sen Foreman
Sen Potts
Sen Jordan

COMMITTEE SECRETARY

Rachel Goodman
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Tuesday, February 27, 2018
TIME:	3:00 P.M.
PLACE:	Room WW54
MEMBERS PRESENT:	Chairman Heider, Vice Chairman Souza, Senators Martin, Lee, Agenbroad, Foreman, Potts, and Jordan
ABSENT/ EXCUSED:	Senator Harris
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 3:10 p.m.
APPROVAL OF MINUTES:	**Vice Chairman Souza** moved to approve the Minutes of February 7, 2018. **Senator Martin** seconded the motion. The motion carried by **voice vote**. **Senator Martin** moved to approve the Minutes of February 8, 2018. **Vice Chairman Souza** seconded the motion. The motion carried by **voice vote**. **Senator Agenbroad** moved to approve the Minutes of February 12, 2018. **Senator Potts** seconded the motion. The motion carried by **voice vote**.
HCR 046	**Board of Dentistry Rule Rejection**. **Representative Packer** stated that this resolution rejects **Docket No. 19-0101-1701**. The Idaho State Board of Dentistry (BOD) requested that the Committee reject the rule because it needed to be corrected.
DISCUSSION:	**Chairman Heider** asked what rules the BOD would follow when the rules are rejected. **Representative Packer** stated the current rules are still in place. This resolution would reject a proposed rule which the BOD needed to correct.
MOTION:	There being no more testimony or questions, **Vice Chairman Souza** moved to send **HCR 046** to the floor with a **do pass** recommendation. **Senator Martin** seconded the motion. The motion carried by **voice vote**. Vice Chairman Souza will carry the resolution on the floor of the Senate.
PRESENTATION:	**Suicide Prevention**. **Shannon Decker** introduced herself as the Executive Director and Cofounder of the Idaho Suicide Prevention Coalition (ISPC). **Ms. Decker** stated ISPC formed in 2015 and helped relaunch the Idaho Suicide Prevention Hotline. Suicide is the second-leading cause of death for Idahoans aged 15 to 34. Thirty-five percent of Idaho's public and charter school students report feeling sad or hopeless, 21.7 percent report thoughts of suicide, 18.4 percent have had a suicide plan, 9.7 percent reported attempting suicide, and 3.2 percent have received medical care for a suicide attempt. In Idaho, suicide rates are 12 times higher than homicide rates. In 2010, the calculated value of the loss of work and medical care caused by suicide was $330 million. **Ms. Decker** asserted the State's suicide prevention program costs less than $1 million per year; therefore, if the program saves one life, the savings outweigh the cost. In 2017, Idaho lost 20 youth and 46 young adults to suicide. A school resource officer in Glenn's Ferry responded to 12 serious suicide threats in the previous four

weeks. **Ms. Decker** stated one of the best ways to prevent suicide is to recognize and treat underlying mental health conditions. She emphasized schools' role in identifying students who show signs of mental health conditions or suicide risk. **Ms. Decker** noted ISPC has developed a bill called the Jason Flatt Act, which would provide suicide gatekeeper training for school employees. Individuals in such training learn warning signs, risk factors, how to approach someone who is suicidal, and how to refer suicidal individuals to the appropriate resources.

ISPC created a platform to provide information about suicide prevention trainings throughout the State. **Ms. Decker** described various types of trainings offered in Idaho. She stated ISPC plans to create working committees comprised of various stakeholder groups. The committees will engage in coordinated suicide prevention efforts. ISPC also held a "Zero Suicide Conference" in Boise in 2017. The conference will be held in Boise again in 2018.

Ms. Decker shared ISPC's goals, which include lowering Idaho's suicide rate 10 percent by 2020 and engaging in more collaborative efforts with stakeholders and other suicide prevention groups. She noted collaboration and communication can prevent duplicative work.

DISCUSSION: **Chairman Heider** inquired as to how often the Idaho Suicide Prevention Hotline is utilized. **Ms. Decker** stated she did not have the statistics on-hand, but would later forward them to the Committee.

Chairman Heider asked why there is an increase in suicides in springtime. **Ms. Decker** explained that suicide planning requires energy and people often have more energy in the spring.

Vice Chairman Souza asked if research shows any correlation between medication for mental health conditions and attempted suicides. **Ms. Decker** confirmed that side effects of certain medications can be a contributing factors for suicide. **Vice Chairman Souza** asked if ISPC tracks the number of hotline callers who take medication. **Ms. Decker** asserted it is difficult to collect data using the hotline. When an indiviudal calls the hotline, the hotline worker's main focus is assisting the caller. Collecting data during such calls is not a priority. ISPC can screen phone numbers in order to obtain geographical data; however, the data is often unreliable. **Ms. Decker** noted that questions regarding medication are used to assess an individual's level of suicide risk. **Vice Chairman Souza** suggested that ISPC gather data regarding medication use during follow-up services.

Senator Agenbroad asked Ms. Decker to describe several ways in which the State and ISPC work together successfully. He also asked what she would like to change about the way in which the State and ISPC interact. **Ms. Decker** asserted the State and ISPC successfully collaborated on the development of the Idaho Suicide Prevention Hotline, youth suicide prevention efforts, and the creation of public service announcements. She commented the State and ISPC could improve communication, create a five-year plan, establish a Statewide model for suicide prevention, and develop a stronger call to action.

Senator Lee asked if ISPC is responsible for Idaho's Suicide Prevention Plan. **Ms. Decker** clarified the Governor's Council for Suicide Prevention is responsible for the plan. She noted the president of ISPC is on the council.

ADJOURNED: There being no further business, **Chairman Heider** adjourned the meeting at 3:40 p.m.

Senator Heider
Chair

Rachel Goodman
Secretary

AGENDA

SENATE HEALTH & WELFARE COMMITTEE

3:00 P.M.
Room WW54
Wednesday, February 28, 2018

SUBJECT	DESCRIPTION	PRESENTER
S 1321	Dentists, License Credentials	Senator 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 Heider
Vice Chairman Souza
Sen Martin
Sen Lee
Sen Harris
Sen Agenbroad
Sen Foreman
Sen Potts
Sen Jordan

COMMITTEE SECRETARY

Rachel Goodman
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Wednesday, February 28, 2018
TIME:	3:00 P.M.
PLACE:	Room WW54
MEMBERS PRESENT:	Chairman Heider, Senators Martin, Lee, Agenbroad, Foreman, Potts, and Jordan
ABSENT/ EXCUSED:	Vice Chairman Souza, Senator Harris
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 3:03 p.m.
PASSED THE GAVEL:	Chairman Heider passed the gavel to Senator Martin.
S 1321:	**Dentists, License Credentials**. **Chairman Heider** stated Idaho is one of the most restrictive states in regards to licensure for dentists. Current Idaho law requires dentists to have 1,000 clinical practice hours per year for each of the previous five years in order to receive a license. This legislation would reduce the clinical practice requirement to 3,500 hours total over five years. **Chairman Heider** noted that family circumstances may prevent some dentists from reaching the current 1,000 hour per year requirement. **Susan Miller** introduced herself as the Executive Director of the Idaho Board of Dentistry (BOD). She stated the BOD considered data from other states' licensure processes when developing this bill. There are currently two avenues for dental licensure in Idaho: 1.) by passing an examination, or 2.) by meeting the criteria listed in statute. **Dr. Miller** clarified that **S 1321** only addresses the second avenue for licensure. She asserted the Idaho State Dental Association supports this bill.
DISCUSSION:	**Senator Jordan** asked Dr. Miller to verify that data do not show a link between fewer required hours and an increase in incidents. **Dr. Miller** responded in the affirmative.
MOTION:	There being no more questions or testimony, **Senator Potts** moved to send **S 1321** to the floor with a **do pass** recommendation. **Senator Lee** seconded the motion. The motion carried by **voice vote**.
ADJOURNED:	There being no further business, **Chairman Heider** adjourned the meeting at 3:08 p.m.

Senator Heider
Chair

Rachel Goodman
Secretary

AGENDA

SENATE HEALTH & WELFARE COMMITTEE

3:00 P.M.
Room WW54
Thursday, March 01, 2018

SUBJECT	DESCRIPTION	PRESENTER
Approval of Minutes	Minutes of the February 6, 2018 Meeting	Senator Lee
HCR 047	Department of Health and Welfare Rule Rejection	Representative Packer
H 0472	Rural Physicians, State Match	Representative Vander Woude

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 Heider
Vice Chairman Souza
Sen Martin
Sen Lee
Sen Harris
Sen Agenbroad
Sen Foreman
Sen Potts
Sen Jordan

COMMITTEE SECRETARY

Rachel Goodman
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Thursday, March 01, 2018
TIME:	3:00 P.M.
PLACE:	Room WW54
MEMBERS PRESENT:	Chairman Heider, Vice Chairman Souza, Senators Martin, Harris, Agenbroad, Foreman, Potts, and Jordan
ABSENT/ EXCUSED:	Senator Lee
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 3:02 p.m.
HCR 047	**Department of Health and Welfare Rule Rejection**. **Representative Packer** explained this resolution would repeal an Idaho Department of Health and Welfare (DHW) administrative rule docket.
MOTION:	There being no testimony or questions, **Senator Martin** moved to send **HCR 047** to the floor with a **do pass** recommendation. **Vice Chairman Souza** seconded the motion. The motion carried by **voice vote**.
H 0472	**Rural Physicians, State Match**. **Representative Vander Woude** explained this bill would require the State to match student contributions to the Rural Physician Incentive Program (RPIP) Fund at a rate of two-to-one. Students in State-supported seats at the University of Washington and the University of Utah medical schools currently pay $1,300 per year into the RPIP fund. The money is used to provide loan repayment awards to medical graduates who return to Idaho to work as physicians. **Representative Vander Woude** stated the bill would cost the State $600,000.
DISCUSSION:	**Vice Chairman Souza** asked if the money could be better spent on residency programs. **Representative Vander Woude** acknowledged the importance of residency programs, but noted physicians still have high levels of debt after residency. He asserted rural physicians generally earn less than physicians in urban areas. This bill would create an incentive for physicians to work in rural areas. **Senator Martin** asked why the State does not offer similar loan repayment programs for other professions. **Representative Vander Woude** explained Idaho has a physician shortage which needs to be addressed. Other professions in Idaho are not suffering from a comparable shortage.
TESTIMONY:	**Mary Sheridan** introduced herself as the Bureau Chief for the Bureau of Rural Health and Primary Care (Bureau) in the Division of Public Health within DHW. The Bureau is responsible for administering RPIP, which is a loan repayment program for rural physicians working in federally-designated health profession shortage areas. **Ms. Sheridan** spoke in support of this bill. She noted Idaho has a physician shortage and RPIP lacks funding. This bill would expand opportunities for physician loan repayment.
DISCUSSION:	**Senator Jordan** inquired as to the significance of providing RPIP funds to physicians in federally-designated health profession shortage areas. **Ms. Sheridan** stated designating shortage areas creates opportunities to bring more resources into those areas.

TESTIMONY: **Dr. Bridgette Baker, M.D.** introduced herself as a family physician and spoke in support of this bill. **Dr. Baker** noted Oregon provides physicians with more loan repayment assistance than Idaho. She stated she temporarily relocated to Oregon in order to more easily pay off her student loans.

Susie Pouliot introduced herself as the Chief Executive Officer of the Idaho Medical Association and the Chair of the RPIP Board. She stated the RPIP Board receives between 18 and 20 RPIP applications annually. On average, the RPIP Board can only fund 5 or 6 physicians due to a lack of funding. **Ms. Pouliot** mentioned students in State-supported seats at the University of Washington and the University of Utah medical schools pay $1,600 per year into RPIP. The RPIP Board wanted to increase the RPIP fund, but did not want to increase student fees. The RPIP Board invited the Idaho College of Osteopathic Medicine (ICOM) to participate in RPIP, but ICOM declined. **Ms. Pouliot** stressed the importance of RPIP and described the positive economic impact physicians have upon their communities.

DISCUSSION: **Vice Chairman Souza** asked how the RPIP Board decides which applicants will receive funding. **Ms. Pouliot** stated the RPIP Board scores applicants based on their Health Profession Shortage Area (HPSA) score and their ties to Idaho. She explained priority is given to applicants who paid into the RPIP as medical students or who attended high school or college in Idaho. The RPIP Board also considers community support when reviewing applications.

Vice Chairman Souza asked if local hospitals donate to the RPIP fund. **Ms. Pouliot** stated any community entity or hospital can donate to the fund.

Senator Agenbroad inquired as to how the RPIP Board could convince ICOM to join the program. **Ms. Pouliot** explained ICOM is a private entity that does not receive State funding. The University of Washington and the University of Utah have an incentive to assess RPIP fees because they receive State support. She expressed hope that ICOM would join RPIP in the future.

Senator Jordan inquired as to the correct balance between the number of RPIP awards offered and the amount of each award. **Ms. Pouliot** stated, prior to 2015, RPIP only provided award recipients $50,000 total over four years. Surrounding states offered more funds for physician loan repayments, making Idaho less competitive. In 2015, RPIP awards increased to $100,000 total over four years. **Ms. Pouliot** noted all surrounding states allocate funds to support their physician loan repayment programs. She asserted RPIP award amounts are now competitive.

Senator Jordan asked if State funding for RPIP could slow the outflow of Idaho physicians and increase the number of physicians entering Idaho. **Ms. Pouliot** responded in the affirmative. She explained State funding for RPIP could allow the RPIP Board to double or triple the number of award recipients.

MOTION: There being no further testimony or questions, **Senator Harris** moved to send **H 0472** to the floor with a **do pass** recommendation. **Senator Jordan** seconded the motion. The motion carried by **voice vote**. **Senator Potts** and **Senator Foreman** voted **nay**.

ADJOURNED: There being no further business, **Chairman Heider** adjourned the meeting at 3:36 p.m.

Senator Heider
Chair

Rachel Goodman
Secretary

AGENDA

SENATE HEALTH & WELFARE COMMITTEE

3:00 P.M.
Room WW54
Monday, March 05, 2018

SUBJECT	DESCRIPTION	PRESENTER
Approval of Minutes	Minutes of the February 6, 2018 Meeting	Senator Lee
	Minutes of the February 13, 2018 Meeting	Senator Foreman
H 0546	Anatomical Gifts, Age of Donation	Representative Monks
H 0601	Good Samaritans	Representative Toone
H 0505	Physical Therapy, Dry Needling	Emily Patchin

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 Heider
Vice Chairman Souza
Sen Martin
Sen Lee
Sen Harris
Sen Agenbroad
Sen Foreman
Sen Potts
Sen Jordan

COMMITTEE SECRETARY

Rachel Goodman
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Monday, March 05, 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 to order at 3:04 p.m.
APPROVAL OF MINUTES:	**Senator Foreman** moved to approve the Minutes of February 13, 2018. **Vice Chairman Souza** seconded the motion. The motion carried by **voice vote**.
MOTION:	**Senator Potts** moved to hear **H 0577** in Committee on March 6, March 7, or March 8. **Senator Foreman** seconded the motion.
DISCUSSION:	**Senator Potts** emphasized the importance of **H 0577**, which relates to the use of cannabidiol (CBD) oil. **Chairman Heider** instructed the Committee to go at ease. An executive session of the Committee convened in Chairman Heider's office. **Senator Jordan** remained in the Committee meeting room and did not attend the executive session. **Senator Lee** was not yet present at the Committee meeting and did not attend the executive session either.
SUBSTITUTE MOTION:	**Vice Chairman Souza** moved to hold **H 0577** in Committee. **Senator Martin** seconded the motion.
DISCUSSION:	**Senator Potts** voiced concern about the substitute motion. **Senator Jordan** noted Senate Rule 20 states the decision of the Committee Chair is final. She asserted the Committee does not have the capacity to call for a Committee hearing for a bill that the Chair has chosen to hold.
VOICE VOTE:	The substitute motion carried by **voice vote**. **Senator Foreman** and **Senator Potts** voted **nay**.
H 0546	**Anatomical Gifts, Age of Donation**. **Representative Monks** being absent from the meeting, **H 0546** was not heard.
H 0601	**Good Samaritans**. **Representative Toone** stated this bill would update Idaho's 1965 Good Samaritan statute. The current statute protects citizens from civil damages if they offer aid for an accident. **Representative Toone** noted the term "accident" is limiting, as it not clear whether certain incidents constitute an accident. Most states have updated their Good Samaritan statute to say "emergency," as opposed to "accident." An emergency is defined as "an unforeseen combination of circumstances or the resulting state that calls for immediate action." The Idaho Attorney General's Office drafted this bill.

DISCUSSION: **Vice Chairman Souza** asked if the Attorney General defined emergency and whether the definition was included in this bill. **Representative Toone** explained most jurisdictions, including the United States Court of Appeals for the Ninth Circuit uses the aforementioned definition of emergency.

MOTION: **Vice Chairman Souza** moved to send **H 0601** to the floor with a **do pass** recommendation. **Senator Jordan** seconded the motion.

DISCUSSION: **Senator Potts** asked if changing the term "accident" to the term "emergency" will make citizens liable in situations that are accidents, but are not emergencies (e.g. a child scraping his or her knee). **Representative Toone** explained the term "emergency" encompasses accidents because an emergency is an unforeseen combination of circumstances.

VOICE VOTE: The motion carried by **voice vote**.

H 0505 **Physical Therapy, Dry Needling**. **Emily Patchin** spoke on behalf of the Idaho Physical Therapy Association (IPTA). She stated the purpose of this bill is to include dry needling to the Idaho Physical Therapy Practice Act. Dry needling uses small solid needles in targeted areas to effect change in muscles. This bill would allow physical therapists to practice dry needling once they successfully complete minimum education and training requirements. These requirements would be determined by the Idaho State Board of Physical Therapy (PT Board) and included in the Idaho Administrative Code. The bill would require training courses to be approved by the Federation of State Boards of Physical Therapy or another nationally-recognized accrediting body.

Ms. Patchin noted the Idaho Acupuncture Association would prefer physical therapists become licensed in acupuncture in order to perform dry needling; however, physical therapists would like to keep dry needling under the purview of their licensing board. **Ms. Patchin** commented physical therapists are highly-educated and possess extensive knowledge of the musculoskeletal system. The amount of training necessary to practice dry needling would be determined by the PT Board, but the IPTA suggests requiring 54 hours of training. Thirty-four states currently allow dry needling.

Dr. Derek Gerber, P.T., D.P.T., O.C.S., introduced himself as the President of the IPTA. He explained the history of dry needling. Other states allow physical therapists to practice dry needling, but Idaho does not. **Dr. Gerber** asserted this drives physical therapists away from Idaho. He explained the differences between dry needling and acupuncture. **Dr. Gerber** also noted physical therapists are musculoskeletal evaluation experts and stated it is effective and safe for physical therapists to use dry needling. He cited a study which found no significant adverse effects resulting from dry needling. **Dr. Gerber** commented dry needling can also be used to combat opioid addiction by serving as an alternative form of pain management.

DISCUSSION: **Senator Jordan** inquired as to the minimum education requirements for licensed physical therapists in Idaho. **Dr. Gerber** stated to become a licensed physical therapist in Idaho, one must graduate from an accredited physical therapy program; all accredited physical therapy programs are now doctorate-level programs. Physical therapists must also complete the National Board Examination, undergo three years of didactic practical experience, and participate in clinical rotations for 36 weeks. **Dr. Gerber** stated physical therapy curricula include courses regarding anatomy, physiology, kinesiology, and clinical procedures. **Senator Jordan** asked if dry needling is included in physical therapy program curricula. **Dr. Gerber** stated dry needling concepts are introduced in physical therapy programs, but students do not practice dry needling.

Vice Chairman Souza inquired as to the typical training requirements for dry needling in other states. She asked if 54 hours is the average requirement. **Dr. Gerber** stated the minimum training requirement is zero hours of training. The maximum is around 80. He asserted 54 hours is the typical requirement. **Vice Chairman Souza** asked if the training involves hands-on training and practice. **Dr. Gerber** stated the training involves didactic elements and clinical practice. Participants must complete a written and practical exam.

TESTIMONY: **Dr. Clayton Shaw** introduced himself as a physical therapist and spoke in support of this bill. He noted he used to practice dry needling in Colorado, but cannot do so in Idaho. **Dr. Shaw** emphasized the effectiveness of dry needling.

DISCUSSION: **Vice Chairman Souza** asked if this bill would allow dry needling certification reciprocity with other states. **Dr. Shaw** stated he was unsure, but he asserted he would gladly retake the necessary training to become certified to practice dry needling in Idaho.

TESTIMONY: **Kristen Burris** introduced herself as an acupuncturist and the owner of an acupuncture clinic. She spoke in opposition to this bill. She explained the differences between acupuncture and dry needling. Acupuncture uses oblique insertion of needles, whereas dry needling uses perpendicular insertion. Dry needling needles are thicker than acupuncture needles and are inserted more deeply. **Ms. Burris** asserted dry needling patients are at a higher risk of pneumothorax than acupuncture patients. She expressed concern that this bill does not require adequate training for the practice of dry needling.

Dr. Ben Kuznia, D.P.T., introduced himself as a physical therapist and spoke in support of this bill.

Dr. Alan Shaw, L.AC., introduced himself as a licensed oncology acupuncturist. He expressed concern that this bill does not require adequate training for the practice of dry needling. He expressed opposition to this bill.

Dr. Galen Danielson, D.P.T., introduced himself as a physical therapist and spoke in support of this bill. He asserted dry needling is not riskier than acupuncture.

DISCUSSION: **Senator Harris** asked how much training should be necessary for a physical therapist to practice dry needling. **Dr. Danielson** explained a typical training model requires a 27-hour basic course and 200 treatments before a physical therapist can move to the next course. Physical therapists must then document patient interactions and take a final exam. He noted many other states follow this training model.

Vice Chairman Souza asked if the IPTA met with stakeholders about this issue. **Dr. Danielson** stated the IPTA reached out to other professional associations. He asserted IPTA's conversation with the Idaho Acupunture Association may have reached an impasse. **Dr. Gerber** stated the PT Board would reach out to stakeholders during negotiated rulemaking.

TESTIMONY: **Dee Childers** introduced herself as the owner of Life Changes Elder Care Consulting and spoke in opposition to this bill. She expressed concern that this bill does not require adequate training for the practice of dry needling.

Dr. Kevin Hulsey, D.P.T., introduced himself as a physical therapist and spoke in support of this bill. He noted the current Idaho Physical Therapy Practice Act already allows physical therapists to use needles for certain procedures.

Dr. Julia Thompson, P.T., introduced herself as a physical therapist and spoke in opposition to this bill. She stated she owns a private practice and employs physical therapists as well as acupuncturists. **Dr. Thompson** expressed concern that this bill does not require adequate training for the practice of dry needling. After Colorado granted physical therapists the ability to practice dry needling, physical therapists caused twice as many collapsed lungs in two years as acupuncturists did in 15 years.

Kris Ellis spoke on behalf of the Idaho Acupuncture Association. She asserted the language of the bill refers to a single training course, which is approximately 27 hours. This language will limit the PT Board's ability to conduct negotiated rulemaking. **Ms. Ellis** also noted the Federation of State Boards for Physical Therapy is not a nationally-accredited organization. She mentioned the Acupuncture Association is willing to collaborate with the IPTA to redesign this bill.

DISCUSSION: **Senator Martin** asked if the bill's reference to the Federation of State Boards of Physical Therapy was problematic. **Ms. Ellis** responded in the affirmative. She stated this issue could likely be resolved through collaborative efforts with the IPTA.

Senator Jordan asked if Ms. Ellis was concerned that this bill does not include a discussion of out-of-state certification reciprocity. **Ms. Ellis** stated she was not concerned about this issue. She noted this bill could be amended to include a section regarding reciprocity.

Ms. Patchin refuted the claim that the term "course" limits the capacity for negotiated rulemaking.

Senator Martin inquired as to why 54 hours is the suggested amount of training for the practice of dry needling. **Ms. Patchin** noted many states require 54 training hours for dry needling. She noted this requirement is not included in this bill because the IPTA wanted the requirements to be placed in the PT Board's administrative rules to ensure adaptability.

Senator Martin asked if this bill could be amended to remove the reference to "a course." **Ms. Patchin** stated she would prefer not to amend this bill. She asserted the removal of "a course" is unnecessary.

Vice Chairman Souza suggested this bill be amended to include a discussion of licensing reciprocity. **Ms. Patchin** asserted reciprocity for dry needling certification would likely follow the same standards as reciprocity for the practice of physical therapy. She noted this issue would likely not be included in administrative rules, but could be included in a future bill. **Ms. Patchin** commented she has not heard any concern from physical therapists regarding dry needling certification reciprocity.

Vice Chairman Souza asked for verification that the Federation of State Boards of Physical Therapy is not a nationally-accredited organization. **Ms. Patchin** noted that the Federation of State Boards of Physical Therapy provides the standardized test for physical therapists and approves dry needling courses. **Dr. Gerber** confirmed the Federation of State Boards of Physical Therapy approves

dry needling courses. He stated including it in this bill sets a standard that would facilitate licensing reciprocity.

MOTION: There being no more testimony or questions, **Senator Potts** moved to send **H 0505** to the floor with a **do pass** recommendation. **Senator Foreman** seconded the motion.

DISCUSSION: **Senator Lee** stated she would support the motion and expressed concern that time constraints would make it difficult to amend this bill. She encouraged a collaborative rulemaking process.

Senator Martin expressed confidence in the PT Board's ability to address training requirements in its administrative rules.

SUBSTITUTE MOTION: **Senator Jordan** moved to send **H 0505** to the **Fourteenth Order** for amendment. The motion failed for lack of a second.

VOICE VOTE: The original motion carried by **voice vote**. **Senator Jordan** voted **nay**. Vice Chairman Souza will carry the legislation on the floor.

APPROVAL OF MINUTES: **Senator Lee** moved to approve the Minutes of February 6, 2018. **Senator Martin** seconded the motion. The motion carried by **voice vote**.

ADJOURNED: There being no further business, **Chairman Heider** adjourned the meeting at 4:45 p.m.

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Senator Heider
Chair

_____

Rachel Goodman
Secretary

AGENDA

SENATE HEALTH & WELFARE COMMITTEE

3:00 P.M.
Room WW54
Tuesday, March 06, 2018

SUBJECT	DESCRIPTION	PRESENTER
Gubernatorial Appointment	Re-Appointment of Jay Kunze to the Hazardous Waste Facility Siting License Application Review Panel	Jay Kunze
Presentation	Community NOW! Supports and Services Recommendations	Christine Pisani, Executive Director, Idaho Council on Developmental Disabilities

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 Heider
Vice Chairman Souza
Sen Martin
Sen Lee
Sen Harris
Sen Agenbroad
Sen Foreman
Sen Potts
Sen Jordan

COMMITTEE SECRETARY

Rachel Goodman
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Tuesday, March 06, 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 3:18 p.m.
UNANIMOUS CONSENT REQUEST:	**Chairman Heider** acknowledged he violated Senate Rule 20 by holding an unapproved executive session without 24-hour notice during the March 5, 2018 Committee meeting. **Chairman Heider** requested unanimous consent to nullify the Committee's vote to hold **H 0577**, which occurred as a result of said executive session. There were no objections.
GUBERNATORIAL APPOINTMENT:	**Reappointment of Dr. Jay Kunze to the Hazardous Waste Facility Siting License Application Review Panel (Panel)**. **Dr. Jay Kunze** detailed his professional and educational background. He described his experience as a past Panel member and explained the Panel's work with the Grand View Hazardous Waste Facility.
DISCUSSION:	**Senator Martin** asked how long Dr. Kunze has served on the Panel. **Dr. Kunze** stated he has been a member for around 12 years. **Senator Martin** asked Dr. Kunze to describe his greatest accomplishment as a Panel member. **Dr. Kunze** stated the Panel's greatest accomplishment was its review of the Grand View Hazardous Waste Facility. **Senator Lee** asked if the Panel has any upcoming challenges of which the Committee should be aware. **Dr. Kunze** voiced his support of nuclear energy and stated nuclear energy could be a useful resource in Idaho.
MOTION:	There being no further questions, **Senator Martin** moved to send the appointment of Dr. Jay Kunze to the Hazardous Waste Facility Siting License Application Review Panel to the floor with the recommendation that he be confirmed by the Senate. **Senator Harris** seconded the motion. The motion carried by **voice vote**. Senator Martin will carry the appointment on the floor of the Senate.

PRESENTATION: **Community NOW! Supports and Services Recommendations**. **Christine Pisani** introduced herself as the Executive Director of the Idaho Council on Developmental Disabilities (ICDD). She stated the Community NOW! Program released a report that includes 17 program recommendations. **Ms. Pisani** stated Community NOW! attempts to grant more power to individuals with disabilities and their families.

Arthur Evans introduced himself as the Bureau Chief of Developmental Disability Services in the Division of Medicaid within the Idaho Department of Health and Welfare (DHW). He explained Community NOW! is a collaborative stakeholder group formed in accordance with the *K.W. v. Armstrong* settlement agreement. In 2017, Community NOW! held stakeholder meetings, convened workgroups, and established listening sessions throughout Idaho. Individuals with disabilities, family advocates, and care providers attended the various events. Community NOW! used the information obtained from stakeholders to develop 17 recommendations for supports and services. **Mr. Evans** described his experience attending the listening sessions. The primary recommendation resulting from the collaborative efforts was person-centered planning, which involves providing support to individuals with disabilities so they can manage their own lives and make their own decisions.

Chairman Heider asked who coaches and interacts with individuals with disabilities. **Ms. Pisani** stated it depends upon which aspect of life Chairman Heider was referring to. She stated some individuals with disabilities receive support from their family; others receive support from paid , non-familial providers. During the Community NOW! process, DHW did not want providers to influence the input provided by adults with disabilities regarding services. Some providers were present in the meetings, but they could not respond to the comments made by individuals with disabilities. Throughout the Community NOW! meetings, ICDD staff assisted individuals with disabilities.

Ms. Pisani explained the importance of person-centered planning and described how it can help individuals with disabilities achieve their goals.

DISCUSSION: **Senator Martin** shared his experience participating in the Community NOW! collaboration process.

Senator Potts inquired as to the definition of "adults with developmental disabilities." **Mr. Evans** stated Idaho Code defines an individual with a developmental disability as an individual with an intellectual disability, autism, cerebral palsy, or a seizure disorder occurring before age 22 and causing functional limitations. **Senator Potts** asked if individuals who become developmentally disabled after age 22 are eligible for State support services. **Mr. Evans** stated individuals who meet certain standards could fill out an Aged and Disabled Waiver in order to become eligible.

ADJOURNED: There being no further business, **Chairman Heider** adjourned the meeting at 3:58 p.m.

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Senator Heider
Chair

_____

Rachel Goodman
Secretary

AGENDA

SENATE HEALTH & WELFARE COMMITTEE

3:00 P.M.
Room WW54
Wednesday, March 07, 2018

SUBJECT	DESCRIPTION	PRESENTER
HCR 036	Childhood Cancer, Diffuse Intrinsic Pontine Glioma	Representative Chaney
H 0562	Public Health Districts, Trustees	Representative Blanksma
Gubernatorial Appointment	Re-Appointment of Suzanne Budge to the Hazardous Waste Facility Siting License Application Review Panel	Suzanne Budge
Presentation	Mental Health and Neuromodulation	Judi Kosterman, CereCare
Presentation	Office of Performance Evaluation Report: Representation for Children and Youth in Child Protection Cases	Rakesh Mohan, Director, Office of Performance Evaluations Bryon Welch, Office of Performance Evaluations

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 Heider
Vice Chairman Souza
Sen Martin
Sen Lee
Sen Harris
Sen Agenbroad
Sen Foreman
Sen Potts
Sen Jordan

COMMITTEE SECRETARY

Rachel Goodman
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Wednesday, March 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 3:13 p.m.
HCR 036	**Childhood Cancer, Diffuse Intrinsic Pontine Glioma (DIPG)**. **Representative Chaney** explained DIPG is a rare brain tumor that affects between 200 and 400 children in the United States every year. This resolution would establish May 17 as DIPG Awareness Day in Idaho.
TESTIMONY:	**Darren Hoagland** shared his personal experience with DIPG and spoke in favor of this resolution.
MOTION:	**Senator Martin** moved to send **HCR 036** to the floor with a **do pass** recommendation. **Senator Agenbroad** seconded the motion. The motion carried by **voice vote**.
H 0562	**Districts, Trustees**. **Representative Blanksma** explained this bill would clarify that the Board of Trustees of Public Health (Board) is subject to open meeting laws and require the Board to maintain the current funding formula for three years. This bill would also establish an emergency formula-setting process which can be used if necessary. **Representative Blanksma** stated Public Health Districts (Districts) 3 and 4 requested this legislation.
DISCUSSION:	**Senator Foreman** asked if Board meetings are already subject to open meeting laws. **Representative Blanksma** stated some past Board meetings were not open to the public. Idaho Code does not explicitly state the Board meetings are subject to open meeting laws. In 2016, the Attorney General of Idaho issued an opinion declaring the meetings must follow open meeting laws; however, this may change with future Attorneys General. **Senator Foreman** noted the Districts in northern Idaho oppose **H 0562**. He stated they dislike the three-year requirement for the funding formula and asked why the requirement was included in this bill. **Representative Blanksma** explained the Board itself decided to maintain the current funding formula for three years. She read from several sets of Board meeting minutes that indicated the Board's intent to continue utilizing the formula for three years. **Senator Foreman** stated he heard certain Districts were vying for funding. He sought more information regarding this issue. **Representative Blanksma** stated the three-year funding formula would help stabilize the Districts' budget. **Vice Chairman Souza** asked if all Districts are in favor of the three-year timeframe.

Representative Blanksma asserted the minutes of the Board meetings show the Board members supported the three-year timeframe. However, some Districts began to oppose the time requirement after this legislation was proposed. **Vice Chairman Souza** asked which Districts oppose this bill. **Representative Blanksma** explained Districts 1, 2, 6, and 7 oppose this bill; 3 and 4 support this bill; and 5 is neutral. **Vice Chairman Souza** expressed concern that this bill may cause tension and disagreements between the Districts. **Representative Blanksma** asserted setting the funding formula for three years would alleviate the tension between the Districts.

Senator Harris asked why this bill eliminates staggered terms for Board members. **Representative Blanksma** stated staggered terms have already been established; therefore, the language regarding this requirement is no longer needed.

Senator Potts asked if Representative Blanksma held a position on the Board. **Representative Blanksma** stated she is the representative of Elmore County to District 4. **Senator Potts** asked how often the funding formula has changed in the last decade. He asked how many votes are required to change the formula now and how many would be required to change the formula in an emergency situation if the bill passes. **Representative Blanksma** stated the funding formula was relatively stable until a particular part of the formula was changed. Currently, the formula can be changed by a simple majority vote. She clarified the emergency funding formula clause of this bill would require a unanimous vote to modify the formula.

Senator Potts commented there seems to be tension between urban and rural areas. He asked if the current funding formula account for population. **Representative Blanksma** noted all Districts include an urban hub as well as rural areas.

Senator Agenbroad asked why the Board members no longer support the three-year formula requirement. **Representative Blanksma** reported she was unsure why the members withdrew support. She emphasized the importance of a stable funding formula. **Senator Agenbroad** asked if this legislation would increase tension between the Districts. **Representative Blanksma** expressed hope that this bill would alleviate tension between the Districts. She noted that it costs taxpayer money every time the Districts meet to negotiate the funding formula.

Senator Lee asked if this bill could be tabled until next year to allow discussion between the Districts. **Representative Blanksma** stated a similar bill was introduced in 2017. It was held in committee in order to allow for negotiation between the Districts. She expressed doubt that holding **H 0562** as well would solve current problems.

TESTIMONY:

Bill Leake introduced himself as the trustee from District 7. **Mr. Leake** asserted there is not much contention between trustees; however, he acknowledged it was challenging to create a funding formula. He noted District 4 receives 24 percent of the funding available to the Districts. He opposed the three-year funding formula requirement, but stated all seven Districts support the open meeting clause.

DISCUSSION: **Senator Jordan** asked Mr. Leake to briefly explain the current funding formula. She asked how often the formula has changed in the last three years. **Mr. Leake** stated the formula was modified in 2017 and had not been changed since 2014. He noted the change in 2014 negatively affected District 4; the change in 2017 was meant to solve this issue. He explained in detail the current funding formula.

Representative Blanksma noted the Board decided in February 2018 to revisit the funding formula. She emphasized the importance of having a stable budget.

Senator Potts acknowledged the importance of stability, but also stressed the need for a dynamic funding formula. He noted the majority of the Districts oppose this bill.

MOTION: There being no further questions or testimony, **Senator Potts** moved to hold **H 0562** in Committee subject to the call of the Chair. **Senator Foreman** seconded the motion.

DISCUSSION: **Vice Chairman Souza** stated she agreed with Senator Potts and would not support this bill. She thanked Representative Blanksma for her efforts.

SUBSTITUTE MOTION: **Senator Lee** moved to send **H 0562** to the floor with a **do pass** recommendation. **Senator Martin** seconded the motion.

DISCUSSION: **Senator Lee** expressed concern about this bill, but stated she would support it. She noted this bill may provide clarity and stability.

Senator Martin also expressed concern about this bill, but noted he would support this bill for his district.

Senator Potts stated not enough stakeholders support this bill. He opposed the substitute motion.

Senator Foreman voiced concern about the current funding formula. He stated Districts 1 and 2 oppose this bill. He asserted the Legislature should not attempt to settle a dispute by passing legislation.

Senator Agenbroad spoke in favor of the substitute motion. He mentioned this bill would create greater budgeting stability for the Districts.

ROLL CALL VOTE: **Chairman Heider** requested a roll call vote. **Chairman Heider and Senators Martin, Lee, Agenbroad, and Jordan** voted **aye**. **Vice Chairman Souza and Senators Harris, Foreman, and Potts** voted **nay**. The motion carried. Senator Lee will carry the legislation on the floor.

GUBERNATORIAL APPOINTMENT: **Reappointment of Suzanne Budge to the Hazardous Waste Facility Siting License Application Review Panel (Panel)**. **Suzanne Budge** explained her qualifications and educational background. She noted the Panel has not met since her previous appointment to the position.

PRESENTATION: **Mental Health and Neuromodulation**. **Dr. Judi Kosterman, Ph.D.,** represented CereCare, which is part of a brain research lab in California. She spoke about EEG (electroencephalogram)/EKG (electrocardiogram)-guided transcranial magnetic stimulation (ETMS). ETMS is a form of neuromodulation, which is used to treat brain diseases and their symptoms. **Dr. Kosterman** explained the science behind neuromodulation. The human brain has an optimal frequency at which is works most effectively. Neuromodulation adjusts brain frequency in order to treat certain brain conditions. **Dr. Kosterman** noted this treatment has been used to successfully treat post-traumatic stress disorder in veterans. She asserted neuromodulation also has implications for opioid addiction treatment.

PRESENTATION: **Office of Performance Evaluation Report: Representation for Children and Youth in Child Protection Cases**. Due to time constraints, **Chairman Heider** stated this presentation would be rescheduled.

ADJOURNED: There being no further business, **Chairman Heider** adjourned the meeting at 4:30 p.m.

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Senator Heider
Chair

_____

Rachel Goodman
Secretary

AMENDED AGENDA #1

SENATE HEALTH & WELFARE COMMITTEE

3:00 P.M.
Room WW54
Thursday, March 08, 2018

SUBJECT	DESCRIPTION	PRESENTER
Gubernatorial Appointment Vote	Vote on the re-appointment of Suzanne Budge to the Hazardous Waste Facility Siting License Application Review Panel	
HCR 045	Hearing Devices	Representative Rubel
HCR 043	Organ Donation, Awareness	Representative Monks
H 0546	Anatomical Gifts, Age of Donation	Representative Monks
Approval of Minutes	Minutes of the February 14, 2018 Meeting	Senator Potts
	Minutes of the February 15, 2018 Meeting	Senator Harris
	Minutes of the February 27, 2018 Meeting	Senator Martin
	Minutes of the February 28, 2018 Meeting	Senator Jordan

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 Heider
Vice Chairman Souza
Sen Martin
Sen Lee
Sen Harris
Sen Agenbroad
Sen Foreman
Sen Potts
Sen Jordan

COMMITTEE SECRETARY

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email: shel@senate.idaho.gov

MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Thursday, March 08, 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 3:03 p.m.
GUBERNATORIAL APPOINTMENT:	**Consideration of the Gubernatorial Reappointment of Suzanne Budge to the Hazardous Waste Facility Siting License Application Review Panel**. **Senator Martin** moved to send the Gubernatorial appointment of Suzanne Budget to the Hazardous Waste Facility Siting License Application Review Panel to the floor with the recommendation that she be confirmed by the Senate. **Vice Chairman Souza** seconded the motion. The motion carried by **voice vote**. Senator Harris will carry the appointment on the floor.
HCR 045	**Hearing Devices**. **Representative Rubel** stated health insurers in Idaho do not pay for children's hearing aids, regardless of whether the device is medically necessary. She clarified Medicaid covers hearing aids, but other health insurance does not. Families may be unable to afford hearing aids, which cost between $5,000 and $7,000. Lacking necessary hearing aids can be detrimental to a child's development. **Representative Rubel** explained this resolution calls upon the Idaho Department of Insurance (DOI) to meet with insurers during the interim and collect data regarding the coverage of hearing aids. Rules contained in Idaho Administrative Code currently do not require insurers to cover the cost of hearing aids. A conflicting administrative rule states insurers must cover congenital conditions.
DISCUSSION:	**Vice Chairman Souza** expressed interest in this issue. **Senator Potts** asked if hearing aids are covered by insurance once individuals meet their deductible. **Representative Rubel** responded in the negative.
TESTIMONY:	**Dean Cameron**, Director of the DOI, stated he was willing to work with stakeholders to find a solution to the issue of hearing aid coverage. He stated he did not know of any insurance plan in Idaho which covers hearing aids.

DISCUSSION: **Vice Chairman Souza** noted Medicare covers the cost of hearing aids. She stated this does not help individuals who are too young to qualify for Medicare. **Director Cameron** mentioned State health insurance plans (i.e. Medicare and Medicaid) do cover the cost of hearing aids. He explained this may be steering individuals toward State health insurance plans. He expressed support for investigating the issue further.

Senator Jordan noted providing a child a hearing aid can decrease the cost of future services that the child may need if he or she does not have a hearing aid. She asked if the DOI would consider this fact when conducting a cost-benefit analysis. **Director Cameron** responded in the affirmative.

Senator Lee suggested the DOI consider parity between hearing aids and other hearing-related services covered by insurance.

TESTIMONY: **Lisa Coleman** shared her personal experience with this issue and spoke in support of this resolution. She noted hearing aids are not a one-time purchase; they must be repaired and replaced every three to four years. **Ms. Coleman** emphasized the positive impact hearing aids can have upon a child's development.

Kat Ross shared her personal experience with this issue and spoke in support of this resolution.

Kari Baker shared her personal experience with this issue and spoke in support of this resolution.

Michelle Wilson introduced herself as an insurance agent. She shared her personal experience with this issue and spoke in support of this resolution.

Andrea Amestoy shared her personal experience with this issue and spoke in support of this resolution. She noted 22 states currently ensure insurance coverage of hearing aids, and eight more are in the process of doing so.

Gretchen Fores shared her personal experience with this issue and spoke in support of this resolution.

MOTION: There being no more testimony or questions, **Senator Lee** moved to send **HCR 045** to the floor with a **do pass** recommendation. **Senator Jordan** seconded the motion. The motion carried by **voice vote**. Senator Lee will carry the resolution on the floor.

HCR 043 **Organ Donation, Awareness**. **Representative Monks** explained the Meridian Mayor's Youth Advisory Council developed this resolution. He stated this resolution encourages Idahoans to become organ donors.

TESTIMONY: **Britton Davis** introduced himself as a member of the Meridian Mayor's Youth Advisory Council. He explained this resolution is meant to celebrate Idaho's rate of organ donation, which is above the national average. The resolution also encourages organ donations.

MOTION: There being no testimony or questions, **Vice Chairman Souza** moved to send **HCR 043** to the floor with a **do pass** recommendation. **Senator Martin** seconded the motion. The motion carried by **voice vote**. Senator Bayer will carry the resolution on the floor.

H 0546 — **Anatomical Gifts, Age of Donation**. **Representative Monks** stated the Meridian Mayor's Youth Advisory Council developed this bill. He explained Idaho Code currently requires individuals to be at least 16 years of age to register as an organ donor. Many Idahoans obtain a driver's license at the age of 15 and are unable to register as an organ donor. This bill would lower the age of organ donation eligibility to 15. Parental permission is currently required for minors to become organ donors; **H 0546** would not change this.

TESTIMONY: **Amber Graves** introduced herself as a member of the Meridian Mayor's Youth Advisory Council. She stated this bill is meant to create a dialogue between parents and children regarding organ donation. **Ms. Graves** emphasized the importance of organ donation.

MOTION: There being no more questions or testimony, **Senator Harris** moved to send **H 0546** to the floor with a **do pass** recommendation. **Senator Agenbroad** seconded the motion. The motion carried by **voice vote**.

APPROVAL OF MINUTES: **Senator Potts** moved to approve the Minutes of February 14, 2018. **Senator Martin** seconded the motion. The motion carried by **voice vote**.

Senator Harris moved to approve the Minutes of February 15, 2018. **Senator Jordan** seconded the motion. The motion carried by **voice vote**.

Senator Martin moved to approve the Minutes of February 27, 2018. **Vice Chairman Souza** seconded the motion. The motion carried by **voice vote**.

Senator Jordan moved to approve the Minutes of February 28, 2018. **Senator Harris** seconded the motion. The motion carried by **voice vote**.

ADJOURNED: There being no further business, **Chairman Heider** adjourned the meeting at 4:05 p.m.

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Senator Heider
Chair

_____

Rachel Goodman
Secretary

AGENDA

SENATE HEALTH & WELFARE COMMITTEE

2:00 P.M.
Room WW54
Monday, March 12, 2018

SUBJECT	DESCRIPTION	PRESENTER
Approval of Minutes	Minutes of the February 19, 2018 Meeting	Senator Souza
H 0649	Medical Help, Overdose, Charges	Representative Chew
H 0618	Legend Drugs, Code Imprint	Representative Zollinger
Presentation	Suicide Prevention	Kim Kane, Office of Suicide Prevention
Presentation	Dental Therapy Aides	Tyrel Stevenson, Coeur d'Alene Tribe

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 Heider
Vice Chairman Souza
Sen Martin
Sen Lee
Sen Harris
Sen Agenbroad
Sen Foreman
Sen Potts
Sen Jordan

COMMITTEE SECRETARY

Rachel Goodman
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Monday, March 12, 2018
TIME:	2:00 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 2:10 p.m.
APPROVAL OF MINUTES:	**Vice Chairman Souza** moved to approve the Minutes of February 19, 2018. **Senator Martin** seconded the motion. The motion carried by **voice vote**.
H 0649	**Medical Help, Overdose, Charges**. **Representative Chew** explained community members requested this bill be brought forward. This bill would provide immunity for individuals who solicit assistance in the case of a drug overdose. **Paul Panther** introduced himself as the Chief of the Criminal Law Division of the Idaho Attorney General's Office. The Attorney General's Office assisted in the drafting of this bill; however, **Mr. Panther** noted the Attorney General's Office does not take a position on bills. This bill would provide limited immunity from prosecution for a few crimes related to drug use. The purpose of the bill is to encourage individuals to contact authorities in drug-related emergency situations. **Mr. Panther** commented 40 states currently have a law similar to **H 0649**. He explained this bill grants immunity from prosecution for: possession of a controlled substance; possession of marijuana in an amount less than one pound; possession of drug paraphernalia; and using or being under the influence of a controlled substance. **Mr. Panther** stressed this bill would not provide immunity from any other crimes, including trafficking and distribution of controlled substances. This bill proposes to offer immunity to an individual who seeks medical assistance for someone in a drug-related emergency. The immunity would apply to the individual who contacts authorities and the individual in need of medical assistance; in some cases, this may be the same individual. Evidence found as a result of the call to authorities could not be used to prosecute the individuals of crimes for which the bill provides immunity. However, evidence found could be used to prosecute the individuals for crimes not enumerated in this bill. **Mr. Panther** described several hypothetical scenarios in which immunity would apply. This bill would require actors to act in good faith, which means they must have an honest and reasonable belief that there is an emergency requiring treatment.

DISCUSSION: **Senator Martin** asked what would prevent someone who is being arrested from claiming there is a medical emergency in order to avoid arrest. **Mr. Panther** stated if a medical emergency occurs after law enforcement has arrived, the evidence found by is admissible because it was not found as the result of a request for medical assistance. **Senator Martin** sought more information about the amount of heroin sufficient to constitute trafficking under State criminal law. **Mr. Panther** explained that possessing more than two grams of heroin constitutes drug trafficking.

Senator Lee asked if this bill would grant immunity to individuals who are pulled over while driving and claim to be seeking medical assistance for a passenger in the vehicle. **Mr. Panther** stated it is ultimately the court's decision whether a situation fits within the parameters of this bill. He reiterated this bill only applies to individuals requesting or receiving medical assistance.

Senator Jordan asked if this bill would provide immunity for individuals in any circumstance other than a request for medical assistance. **Mr. Panther** responded in the negative. **Senator Jordan** asked if first responders would be able to direct the individual needing assistance to other services such as a treatment facility. **Mr. Panther** noted the immediate concern of first responders would be to ensure proper treatment for the individual needing assistance. He stated the necessity of future treatment would be determined on a case-by-case basis.

Vice Chairman Souza inquired as to the definition of "medical emergency." **Mr. Panther** responded there may not be a statutory definition for medical emergency. He explained the term is intentionally broad and encompasses situations such as drug overdose. **Vice Chairman Souza** expressed concern that the lack of a determined definition for medical emergency could lead individuals to take advantage of the immunity granted by this bill. **Mr. Panther** stated the provision requiring requests for assistance to be made in good faith would help prevent misuse of this immunity.

Senator Agenbroad asked if this bill would provide immunity from prosecution for driving under the influence if the individual seeking assistance is driving a motor vehicle. **Mr. Panther** responded in the negative.

TESTIMONY: **Rosie Andueza** introduced herself as the Manager of the Substance Use Disorder Program in the Division of Behavioral Health within the Idaho Department of Health and Welfare (DHW). She shared statistics about drug overdose in the United States and in Idaho. She noted that the incidence of drug overdoses in Idaho has increased over the last five years.

DISCUSSION: **Senator Jordan** asked if this bill would benefit the court system by reducing the number of possession charges. **Ms. Andueza** stated she was unsure, but she noted a decrease in the number of such charges would logically follow from the passage of this bill.

TESTIMONY: **Monica Forbes** shared her personal experience and spoke in support of this bill.

DISCUSSION: **Vice Chairman Souza** inquired as to whether opioid use is considered acceptable or "cool" among certain groups. **Ms. Forbes** stated she has never encountered anyone who considered opioid use to be "cool." She asserted no one enjoys being addicted to opioids.

TESTIMONY: **Don Hayes** shared his personal experience and spoke in support of this bill.

Chrystal Allen shared her personal experience and spoke in support of this bill.

DISCUSSION: **Senator Foreman** commended Representative Chew for her work on this bill. He stated granting immunity should not be necessary to convince people to solicit medical assistance when in an emergency. He expressed concern that this bill would provide immunity for some felony drug charges.

MOTION: There being no more questions or testimony, **Senator Foreman** moved to hold **H 0649** in Committee. The motion died for lack of a second.

SUBSTITUTE MOTION: **Senator Jordan** moved to send **H 0649** to the floor with a **do pass** recommendation. **Vice Chairman Souza** seconded the motion.

DISCUSSION: **Senator Potts** touted adding a sunset clause to this bill. He asked if there would be a tracking mechanism that could be used to determine the effectiveness of the immunity.

Senator Jordan stated police departments and emergency services track calls; therefore, there would be a reporting/tracking mechanism for this bill.

VOICE VOTE: The substitute motion carried by **voice vote**. **Senator Foreman** voted **nay**.

H 0618 **Legend Drugs, Code Imprint**. **Senator Potts** stated this bill would repeal Chapter 32, Title 37, Idaho Code, which was created in 1981 and required manufacturers to add an imprint code to all drugs. Similar laws in other states prompted a change in federal law. Since 1995, the United Stated Food and Drug Administration (FDA) has required all manufacturers of oral dosage-form drug products to add an imprint code to drugs; thus, Chapter 32, Title 37, Idaho Code is now obsolete and has not been enforced in over 20 years.

DISCUSSION: **Vice Chairman Souza** asked if this bill would eliminate the requirement for code imprinting on drugs. **Senator Potts** clarified that the FDA requires code imprinting; therefore, Idaho Code no longer needs to require it.

Senator Lee inquired as to why it is necessary to repeal Chapter 32, Title 37, Idaho Code. **Senator Potts** asserted the code is no longer needed because it is not used. He noted the code can be reinstated in the future if it becomes necessary. **Senator Lee** sought information regarding the motivation behind this bill. **Senator Potts** stated Representative Zollinger approached the Idaho Board of Pharmacy (BOP) about removing Chapter 32, Title 37, Idaho Code. The BOP agreed to the propriety of the repeal of this portion of code.

Dr. Alex Adams, PharmD, MPH, introduced himself as the Executive Director of the BOP. **Dr. Adams** stated it would be beneficial to repeal Chapter 32, Title 37, Idaho Code because the federal version of this law has been updated. Chapter 32, Title 37, Idaho Code has not been updated accordingly; therefore, the code either needs to be updated or repealed. He noted he did not envision any scenario in which the federal law requiring code imprinting would be repealed. He asserted there is no harm in repealing Chapter 32, Title 37, Idaho Code.

MOTION: There being no more questions or testimony, **Senator Lee** moved to send **H 0618** to the floor with a **do pass** recommendation. **Senator Agenbroad** seconded the motion. The motion carried by **voice vote**. Senator Potts will carry the bill on the floor.

PRESENTATION: **Suicide Prevention**. **Kim Kane** introduced herself as the Program Manager for the Suicide Prevention Program within DHW. **Ms. Kane** shared the history of suicide prevention organizations in Idaho. She noted there has been growth in the number of organizations involved in suicide prevention efforts. Development of the Suicide Prevention Program (Program) began in 2014. The Program's initial goals were: funding for youth suicide prevention; funding for a suicide prevention hotline; and a public awareness campaign. To achieve these goals, the Program: provided suicide prevention training for school staff at schools throughout Idaho; assisted 8,978 individuals through the suicide prevention hotline in 2017; created public service announcements about suicide that aired on television; developed brochures that target specific stakeholder groups; and produced public awareness materials.

DISCUSSION: **Senator Harris** and **Senator Lee** inquired as to why certain counties have not received public awareness materials from the Program. **Ms. Kane** noted the materials have primarily been distributed through the Program's marketing campaign. There was an effort to distribute materials to bars and restaurants throughout the State. With the amount of available funding, the Program could not reach all parts of Idaho.

Vice Chairman Souza asked if the Program was distributing any materials through the Public Health Districts. **Ms. Kane** responded in the affirmative.

Ms. Kane noted the Program has created a suicide prevention poster specifically targeted to the jail population. The suicide prevention hotline will soon be made accessible to inmates. The Program also participates in a national initiative known as Zero Suicide. Forty-five percent of suicide victims have seen a primary care physician within a month of their death. The Zero Suicide initiative involves educating health care providers are suicide prevention.

Senator Lee asked how inmates would access the suicide prevention hotline and who would be responsible for funding such calls. **Ms. Kane** stated she was unsure who would pay for the calls. She commented the Idaho Sheriff's Association is currently working with telecommunication companies to provide inmates access to the hotline.

Vice Chairman Souza noted the suicide prevention hotline was disconnected for several years but was eventually reestablished. She inquired as to why this occurred. **Ms. Kane** explained the original hotline was a small service run by Boise State University. The hotline closed due to lack of funding. The hotline was then reestablished after new funding mechanisms were developed.

Ms. Kane shared one of the Program's public service announcements with the Committee.

PRESENTATION: **Dental Therapy Aides**. **Tyrel Stevenson** introduced himself as the Legislative Director for the Coeur d'Alene Tribe. He stated the Coeur d'Alene Tribe expanded the Benewah Health Center in 2012 into a 50,000 square foot facility that provides a variety of services, including optometry, chiropractic services, medical services, behavioral health services, and dental services. The facility is now known as the Marimn Health and Wellness Center. There are currently two to four full-time dentists in the dental clinic. The dental clinic serves many community members, both native and non-native.

Ms. Stevenson presented information about the Dental Health Aid Therapy Program, which is part of the Community Health Aid Program. This program was developed in Alaska and was designed to meet the needs of underserved communities. **Ms. Stevenson** compared dental health aid therapists (DHAT) to

physician's assistants. DHATs have a limited scope of practice, but they perform certain procedures that dentists would otherwise perform. They must practice under the general supervision of a dentist. DHATs are individuals that come from the community and are highly-trained.

In Alaska, the DHAT Program has been successful. It has lowered the number of tooth extractions and improved dental health in the participating communities. **Mr. Stevenson** noted that mid-level dental services must be authorized by the State before DHATs can begin working in Idaho. Currently, one member of the Coeur d'Alene Tribe is enrolled in the DHAT Program. She is expected to graduate in 2019.

Chairman Heider asked how the DHAT Program would comply with Idaho Board of Dentistry (BOD) rules. **Ms. Stevenson** stated the Coeur d'Alene Tribe has discussed this with the BOD. He explained the DHAT Program is not yet accredited by the Commission on Dental Accreditation; however, it has applied for accreditation and is likely to receive accreditation in summer 2018. **Ms. Stevenson** expressed willingness to continue discussing this topic with the BOD.

ADJOURNED: There being no further business, **Chairman Heider** adjourned the meeting at 3:32 p.m.

_____	_____
Senator Heider Chair	Rachel Goodman Secretary

AGENDA

SENATE HEALTH & WELFARE COMMITTEE

2:00 P.M.
Room WW54
Wednesday, March 14, 2018

SUBJECT	DESCRIPTION	PRESENTER
Gubernatorial Appointment Consideration and Vote	Reappointment of Mark Von Lindern to the Hazardous Waste Facility Siting License Application Review Panel	Mark Von Lindern
Presentation	Office of Performance Evaluation Report: Representation for Children and Youth in Child Protection Cases	Amanda Bartlett, Office of Performance Evaluations
Approval of Minutes	Minutes of the February 20, 2018 Meeting	Senator Foreman
Page Farewell	Farewell to Committee Page Harrison Woodland	Chairman 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 Heider
Vice Chairman Souza
Sen Martin
Sen Lee
Sen Harris
Sen Agenbroad
Sen Foreman
Sen Potts
Sen Jordan

COMMITTEE SECRETARY

Rachel Goodman
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Wednesday, March 14, 2018
TIME:	2:00 P.M.
PLACE:	Room WW54
MEMBERS PRESENT:	Chairman Heider, Vice Chairman Souza, Senators Lee, Foreman, and Potts
ABSENT/ EXCUSED:	Senators Martin, Harris, Agenbroad, and Jordan
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 2:39 p.m.
GUBERNATORIAL APPOINTMENT:	**Reappointment of Mark Von Lindern to the Hazardous Waste Facility Siting License Application Review Panel (Panel)**. **Mark Von Lindern** described his educational background and his qualifications for this position. He noted he has been involved in a variety of environmental programs and has experience with hazardous waste.
DISCUSSION:	**Chairman Heider** asked where Mr. Von Lindern earned his degree. **Mr. Von Lindern** stated he holds an engineering degree from the University of Idaho. **Vice Chairman Souza** inquired as to when Mr. Von Lindern was initially appointed to the Panel and how often the Panel meets. **Mr. Von Lindern** stated he has served on the Panel for around 15 years. He noted the Panel has met roughly 6 times since he was first appointed.
PRESENTATION:	**Office of Performance Evaluation Report: Representation for Children and Youth in Child Protection Cases**. **Amanda Bartlett** introduced herself as a Principal Evaluator at the Office of Performance Evaluation (OPE). She stated the request for this evaluation resulted from concerns regarding court-appointed special advocates, guardians ad litem, and a lack of volunteer advocates for children and youth in child protection cases. This evaluation was meant to determine whether court-appointed special advocates and guardians ad litem could provide effective representation for children in child protection cases. **Ms. Bartlett** explained that representatives for children can lead to improved case outcomes and increase the likelihood that a child will find a permanent home. In Idaho, children under eleven years of age are represented by a court-appointed special advocate or guardian ad litem. These representatives determine what is in the best interest of a child by conducting an independent investigation of the case. They report what they find to be in the child's best interest. Children can also be represented by a public defender, although this is generally only for children over 12 years of age. The relationship between the child and the public defender is a typical attorney-client relationship. Judges also have the ability to appoint both a public defender and a guardian ad litem to a case. **Ms. Bartlett** noted the representation process is contained in Idaho Child Protective Act (ICPA). She stated OPE identified two areas of concern when

investigating the implementation of the ICPA. The first concern is that there are gaps in representation for children. These gaps occur due to a shortage of guardians ad litem, who are generally trained volunteers working for a non-profit organization. Non-profits may not have the resources to continue representing a child, in which case they must petition to withdraw from a case. OPE found that judges do not always appoint a public defender after a guardian ad litem withdrew from a case. This leaves children without a representative. **Ms. Bartlett** stated in some cases no guardian ad litem or public defender was ever appointed by the judge. At the system-level, there is no way to verify whether a child is being represented.

OPE's second concern is that child representation in Idaho lacks consistency and stability. OPE researched child representation in other states and found that policy implementation varies widely; however, all states share some commonalities in regard to child representation. **Ms. Bartlett** asserted specific training is necessary for those representing children, representation is needed early in every case, and stability is vital for effective representation. She noted guardians ad litem in Idaho must undergo 30 hours of training before being appointed to a case. They must also undergo 12 hours of annual training.

Idaho often appoints a representative early in a case, but the State has a high representative turnover rate. As a result, the non-profit organizations overseeing guardian ad litem programs focus on recruiting volunteers and do not focus as heavily on supervision of volunteers or quality control. **Ms. Bartlett** explained guardian ad litem programs in Idaho are currently run by seven independent non-profit organizations; therefore, it is not clear who is responsible for ensuring the consistency and quality of child representation at the State level. OPE recommended the Legislature facilitate a meeting with stakeholders to determine who is ultimately responsible for child representation at the State level.

DISCUSSION: **Chairman Heider** asked if child representation falls under the purview of the Idaho Department of Health and Welfare. **Ms. Bartlett** responded in the negative. She noted the Administrative Office of the Idaho Supreme Court acts as the grant administrator for guardian ad litem programs.

Chairman Heider sought information regarding the requirements for becoming a guardian ad litem. He asked why recruitment of volunteers is so difficult. **Ms. Bartlett** stated individuals must undergo a background check, 30 hours of pre-service training, and an interview process in order to become a guardian ad litem. She asserted being a guardian ad litem is demanding. It requires around a ten-hour commitment each month, which involves investigation and writing recommendations to the court. **Ms. Bartlett** explained the child representation process can be challenging.

Chairman Heider inquired as to whether judges take gender into consideration when appointing representatives for children. **Ms. Bartlett** stated there are no gender-matching specifications.

Senator Lee asked Ms. Bartlett to explain the need for a child representation oversight committee. **Ms. Bartlett** explained successful child representation requires a collaborative effort from multiple stakeholder groups. Currently, there is no entity that oversees this process. **Ms. Bartlett** emphasized the importance of an oversight committee that could facilitate stakeholder collaboration and provide a forum for policy discussions.

MOTION:	**Vice Chairman Souza** moved to send the reappointment of Mark Von Lindern to the Hazardous Waste Facility Siting License Application Review Panel to the floor with the recommendation that he be confirmed by the Senate. **Senator Lee** seconded the motion. The motion carried by **voice vote**. Vice Chairman Souza will carry this appointment on the floor.
APPROVAL OF MINUTES:	**Senator Foreman** moved to approve the Minutes of February 20, 2018. **Senator Lee** seconded the motion. The motion carried by **voice vote**.
PAGE FAREWELL:	**Chairman Heider** thanked Harrison Woodland for his excellent work as the Committee page. **Mr. Woodland** thanked the Committee and spoke about his experience as a Senate page.
ADJOURNED:	There being no further business, **Chairman Heider** adjourned the meeting at 3:11 p.m.

Senator Heider
Chair

Rachel Goodman
Secretary