

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Tuesday, January 08, 2019

SUBJECT	DESCRIPTION	PRESENTER
	Organizational Meeting	
	Administrative Rules Process	Dennis Stevenson, Administrative Rules Coordinator

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Wagoner
Rep Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Zollinger

Rep Christensen
Rep Green(2)
Rep Lickley
Rep Chew
Rep Rubel
Rep Davis

COMMITTEE SECRETARY

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

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, January 08, 2019
TIME: 9:00 A.M.
PLACE: Room EW20
MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis
**ABSENT/
EXCUSED:** None
GUESTS: Dennis Stevenson and Brad Hunt, Rules Coordination Office
Chairman Wood called the meeting to order at 9:00 a.m.
Chairman Wood welcomed the committee members and introduced the committee page, **Alexis Walker**.
Ryan Bush, Principal Legislative Drafting Attorney, Legislative Services Office, presented information regarding administrative rules, how they are processed within the committee, and resulting legislation.
Chairman Wood reviewed the committee decorum and noteworthy session dates and deadlines. He designated **Reps. Christensen, Davis, Lickley, and Green(2)** to be the session's committee proofreaders.
ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:52 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Wednesday, January 09, 2019

DOCKET	DESCRIPTION	PRESENTER
	<u>Emergency Medical Services</u>	
16-0102-1801	Rules Definitions	Wayne Denny, Bureau Chief
16-0103-1801	Agency Licensing Requirements	Wayne Denny
16-0107-1801	Personnel Licensing Requirements	Wayne Denny
	<u>Council on Domestic Violence</u>	
16-0504-1801	Grant Funding	Nicole Fitzgerald, Executive Director
	<u>Division of Operations Support Services</u>	
16-0506-1801	Criminal History & Background Checks	Fernando Castro, Program Supervisor
16-0506-1901	Criminal History & Background Checks - Citizen Review Panel Members	Fernando Castro
	<u>Division of Behavioral Health</u>	
16-0737-1801	Children's Mental Health Services	Treena Clark, Program Manager
16-0750-1801	Rules and Minimum Standards - Non-hospital, Medically-monitored Detoxification/Mental Health Diversion Units	Treena Clark

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood	Rep Christensen
Vice Chairman Wagoner	Rep Green(2)
Rep Vander Woude	Rep Lickley
Rep Gibbs	Rep Chew
Rep Blanksma	Rep Rubel
Rep Kingsley	Rep Davis
Rep Zollinger	

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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, January 09, 2019

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis

**ABSENT/
EXCUSED:** None

GUESTS: Wayne Denny and Brenda Gully, DHW/EMS Bureau; Fernando Castro, Steve Bellomy, and Ryan Smith, DHW/Audits & Inv.; Joyce Broadsword, DHW; Dieunka Dizney-Spencer and Elke Shaw-Tulloch, DHW-Public Health; Jodi Broyles, Board of Pharmacy; Liam Stokes, Veritas; Nicole Fitzgerald and Angela Wissel, Council on Domestic violence; Jay Shaw, Admin. Rules; Miren Unsworth, IDHW-FACS; Treena Clark, IDHW-BH; Wm. F. Powell, DHW-Rules Unit

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

DOCKET NO. 16-0102-1801: **Wayne Denny**, Bureau Chief, Bureau of Emergency Medical Services (EMS) and Preparedness, Division of Public Health, presented **Docket No. 16-0102-1801**. He explained the four responder levels, their training/clinical capacity, and the evolution of their scope of practice.

Changes permit emergency medical responders (EMRs), with additional training, to serve in the back of the ambulance, if they choose, allowing more opportunity for volunteers. Also updated are annual certification definitions.

MOTION: **Rep. Gibbs** made a motion to approve **Docket No. 16-0102-1801**.

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

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to approve **Docket No. 16-0102-1801**. **Motion carried by voice vote.**

DOCKET NO. 16-0103-1801: **Wayne Denny**, Division of Public Health, Department of Health and Welfare (DHW), presented **Docket No. 16-0103-1801**, changing the EMS agency licensure language to utilize licensed EMRs, with appropriate training and function the same as an emergency medical technician (EMT) agency.

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

MOTION: **Vice Chairman Wagoner** made a motion to approve **Docket No. 16-0103-1801**.

Rep. Vander Woude spoke in support of the motion, although he expressed certificate requirement concerns.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to approve **Docket No. 16-0103-1801**. **Motion carried by voice vote.**

DOCKET NO. 16-0107-1801: **Wayne Denny** presented **Docket No. 16-0107-1801**, adding EMR requirements for annual certification retention and maintenance.

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

MOTION: **Vice Chairman Wagoner** made a motion to approve **Docket 16-0107-1801**. **Motion carried by voice vote.**

DOCKET NO. 16-0504-1801: **Nicole Fitzgerald**, Executive Director, Idaho Council on Domestic Violence and Victim Assistance, presented **Docket No. 16-0504-1801**. The changes incorporate reference to the revised standards manual.

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

MOTION: **Rep. Chew** made a motion to approve **Docket No. 16-0504-1801**. **Motion carried by voice vote.**

DOCKET NO. 16-0506-1801: **Fernando Castro**, Program Supervisor, Criminal History Unit, DHW, presented **Docket No. 16-0506-1801**, criminal history and background check applicants.

A new subsection includes persons providing Substance Use Disorder Services to the classes of individuals required to obtain a Department clearance. This reverses an inadvertent 2016 deletion.

The requirement for EMS providers and volunteers to obtain an enhanced department clearance is removed, although department clearance prior to receiving their state EMS license remains. Inclusion of a person in the state's Central Child Protection Registry with a Substantiated Level 1 or Level 2 Child Protection Event entry is reinstated as a disqualifier for non-enhanced clearances.

Answering questions, **Mr. Castro** explained the need to update in alignment with the Federal Childcare and Development Grant. He also explained the three child protection levels.

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

MOTION: **Rep. Davis** made a motion to approve **Docket No. 16-0506-1801**. **Motion carried by voice vote.**

DOCKET NO. 16-0506-1901: **Fernando Castro**, Program Supervisor, Criminal History Unit, DHW, presented **Docket No. 16-0506-1901**, a Temporary Rule. The Unit completes background checks for persons wishing to participate in programs impacting our vulnerable population, such as foster homes and certified family homes (CFHs). Rule changes incorporate members of newly created Citizen Review Panels.

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

MOTION: **Rep. Kingsley** made a motion to approve **Docket No. 16-0506-1901**. **Motion carried by voice vote.**

DOCKET NO. 16-0737-1801: **Treena Clark**, Program Manager, DHW Division of Behavioral Health (BH), presented **Docket No. 16-0737-1801** to replace "Axis 1 diagnosis" with "mental health diagnosis" to align with the Diagnostic and Statistical Manual of Mental Disorders V (DSM-5) categorical classification system.

The cost associated with the use of Child Support Services when alternate care placements occur, is being transitioned to the BH Sliding Fee Schedule. This change will remove unfair and unnecessary Child Protection processes and court judgements.

Answering questions, **Ms. Clark** explained Axis 1 is not as broad as the mental health diagnosis. The BH Sliding Fee Schedule is a poverty-level scale with a five percent service cap. Contracts with private community providers stipulate charging only for care provided, protecting clients when reimbursed rates are lower than the facility may charge.

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

MOTION: **Rep. Chew** made a motion to approve **Docket No. 16-0737-1801**. **Motion carried by voice vote.** **Rep. Green(2)** requested he be recorded as voting **NAY**.

DOCKET NO. 16-0750-1801: **Treena Clark** presented **Docket No. 16-0750-1801**, establishing minimum standards for approved non-hospital medically monitored detoxification and mental health diversion units, a new model of care being implemented at the Allumbaugh House. Requirements include three distinct program types: detoxification units, sobering stations, and mental health diversion units. Changes reflect current terminology, clinical practice, and alignment with other Division program approval rules. Chemical Dependence Counselor is updated to Qualified Substance Use Disorders Professional.

Responding to questions, **Ms. Clark** stated the federal code reference addresses any future code changes. Providers are independently aware of federal and state facility requirements. Programs under this Chapter are voluntary, without federal mandate beyond facility standards.

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

MOTION: **Rep. Chew** made a motion to approve **Docket No. 16-0750-1801**. **Motion carried by voice vote. Rep. Vander Woude** requested he be recorded as voting **NAY**.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:02 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Thursday, January 10, 2019

DOCKET	DESCRIPTION	PRESENTER
	<u>Division of Public Health</u>	
16-0208-1802	Vital Statistics Rules	James Aydelotte, State Registrar
16-0211-1801	Immunization Exemptions - Children Attending Daycare Facilities	Kathy Turner, Deputy State Epidemiologist and Bureau Chief
16-0215-1801	Immunization Exemptions - Idaho School Children	Kathy Turner
16-0215-1802	Immunization Requirements - Idaho School Children	Kathy Turner
	<u>Division of Licensing and Certification</u>	
16-0314-1801	Hospital Licensing Standards	Tamara Prisock, Administrator, Support Services
16-0315-1801	Secure Treatment Facility	Tamara Prisock
	<u>Bureau of Occupational Licenses</u>	
24-0601-1801	Occupational Therapists and Occupational Therapist Assistants	Joan Callahan, Attorney Sherie Strand, Occupational Therapist

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood	Rep Christensen
Vice Chairman Wagoner	Rep Green(2)
Rep Vander Woude	Rep Lickley
Rep Gibbs	Rep Chew
Rep Blanksma	Rep Rubel
Rep Kingsley	Rep Davis
Rep Zollinger	

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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, January 10, 2019

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis

**ABSENT/
EXCUSED:** None

GUESTS: The sign-in sheet will be retained with the minutes in the committee secretary's office until the end of the session. Following the end of the session, the sign-in sheet will be filed with the minutes in the Legislative Services Library.

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

DOCKET NO. 16-0208-1802: **James Aydelotte**, Bureau Chief, Vital Records and Health Statistics, Department of Health and Welfare's (DHW's) Division of Public Health, presented **Docket No. 16-0208-1802**, clarifying the fee for establishing replacement records. The itemized list is replaced with established categories and resultant fees, without changing any fees. One subsection is obsolete, was never used, and is being removed.

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

MOTION: **Rep. Blanksma** made a motion to approve **Docket No. 16-0208-1802. Motion carried by voice vote.**

DOCKET NO. 16-0211-1801: **Dr. Kathryn Turner**, Bureau Chief, Communicable Disease Prevention, Deputy State Epidemiologist, Department of Public Health, presented **Docket No. 16-0211-1801**, aligning statute and administrative code. The form requirement has been modified to use forms provided by the Department, the daycare facility, or signed statements. The signed statement includes the child's name, date of birth (DOB) (to ensure the daycare operator knows which student is exempted), a statement of exemption, and parent, custodian, or legal guardian signature.

Answering committee questions, **Dr. Turner** said the dob helps daycare workers when there are children with the same name and signatures are not clear. **Rep. Zollinger** reported the statute is silent on the birth date requirement.

Sara Walton Brady, Citizen, testified in support of **Docket No. 16-0211-1801**, sharing her concern regarding form choice and the specific contents of the school form.

Responding to a question, **Dr. Turner** agreed the signed statement can have any explanation, although it cannot be used for a medical exemption.

Christine Zito, Citizen, testified in opposition to **Docket No. 16-0211-1801**. It is not the place of any government agency to promote the necessity of vaccination or anything else. It is the right and duty of citizens to research, understand, and make decisions for their families.

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

MOTION: **Rep. Rubel** made a motion to approve **Docket No. 16-0211-1801.**

Rep. Zollinger, speaking in opposition to the motion, stated he appreciates the attempt to capture approved code; but, the dob addition is unintentional code expansion.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to approve **Docket No. 16-0211-1801. Motion carried by voice vote. Reps. Green(2) and Zollinger** requested they be recorded as voting **NAY**.

DOCKET NO. 16-0215-1801: **Kathryn Turner**, Bureau Chief, Communicable Disease Prevention, Deputy State Epidemiologist, Department of Public Health, presented **Docket No. 16-0215-1801**, Idaho school children immunization requirements. Changes address and align with statute by removing the form use requirement and allowing a signed statement from the parent, guardian, or custodian which includes the student's name, DOB, and exemption reason.

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

MOTION: **Rep. Davis** made a motion to approve **Docket No. 16-0215-1801. Motion carried by voice vote. Reps. Green(2) and Zollinger** requested they be recorded as voting **NAY**.

DOCKET NO. 16-0215-1802: **Kathryn Turner**, Bureau Chief, Communicable Disease Prevention, Deputy State Epidemiologist, Department of Public Health, presented **Docket No. 16-0215-1802**, Idaho school children immunization requirements. The proposed changes add a school entry requirement for twelfth grade students to be immunized against meningococcal disease, also known as meningitis. This aligns Idaho schools with the recommendations of the Centers for Disease Control (CDC) and American Academy of Pediatrics. The requirements would begin with the 2020-2021 school year and does not change the right of a parent, guardian, or adult student to provide an exemption statement.

Answering questions, **Dr. Turner** explained the Federal Advisory Committee determines and recommends to the CDC the vaccination protocols and composition, in conjunction with the Federal Drug Administration (FDA). The language change from "children" to "students" captures those seniors who have reached the age of majority. She agreed consideration is needed to allow for a person of majority age's signature and she will take appropriate action.

Dr. Turner further answered meningitis is a rare disease, with only four to five Idaho cases since 2005. The largest national case reduction (27%) is among children aged fifteen years. The current routinely recommended quadrivalent vaccine covers groups C, W, and Y, not group B. **Chairman Wood** encouraged Dr. Turner to confer with the Attorney General regarding changing the statute language from "children" to "students".

Megan Keating, Parent, Public Health Professional, Immunization Coalition Board Member, testified **in support of Docket No. 16-0215-1802**. The second vaccine dose requirement informs parents regarding the necessity of protecting their children when they are not sick and in the face of their busy teenager schedules. The exclusion option is available.

Rebecca Coyle, Parent, testified **in support of Docket No. 16-0215-1802**. Vaccines are an emotional, cost effective issue. Sharing her experiences, she related comments from parents who wish they had known this vaccine was available. This continues the state's citizen protection commitment and assures parents know their children need another vaccine dose.

Dr. Brian Birch, Board-certified Pediatrician, Member, American Academy of Pediatrics testified **in support of Docket No. 16-0215-1802**. This statute is an avenue to conversations between himself and families. Such discussions can cover a student's overall health needs at a time when the rate of physician wellness visits tend to drop.

Jinny Peterson, Health Freedom Idaho, Parent, testified **in opposition** to **Docket No. 16-0215-1802**. Mandated vaccine injuries and deaths outnumber infections and fatalities. This is a rare disease. The drug companies are not liable for any vaccine-related injuries or deaths. Based on several family members' and friends' life-altering vaccination reactions, she is of the opinion the risk outweighs the benefits.

Sarah Walton Brady, testified **in opposition** to **Docket No. 16-0215-1802**. She queried who informs someone the exemption exists. We are presenting it to the public as mandatory. The flu may cause more deaths than meningitis.

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

Dr. Christine Haan, Medical Director, Division of Public Health, was invited to answer questions. Although the vaccine is mandated, an exemption is provided. It is important parents are aware of the issue and have the opportunity for discussion an exemption, if they wish. Although education is the number one priority of the State Health Department and the CDC, mandating vaccinations is used when education is not enough. She was unaware of any deaths resulting from the vaccination.

Approximately half of Idaho children are covered under the Vaccines for Children Program. The rest are covered by private insurance, which uses the Vaccine Assessment Fund. Sixteen states have high school requirements for this dose. Idaho is above the national average for children from eleven to twelve years of age; however, without requirements there is no uptake in the second dose.

MOTION:

Rep. Rubel made a motion to approve **Docket No. 16-0215-1802**.

Speaking **in opposition** to the motion, **Reps. Vander Woude, Christensen, Green(2)** and **Zollinger** expressed concerns regarding state mandates for an emotional issue, the language change from "children" to "students," and citizens paying for the vaccination costs. Vaccinations are a personal choice between a parent and a doctor, not the proper government role.

Speaking **in support** of the motion were **Reps. Rubel, Davis, and Chairman Wood**. They shared stories and concern for the impact of meningitis. The Legislature's first job is public safety. Life spans have increased by twenty years due to clean water, non-contaminated food sources, and immunizations, when modern medicine alone increased them by only five years.

**ROLL CALL
VOTE:**

Rep. Vander Woude requested a roll call vote on **Docket No. 16-0215-1802**. **Motion carried by a vote of 7 AYE and 6 NAY. Voting in favor** of the motion: **Reps. Wood, Wagoner, Gibbs, Lickley, Chew, Rubel, Davis. Voting in opposition** to the motion: **Reps. Vander Woude, Blanksma, Kingsley, Zollinger, Christensen, Green(2)**.

**DOCKET NO.
16-0314-1801:**

Tamara Prisock, Administrator, Division of Licensing and Certification, DHW, presented **Docket No. 16-0314-1801**, which updates definitions and clarifies requirements for restraint and seclusion. Patient rights are strengthened in the areas of video monitoring, information to caregivers, and patient rights notices. The remaining changes bring the chapter into compliance with the Idaho Administrative Procedures Act.

Jim Baugh, Executive Director, Disability Rights Idaho, testified **in support** of **Docket No. 16-0314-1801**. This has been an open, flexible, inclusive process with extensive stakeholder meetings and negotiated rule making resulting in a broad consensus.

Michael McGrane, Idaho Nurses Association, testified in support of **Docket No. 16-0314-1801**, stating the original Rule restricted the ordering of restraints to physicians, who may not be present during a violent crisis. This is a sensitive topic requiring an appropriate set of rules which they support as advocates for their patients.

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

MOTION: **Vice Chairman Wagoner** made a motion to approve **Docket No. 16-0314-1801**. **Motion carried by voice vote.**

DOCKET NO. 16-0315-1801: **Tamara Prisock**, Administrator, Division of Licensing and Certification, DHW, presented **Docket No. 16-0315-1801**, a Temporary Rule to establish, operate, and maintain a four-bed, secure treatment facility for persons with intellectual or developmental disabilities, as well as mental illnesses, who pose a substantial threat to the safety of others.

The admission criteria and processes for facility licensure and surveys have been developed in alignment with the principles of trauma-informed care and person-centered planning. Also outlined are standards for facility administration, administrator and staff qualifications, facility records, staffing and training requirements, and quality assurance standards.

Standards are set for protecting the rights of persons living in the facility, including advocate selection, the authority and responsibilities of the Human Rights Committee, restriction of rights, nonrestricted rights, and when certain restraints may be used.

Additionally, standards are set for admission, comprehensive assessment, treatment and services, program monitoring, transfer or discharge from the facility, building and fire safety standards, complaint investigation, critical incidents, and enforcement remedies when the facility is out of licensing standard compliance.

The Division of Family and Community Services is developing the facility policies, procedures, and license issuance requirements.

Jim Baugh, Executive Director, Disability Rights Idaho, testified in support of **Docket No. 16-0315-1801**, stating this was a very fruitful, open, beneficial rule making process and he was satisfied it protected the constitutional resident rights.

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

MOTION: **Rep. Vander Woude** made a motion to approve **Docket 16-0315-1801**. **Motion carried by voice vote.**

DOCKET NO. 24-0601-1801: **Joan Callahan**, Administrative Attorney, State Occupational Licenses Board, appeared before the committee to present **Docket No. 24-0601-1801**. She turned the presentation over to **Cherie Strand**.

Cherie Strand, Challis, Volunteer Board Member, Chair, State Occupational Licensure Board further presented **Docket No. 24-0601-1801**. The changes modernize, streamline, and better organize both record keeping and the supervision of occupational therapy assistants, aids, and limited permit holders, in response to licensee requests. An added section specifies the review process and factors for any applicant with a criminal history. Terminology is updated and unnecessary language is removed.

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

MOTION: **Rep. Davis** made a motion to approve **Docket No. 24-0601-1801**. **Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 11:30 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
8:30 A.M.
Room EW20
Friday, January 11, 2019

SUBJECT	DESCRIPTION	PRESENTER
RS26475	Medical Practice Act	Anne Lawler, Board of Medicine
	<u>Bureau of Occupational Licenses</u>	
RS26460	Chiropractic Licensing	Mauri Ellsworth
RS26472	Midwifery Licensing	Roger Hales
RS26469	Nursing Home Administrator Licensing	Roger Hales
RS26459	Occupational Therapy Licensing	Joan Callahan
RS26461	Social Work Licensing	Joan Callahan
RS26455	Counselors, Therapists Licensing	Joan Callahan
	<u>Department of Health & Welfare, Division of Welfare</u>	
16-0303-1801	Child Support Services	Rob Rinard
16-0304-1801	Food Stamp Program	Kristin Matthews
16-0308-1801	Temporary Assistance for Families in Idaho (TAFI)	Erica Rupp
16-0612-1801	Idaho Child Care Program	Erica Rupp

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
 Vice Chairman Wagoner
 Rep Vander Woude
 Rep Gibbs
 Rep Blanksma
 Rep Kingsley
 Rep Zollinger

Rep Christensen
 Rep Green(2)
 Rep Lickley
 Rep Chew
 Rep Rubel
 Rep Davis

COMMITTEE SECRETARY

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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Friday, January 11, 2019

TIME: 8:30 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis

**ABSENT/
EXCUSED:** Vice Chairman Wagoner, Representative(s) Gibbs, Blanksma

GUESTS: Mary Lenard, NHA; Kelley Packer, Rob McQuade, Joan Callahan, and Maurice Ellsworth, IBOL; Trinetta Middlebrook, H&W; Kris Ellis, Eiguren Ellis; Carol Johnson and Camille Friason, IMC; Chelsea Wilson, PPA; Phil Haunschild, IFF; Liam Stokes, Veritas, Kristin Matthews, Camille Schiller, Ericka Rupp, Rob Rinard, Julie Hammon, Angie Johnson, and Lori Wolff, DHW; Shannon Brady, Dept. H&W; Frank Powell, DHW- Rules Unit

Chairman Wood called the meeting to order at 8:30 a.m.

RS 26475: **Anne Lawler**, Executive Director, Idaho State Board of Medicine, presented **RS 26475** to remove unnecessary, outdated, and redundant regulation within the Medical Practice Act. Licensure and expedited licensure barriers have been removed, allowing physicians licensed in other states to become licensed in Idaho, which remains under-served by licensed physicians.

The specific updates include definitions, out-of-date language, and clarification. Impacted sections include discipline, medical student registration, Board of Medicine members, Physician Assistant (PA) Advisory Committee membership, and Board honoraria.

MOTION: **Rep. Chew** made motion to introduce **RS 26475. Motion carried by voice vote.**

RS 26460: **Maurie Ellsworth**, General Counsel, Idaho Bureau of Licenses, presented **RS 26460**, on behalf of the Board of Chiropractic Physicians. These Chiropractic Practice Act revisions remove the Board's obligation to provide a peer review process, which has been ineffective in accomplishing the regulated purposes and not mandatory to the profession. Complaint and civil lawsuit filing will address any need that arises

MOTION: **Rep. Zollinger** made a motion to introduce **RS 26460. Motion carried by voice vote.**

RS 26472: **Roger Hales**, on behalf of the Idaho Board of Midwifery, presented **RS 26472**, which clarifies laws and license renewal reporting requirements, modernizes utilized drugs, and simplifies reporting requirements.

MOTION: **Rep. Davis** made a motion to introduce **RS 26472. Motion carried by voice vote.**

RS 26469: **Roger Hales**, on behalf of the Idaho Board of Examiners of Nursing Home Administrators presented **RS 26469** for timeframe clarification and licensure age reduction from 21 to 18.

MOTION: **Rep. Chew** made a motion to introduce **RS 26469. Motion carried by voice vote.**

RS 26459: **Joan Callahan**, Administrative Attorney assisting the Occupational Therapist Licensure Board, presented **RS 26459**. The changes update and modernize the Occupational Therapy Practice Act. Updated areas include continuing education, supervision, definitions, and procedures.

- MOTION:** **Rep. Zollinger** made a motion to introduce **RS 26459. Motion carried by voice vote.**
- RS 26461:** **Joan Callahan**, Administrative Attorney, on behalf of the State Board of Social Work Examiners, presented **RS 26461**, which makes one substantive change from "licensed social worker" to "licensed bachelor social worker" to align with the uniform nationwide designation. This will not affect licenses issued prior to this change.
- MOTION:** **Rep. Rubel** made a motion to introduce **RS 26461. Motion carried by voice vote.**
- RS 26455:** **Joan Callahan**, Administrative Attorney, on behalf of the Idaho State Licensing Board for Counselors and Marriage and Family Therapists, presented **RS 26455**. The proposed legislation allows the reduction of licensure barriers and increases the license fee cap.
- MOTION:** **Rep. Chew** made a motion to introduce **RS 26455. Motion carried by voice vote.**
- DOCKET NO. 16-0303-1801:** **Rob Rinard**, Child Support Bureau Chief, Department of Health and Welfare (DHW), presented **Docket No. 16-0303-1801**. Required by the Deficit Reduction Act of 2005, there is a \$25 fiscal year fee when at least \$500 is collected on a case. The Bipartisan Budget Act of 2018 increased the amount to \$35 per fiscal year when at least \$550 is collected on a case. This rule changes the amounts in compliance with the new federal requirement.
- For the record, no one indicated their desire to testify.
- MOTION:** **Rep. Rubel** made a motion to approve **Docket No. 16-0303-1801. Motion carried by voice vote. Reps. Green(2) and Christensen** requested they be recorded as voting **NAY**.
- DOCKET NO. 16-0304-1801:** **Kristin Matthews**, Food Stamp Program Manager, DHW, presented **Docket No. 16-0304-1801**. The Idaho Food Stamp Program is also known as the Supplemental Nutrition Assistance Program (SNAP) and is funded 100% by the U.S. Department of Agriculture.
- Two proposed changes update the Food Stamp rule and program regulations. The first change clarifies the definition of self-employment, aligns the definition of workers for both employed and self-employed individuals and participation in the Employment and Training Program.
- The second change updates the name of the Work Investment Act to the Work Innovation and Opportunities Act (WIOA). This program, through the Department of Labor, helps displaced workers retrain and find new employment opportunities. WIOA participants also meet the SNAP work requirements.
- For the record, no one indicated their desire to testify.
- MOTION:** **Rep. Zollinger** made a motion to approve **Docket No. 16-0304-1801. Motion carried by voice vote. Rep. Green(2)** requested he be recorded as voting **NAY**.
- DOCKET NO. 16-0308-1801:** **Erika Rupp**, Temporary Assistance for Needy Families (TANF) Program Manager, DHW, Division of Welfare, presented **Docket No. 16-0308-1801**. The changes impact the Temporary Assistance for Families in Idaho (TAFI). The dependent child definition is changed to be an adult at age 18, and is reflected in various parts of the chapter. Clarification is made to exclude the income of children receiving Supplemental Security Income (SSI) and not count the child in the benefit determination.
- For the record, no one indicated their desire to testify.
- MOTION:** **Rep. Davis** made a motion to approve **Docket No. 16-0308-1801. Motion carried by voice vote.**

DOCKET NO. 16-0612-1801: **Erika Rupp**, Program Manager Idaho Child Care Program, DHW, Division of Welfare, presented **Docket No. 16-0612-1801**. The copayments are changed to comply with the Child Care Reauthorization Act of 2014, placing limitations on copayment increases during the certification period and allowing time for the family to adjust their budget to their account plan.

Reporting requirements are updated to ensure families are also reporting when they exceed the income limit for phase out. Language is added stating child care providers may not pay incentives to families to attend their child care business. Records of attendance are now required to include the signatures of a parent or guardian and assure agreement.

The criminal history and background check requirements are updated to stipulate both the owner and the employees must complete and clear the background check prior to caring for children.

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

MOTION: **Rep. Chew** made a motion to approve **Docket No. 16-0612-1801**. **Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:11 a.m.

-

Representative Wood
Chair

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Monday, January 14, 2019

SUBJECT	DESCRIPTION	PRESENTER
<u>RS26428</u>	<u>Idaho State Board of Pharmacy</u> Pharmacy Practice Act	Nicki Chopski, Board Chair
<u>RS26429</u>	Uniformed Controlled Substances Act	Nicki Chopski
<u>RS26514</u>	Opioid Antagonists	Rep. Fred Wood
<u>27-0101-1801</u>	General Provisions	Nicki Chopski
<u>27-0102-1802</u>	Licensure and Registration	Nicki Chopski
<u>27-0103-1801</u>	Pharmacy Practice	Nicki Chopski
<u>27-0104-1802</u>	Pharmacists Prescriptive Authority	Nicki Chopski
<u>27-0105-1801</u>	Drug Compounding	Nicki Chopski
<u>27-0106-1801</u>	DME, Manufacturing, and Distribution	Nicki Chopski

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood	Rep Christensen
Vice Chairman Wagoner	Rep Green(2)
Rep Vander Woude	Rep Lickley
Rep Gibbs	Rep Chew
Rep Blanksma	Rep Rubel
Rep Kingsley	Rep Davis
Rep Zollinger	

COMMITTEE SECRETARY

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

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, January 14, 2019

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis

**ABSENT/
EXCUSED:** None

GUESTS: Misty Lawrence, Pharmacy; Alex Adams, PFM; Berk Fraser, Kris Jonas, and Nicole Chopski, Board of Pharmacy; Marianne King, ODP; Phil Haunschuld, IFF; Mark Johnston, CVS Health; Susan Odom, Board of Nursing; Brad Hunt, O.A.R.C.; Pam Eaton, IRA/IRPC/ISPA; Toni Lawson, Id. Health Assoc.; Melinda Merrill, NW Grocery

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

RS 26428: **Nicki Chopski**, Chairman, Idaho Board of Pharmacy, presented **RS 26428** to clean up obsolete provisions of the Pharmacy Practice Act and create a more mobile pharmacy license for practice across state lines. This change is consistent with other health professions and the License Freedom Act.

MOTION: **Rep. Chew** made a motion to introduce **RS 26428**. **Motion carried by voice vote.**

RS 26429: **Nicki Chopski**, Chairman, Idaho Board of Pharmacy, presented **RS 26429**. This is the annual conformation of the Idaho Uniformed Controlled Substances Act to the federal Controlled Substances Act.

Alex Adams, Past Director, Board of Pharmacy, was invited to answer a question. He said items reflected in the new U.S. Department of Agriculture Farm Bill are not included because the state bill submission deadline for these updates was prior to the signing.

MOTION: **Rep. Chew** made a motion to introduce **RS 26429**. **Motion carried by voice vote.** **Reps. Christensen and Green(2)** requested to be recorded as voting **NAY**.

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

RS 26514: **Chairman Wood**, District 27, presented **RS 26514**, proposed Board of Pharmacy legislation. Use of the phrase "prescriber or pharmacist" has caused confusion and led some health systems to delay naloxone outreach programs used in other states. In such programs health professionals (who usually have no prescriptive authority) serve as opioid ambassadors and deliver naloxone to those in a position to help patients. The terminology change removes doubt regarding the possibility of similar programs in Idaho.

MOTION: **Rep. Blanksma** made a motion to introduce **RS 26514**. **Motion carried by voice vote.**

**DOCKET NO.
27-0101-1801:** **Nicki Chopski**, Chairman, Idaho Board of Pharmacy, presented **Docket No. 27-0101-1801**. Changes incorporate the "Durable Medical Equipment" definition, distributing into the Unprofessional Conduct, and technical corrections suggested by the Deputy Attorney General.

Mark Johnson, Past Executive Director, Board of Pharmacy, CVS Health, testified in support of **Docket No. 27-0101-1801**. The changes to this and the following Rules provide CVS with the ability to announce the opening of a standalone mail-order facility in Boise and employ 150 Idahoans. The changes also allow a technician to work at home, providing job opportunity for rural areas, homemakers, and handicapped-at-home persons.

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

MOTION: **Rep. Blanksma** made a motion to approve **Docket No. 27-0101-1801**. **Motion carried by voice vote.**

DOCKET NO. 27-0102-1802: **Nicki Chopski**, Chairman, Idaho Board of Pharmacy, presented **Docket No. 27-0102-1802**. The licensure required Multistate Pharmacy Jurisprudence Examination (MJPE) is removed, shortening license processing time and saving graduates \$250. The nonresident pharmacist registration fee has been restructured.

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

MOTION: **Rep. Blanksma** made motion to approve **Docket No. 27-0102-1802**. **Motion carried by voice vote.**

DOCKET NO. 27-0103-1801: **Nicki Chopski**, Chairman, Idaho Board of Pharmacy, presented **Docket No. 27-0103-1801**, which engrosses the record keeping and reporting requirements for wholesalers found in **IDAPA 27.01.06**. Additional changes eliminate the "pharmacist in charge" paperwork requirement, incorporate acceptance of digital image prescriptions, establish rules for therapeutic substitution, and streamline the requirements for pharmacy personnel entering a pharmacy and delivering prescriptions. Responding to a question, she said a cash transaction with a digital prescription for controlled substances is a red flag for transaction legitimacy.

Invited to answer a question, **Alex Adams**, Past Director, Board of Pharmacy, explained digital images include front and back pictures of the prescription and are routed to the agency. This complies with federal mandates for electronic prescribing.

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

MOTION: **Rep. Gibbs** made a motion to approve **Docket No. 27-0103-1801**. **Motion carried by voice vote.**

DOCKET NO. 27-0104-1802: **Nicki Chopski**, Chairman, Idaho Board of Pharmacy, presented **Docket No. 27-0104-1802**. Changes amended the language for pharmacist prescribing of statins and adds to the minor ailments a pharmacist can treat, with specific parameters. Updates to supplementing an infusion order optimize patient care.

Answering a question, **Ms. Chopski** said the calibrated approach to pharmacist abilities assures an evidence-based procedure with safety profiles. Independent prescriptive authority for legend drugs has strict parameters and is limited to the lowest-risk patients.

Alex Adams, Past Director, Board of Pharmacy, testified in support of **Docket No. 27-0104-1802**. He shared how the market-driven Temporary Rule changes have immediately impacted travelers to Idaho and rural areas.

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

MOTION: **Rep. Chew** made a motion to approve **Docket No. 27-0104-1802**. **Motion carried by voice vote.**

DOCKET NO. 27-0105-1801: **Nicki Chopski**, Chairman, Idaho Board of Pharmacy, presented **Docket No. 27-0105-1801**, to align with federal law. Nasal irrigations from dosage forms requiring sterility were excluded. Sink placement has been updated along with environmental sampling requirements.

Answering committee questions, **Ms. Chopski** explained the gloved fingertip testing is part of the sterility testing to assure pharmacists are using a clean environment when making sterile preparations. The process tests gloved fingertips using an auger plate and samples placed in an incubator. The test requirement of every six months was more stringent than the annual federal requirement and was an unnecessary burden for locations making fewer compounds.

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

MOTION: **Rep. Kingsley** made a motion to approve **Docket No. 27-0105-1801. Motion carried by voice vote.**

DOCKET NO. 27-0106-1801: **Nicki Chopski**, Chairman, Idaho Board of Pharmacy, presented **Docket No. 27-0106-1801**, a chapter repeal which has had all the pertinent parts moved into the previous dockets and is no longer needed.

MOTION: **Rep. Chew** made a motion to approve **Docket No. 27-0106-1801. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:50 a.m.

Representative Wagoner
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Tuesday, January 15, 2019

SUBJECT	DESCRIPTION	PRESENTER
RS26422	Adult Protective Services	Judy Taylor, Commission on Aging
	<u>Bureau of Occupational Licenses</u>	
24-2601-1801	Board of Midwifery	Roger Hales, Legal Counsel
24-0901-1801	Examiners of Nursing Home Administrators	Roger Hales
24-0901-1802	Examiners of Nursing Home Administrators	Roger Hales
24-1101-1801	Board of Podiatry	Roger Hales
24-1901-1801	Examiners of Residential Care Facility Administrators	Roger Hales
24-0301-1801	Board of Chiropractic Physicians	Mauri Ellsworth, Legal Counsel

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Wagoner
Rep Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Zollinger

Rep Christensen
Rep Green(2)
Rep Lickley
Rep Chew
Rep Rubel
Rep Davis

COMMITTEE SECRETARY

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

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, January 15, 2019

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis

**ABSENT/
EXCUSED:** None

GUESTS: Rob McQuade, Kelley Packer, and Maurie Ellsworth, IBOL; Mary Leonard, IBOL/NHA; Christine Pisani, DD Council; Tami Cirerol, ICOA; Tiffany Robb, BSU Center for Study of Aging; Judy Taylor, Commission Aging; Chris Thomas and Dillon Gechty, Caribou Memorial Hospital

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

RS 26422: **Judy Taylor**, Administrator, Commission on Aging, presented **RS 26422**. This proposed legislation provides statutory authority to implement the most effective, efficient, and quality program to prevent or diminish the abuse, neglect, or exploitation of vulnerable adults. Changes include definitions and terminology. The amendments allow providers implementation of the best protective services model for Idaho.

MOTION: **Rep. Gibbs** made a motion to introduce **RS 26422**. **Motion carried by voice vote.**
Chairman Wood turned the gavel over to **Vice Chairman Wagoner**.

DOCKET NO. 24-2601-1801: **Roger Hales**, on behalf of the Idaho Board of Midwifery, presented **Docket No. 24-2601-1801**. Changes include updated incorporated document references, deleted grandfather licensure language, and the requirement for a current certification in adult, infant, and child cardiopulmonary and neonatal resuscitation.
For the record, no one indicated their desire to testify.

MOTION: **Rep. Davis** made a motion to approve **Docket No. 24-2601-1801**. **Motion carried by voice vote.**

DOCKET NO. 24-0901-1801: **Roger Hales**, on behalf of the Board of Examiners and Nursing Home Administrators, presented **Docket No. 24-0901-1801**. Changes reduce the nursing home and training program to one thousand hours. Two reports, one after each five-hundred-hours of training, are required. Answering questions, he stated signed supervisor reports attest to facility time spent in training and the areas emphasized.
For the record, no one indicated their desire to testify.

MOTION: **Rep. Blanksma** made a motion to approve **Docket No. 24-0901-1801**. **Motion carried by voice vote.**

DOCKET NO. 24-1901-1802: **Roger Hales**, on behalf of the Idaho Board of Examiners and Nursing Home Administrators, presented **Docket No. 24-1901-1802** to allow consideration of applications received seven days prior to the board meeting. Also updated are activity notices, along with continuing education (CE) requirements, waivers, and carry overs. The temporary permit rule changes align with federal law and allow immediate practice. In response to questions, he explained applicants not meeting requirements are sent letters thirty days in advance of the application denial.
For the record, no one indicated their desire to testify.

MOTION: **Rep. Chew** made a motion to approve **Docket No. 24-1901-1802. Motion carried by voice vote.**

DOCKET NO. 24-1101-1801: **Roger Hales** on behalf of the Idaho Board of Podiatry, presented **Docket No. 24-1101-1801.** Changes eliminate prior grandfathered language no longer applicable and expand the CE qualifying classes for license renewal to include online classes and address rural physician travel needs. He said, in reply to a question, home study must be approved and justified for appropriateness and reasonableness.

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

MOTION: **Rep. Rubel** made a motion to approve **Docket No. 24-1101-1801. Motion carried by voice vote. Rep. Green(2)** requested he be recorded as voting **NAY.**

DOCKET NO. 24-1901-1801: **Roger Hales**, on behalf of the Idaho Board of Residential Care Facility Administrators, presented **Docket No. 24-1901-1801** to help nursing home administrators licensed in Idaho become licensed as residential care administrators (RCA). The changes include experience in a nursing home facility as a qualifier for an RCA license along with either one-year nursing home leadership, management experience, or passing a test.

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

MOTION: **Rep. Gibbs** made a motion to approve **Docket No. 24-1901-1801. Motion carried by voice vote.**

DOCKET NO. 24-0301-1801: **Maurie Ellsworth**, General Counsel, Bureau of Occupational Licenses, on behalf of the Board of Chiropractic Physicians, presented **Docket No. 24-0301-1801.** The changes update, simplify, clarify, and implement previous legislation to expand clinical nutrition practice.

Licensure removal by endorsement is revised to allow board consideration on an individual basis. Updates align with current license renewal expiration law while clarifying the inactive status procedure, reinstatement fee, and return-to-active status. CE is clarified to include distance learning, a carry-over option, and when board approval is applicable. Board approval of new schools of chiropractic medicine is removed since it is done through a national accreditation body.

Answering questions, **Mr. Ellsworth** stated the board-approved online CE training was determined acceptable in light of telehealth usage. Inactive license standards needed to encompass more and give licensees a clear path to reinstatement while maintaining public safety. During inactivity, the CE is not required.

The required licensure exam has proven to be a deterrent for persons having practiced for a long time in other states who wish to move to Idaho. Providing the flexibility to assess competency is not redundancy and removes barriers to Idaho licensure. Applicants must demonstrate educational background and have met all the practice standards of the state from which they are moving. The change allows the board to tailor a licensure path for an individual.

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

MOTION: **Rep. Zollinger** made a motion to reject **Docket No. 24-0301-1801.**

Reps. Rubel and **Green(2)**, spoke **in support** of the motion. Concern was expressed regarding the hands-on nature of the profession and allowing any non-hands-on CE. The objective set of standards has a subjective potential. All licensed professions must be held to the same standards.

VOTE ON MOTION: **Vice Chairman Wagoner** called for a vote on the motion to reject **Docket No. 24-0301-1801. Motion carried by voice vote. Reps. Gibbs, Lickley,** and **Vice Chairman Wagoner** requested they be recorded as voting **NAY.**

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 10:00 a.m.

Representative Wagoner
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
8:30 A.M.
Room EW20
Wednesday, January 16, 2019

SUBJECT	DESCRIPTION	PRESENTER
	<u>Bureau of Occupational Licenses</u>	
RS26471	Speech, Hearing and Communication Services Licensure Board	Joan Callahan, Legal Counsel
24-2301-1801	Speech, Hearing and Communication Services Licensure Board	Joan Callahan
24-1701-1801	Board of Acupuncture	Joan Callahan
24-1501-1801	Board of Professional Counselors and Marriage and Family Therapists	Joan Callahan
24-1501-1802	Board of Professional Counselors and Marriage and Family Therapists	Joan Callahan
24-1301-1801	Physical Therapy Licensure Board	Joan Callahan
24-1201-1802	Board of Psychologist Examiners	Joan Callahan
24-1401-1801	Board of Social Worker Examiners	Joan Callahan

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood	Rep Christensen
Vice Chairman Wagoner	Rep Green(2)
Rep Vander Woude	Rep Lickley
Rep Gibbs	Rep Chew
Rep Blanksma	Rep Rubel
Rep Kingsley	Rep Davis
Rep Zollinger	

COMMITTEE SECRETARY

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

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, January 16, 2019

TIME: 8:30 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis

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

GUESTS: Kelley Packer, IBOL

Chairman Wood called the meeting to order at 8:30 a.m.

RS 26471: **Joan Callahan**, Legal Counsel, on behalf of the Board of Speech, Hearing and Communication Services, presented **RS 26471**. Changes remove the minimum age requirement for sign language interpreters and allow licensees to show proof of licensure electronically.

MOTION: **Rep. Vander Woude** made a motion to introduce **RS 26471**. **Motion carried by voice vote.**

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

DOCKET NO. 24-2301-1801: **Joan Callahan**, Legal Counsel, on behalf of the Board of Speech, Hearing and Communication Services, presented **Docket No. 24-2301-1801** to conform with law changes by lowering the minimum age from twenty-one to eighteen.

MOTION: **Rep. Zollinger** made a motion to approve **Docket No. 24-2301-1801**.
For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Vice Chairman Wagoner** called for a vote on the motion to approve **Docket No. 24-2301-1801**. **Motion carried by voice vote.**

DOCKET NO. 24-1701-1801: **Joan Callahan**, on behalf of the State Board of Acupuncture, presented **Docket No. 24-1701-1801** to clarify the requirements and qualifications for acupuncture trainee permits and supervision. Providing continuing education (CE) credit will incentivize those willing to supervise trainees.
For the record, no one indicated their desire to testify.

MOTION: **Rep. Rubel** made a motion to approve **Docket No. 24-1701-1801**. **Motion carried by voice vote.** **Rep. Zollinger** requested he be recorded as voting **NAY**.

DOCKET NO. 24-1501-1801: **Joan Callahan**, on behalf of the Idaho State Licensing Board for Counselors and Marriage and Family Therapists, deferred to **Piper Field**, Licensed Marriage and Family Therapist, Volunteer Board Member, Idaho State Licensing Board for Counselors and Marriage and Family Therapists, who presented **Docket No. 24-1501-1801**. The changes align with 2018 legislation by removing some curriculum requirements, providing hours supplementation as a registered intern in practice under supervision, and creating board consideration of applicants with graduate degrees from foreign countries. As temporary, these changes have proven effective and as intended.
For the record, no one indicated their desire to testify.

MOTION: Rep. Davis made a motion to approve **Docket No. 24-1501-1801**. **Motion carried by voice vote.** Reps. Kingsley, Zollinger, and Green(2), requested they be recorded as voting **NAY**.

DOCKET NO. 24-1501-1802: Joan Callahan, on behalf of the Idaho State Licensing Board for Counselors and Marriage and Family Therapists, deferred to **Steven Lanzet**, Licensed Clinical Professional Counselor and Marriage and Family Therapist, Board Member, Idaho State Licensing Board for Counselors and Marriage and Family Therapists, who presented **Docket No. 24-1501-1802**. The updates clarify group supervision, obtaining an informed client consent, and supervisor registration with a CE violation. Portability is increased by recognition of other states' equivalency, different titles, and registrations or permits. All CE hours can be online and home study courses, when offered by a board approved CE provider. Board members receive two CE credit hours. Also added is application notification prior to an application inactive status.

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

MOTION: Rep. Zollinger made a motion to approve **Docket No. 24-1501-1802**. **Motion carried by voice vote.** Rep. Green(2) requested he be recorded as voting **NAY**.

DOCKET NO. 24-1301-1801: Joan Callahan, on behalf of the Physical Therapist Licensure Board, deferred to **Andrew Mix**, Licensed Physical Therapist (PT), Board Member, Rules Subcommittee Member, who presented **Docket No. 24-1301-1801**. All of the additions pertain to the PT dry needling scope of practice. This includes the definition, education, training, non-delegation, and separate informed patient consent.

Answering questions, **Mr. Mix** said although this provides options, there will be PTs (himself included) who continue to refer clients to outside dry needling providers. Dry needling is cutting edge and some PT students do not have it as part of their program. The Board wanted to assure persons start practicing after graduation before considering this ability.

Derick Gerber, Faculty Member, President, Idaho PT Association, testified in support of **Docket No. 24-1301-1801**. Dry needling is only given as an introduction in class, without any student participation or detail.

Answering a question, **Mr. Gerber** explained dry needling, similar to other techniques, is not without risk. The range in needle size and depth of penetration are important. Complications might include bleeding, bruising, or soreness after treatment. The rare, more serious complications are not limited to experience or training.

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

MOTION: Rep. Lickley made a motion to approve **Docket No. 24-1301-1801**.

Reps. Rubel and Davis spoke in opposition to the motion, stating their concern regarding the overall hours and amount of hands-on training.

VOTE ON MOTION: Vice Chairman Wagoner called for a vote on the motion to approve **Docket No. 24-1301-1801**. **Motion carried by voice vote.** Reps. Davis and Rubel requested they be recorded as voting **NAY**.

DOCKET NO. 24-1201-1802: **Joan Callahan**, on behalf of the Idaho State Board of Psychologist Examiners, deferred to **Dr. Linda Hatzenbuehler**, Licensed Psychologist, Volunteer Board Member, who presented **Docket No 24-1201-1802**. These Rules implement **H 212** for specified prescription authority for certain licensed psychologists. Included are an additional certification process and ongoing collaboration with a medical provider. To further implement prescriptive law, the national competency exam is adopted, CE requirements are set, parameters are defined for the masters program clinical experience, and two years of supervised practice. Collaboration with a medical provider standards are outlined, medication formulation is established, renewal and certification fees are stipulated to include a fee for each certification type, and a renewal fee of \$250. The collected fees are expected to offset the cost of application processing and the new prescriptive program.

In response to questions, **Dr. Hatzenbuehler** said not all licensed psychologists will pursue this additional certification. Individuals with the certification will be able to prescribe, if they feel the patient is in need. The organization holding the national exam determines and publishes the passing score levels.

Kris Ellis, Idaho Psychological Association, testified **in support** of **Docket No. 24-1201-1802**. She described how the need for **H 212** arose, the support of the U.S. Navy, and the improved collaboration between psychiatrists and psychologists, resulting in better patient care and delays during a mental health crisis.

Jason Gage, Chair, Board of Psychologist Examiners, testified **in support** of **Docket No. 24-1201-1802**. In the event a required prescription was not prescribed, the Board would determine if it was a violation of the ethical standards code, especially since there is physician collaboration. The exam passing score is set at 70%, with a small annual variance.

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

MOTION: **Rep. Davis** made a motion to approve **Docket No. 24-1201-1802**. **Motion carried by voice vote.** **Reps. Green(2), Zollinger** and **Christensen** requested they be recorded as voting **NAY**.

DOCKET NO. 24-1401-1801: **Joan Callahan**, on behalf of the Idaho State Licensing Board of Social Worker Examiners, presented **Docket No. 24-1401-1801**, with changes to reduce licensure barriers and increase portability for moving to or practicing in Idaho. Officiant documentation becomes an option and the exam requirement is waived for an applicant licensed and practicing in another state who is ineligible for Idaho endorsement because no exam was available at the time of their licensing. The changes impact physical and telehealth practicing in Idaho.

MOTION: **Rep. Blanksma** made a motion to approve **Docket No. 24-1401-1801**.

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

VOTE ON MOTION: **Vice Chairman Wagoner** called for a vote on the motion to approve **Docket No. 24-1401-1801**. **Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:42 a.m.

Representative Wagoner
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Thursday, January 17, 2019

SUBJECT	DESCRIPTION	PRESENTER
	<u>Board of Medicine</u>	
22-0101-1801	Licensure to Practice	Anne Lawler, Executive Director
22-0103-1801	Physician Assistants	Anne Lawler
22-0105-1801	General Provisions	Anne Lawler
22-0102-1801	Extern, Intern, and Resident Registration	Anne Lawler
22-0104-1801	Supervising and Directing Physicians Registration	Anne Lawler
22-0107-1801	Practice and Procedure	Anne Lawler
22-0114-1801	Complaint Investigation	Anne Lawler
22-0115-1801	Telehealth Services	Anne Lawler

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Wagoner
Rep Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Zollinger

Rep Christensen
Rep Green(2)
Rep Lickley
Rep Chew
Rep Rubel
Rep Davis

COMMITTEE SECRETARY

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

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, January 17, 2019

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis

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

GUESTS: Steven Sumter, Idaho Academy of PAs; Jonathan Thompson, Idaho Academy of Physician Assistants; Melinda Merrill, NW Grocery; Chelsea Wilson, PPH

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

MOTION: **Vice Chairman Wagoner** made a motion to approve the minutes of January 8 and 9, 2019. **Motion carried by voice vote.**

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

DOCKET NO. 22-0101-1801: **Anne Lawler**, Executive Director, Idaho State Board of Medicine, presented **Docket No. 22-0101-1801**, with changes to consolidate seven chapters into three chapters and reduce twenty percent of their regulations. License portability will also be enhanced for those already practicing in other states.

Updates include definitions, licensing, and application requirements. Malpractice settlement reporting is increased to \$250,000. International school requirements are now in alignment with the majority of other states. Also removed are the endorsement requirements for board certification and five-year practice in another state. Disruptive physician behavior has been added to the grounds for discipline. Also added is the provision for registration of interns and residents, while the medical student registration requirement has been removed. The number of physician assistants has been increased to four.

Answering questions, **Ms. Lawler** explained disruptive behavior would be a behavioral pattern in a healthcare setting and interfere with or have the potential to interfere with patient care. She cited an incident and how the board did not have language to address the situation because the person met professional standards. The board's disciplinary approach might be education or evaluation to determine if something else is going on with the individual to cause the behavior. The increased malpractice reporting amount will lessen the report and interview number for board members. At renewal they request all malpractice information from licensees.

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

MOTION: **Rep. Chew** made a motion to approve **Docket No. 22-0101-1801**.

Responding to a suggestion, **Ms. Lawler** said there is a due process for all licensees for any disciplinary action which includes appearance before the Committee on Discipline and the district courts.

VOTE ON MOTION: **Vice Chairman Wagoner** called for a vote on the motion to approve **Docket No. 22-0101-1801**. **Motion carried by voice vote.**

DOCKET NO. 22-0103-1801: **Anne Lawler**, Executive Director, Idaho State Board of Medicine, and Physician Assistant Advisory Committee Member, presented **Docket No. 22-0103-1801**. The updates delete unnecessary provisions, remove language for clearer definitions, delete registration of PA trainees, and increases the Advisory Committee with a fourth physician member and a public member, in alignment with other boards.

Application procedures remove reporting every state or country where applications have been submitted. The Delegation of Services Agreement is no longer required at the time of application and changed to provide only a general statement of the specialized procedures. Supervising physician attestation is still required.

The discipline section is updated to align with physician rules and add disruptive behavior language, as with the previous rule.

The prescription form is changed with the removal of the supervising physician name, address, and phone number, which proved burdensome and incompatible with some emergency room (EMR) systems, unless entered manually. PA dispensing only under a physician has been deleted. Additional changes rearranged language for clarity.

Ms. Lawler, responding to questions, said the supervising physician knows what the PA is doing and is meeting, reviewing charts, and identifying procedures the PA can perform, based on their scope of practice. The supervising physician assures the PA is duly licensed in the state, which is education evidence. PAs do not have residency. Supervisors and PAs typically work in the same setting.

The board receives information from a national practitioner data bank, which receives application denial reports from every state.

Nathan Thompson, PA, Past President, Idaho Academy of PAs, Lead PA, St. Luke's Regional Medical Hospital in Boise and Meridian, testified **in support of Docket No. 22-0103-1801**. The Idaho Academy of PAs is in favor of the changes to increase access and decrease the reporting burden.

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

MOTION: **Rep. Chew** made a motion to approve **Docket No. 22-0103-1801**. **Motion carried by voice vote.**

DOCKET NO. 22-0105-1801: **Anne Lawler**, Executive Director, Idaho State Board of Medicine, presented, **Docket No. 22-0105-1801**, to update the general provisions for all of the board's licensees and assure there is a single section for all the general provisions. This consolidates several rules, impacting everyone, and making it possible to repeal those sections to decrease rule volume.

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

MOTION: **Rep. Davis** made a motion to approve **Docket No. 22-0105-1801**. **Motion carried by voice vote.**

DOCKETS NO. 22-0102-1801, 22-0104-1801, 22-0107-1801, 22-0114-1801, 22-0115-1801: **Anne Lawler**, presented **Dockets No. 22-0102-1801, 22-0104-1801, 22-0107-1801, 22-0114-1801, and 22-0115-1801**, which are all chapter repeals. The five chapters are included in the previous three Rules and in alignment with the Executive Order to reduce regulations.

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

MOTION: **Rep. Lickley** made a motion to approve **Dockets No. 22-0102-1801, 22-0104-1801, 22-0107-1801, 22-0114-1801, and 22-0115-1801**. **Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:53 a.m.

Representative Wagoner
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
8:30 A.M.
Room EW20
Friday, January 18, 2019

SUBJECT	DESCRIPTION	PRESENTER
	<u>Division of Medicaid</u>	
<u>16-0309-1801</u>	Basic Plan Benefits - Critical Access Hospitals	George Gutierrez, Deputy Administrator
<u>16-0310-1807</u>	Enhanced Plan Benefits - Home and Community Based Services	George Gutierrez
<u>16-0309-1804</u>	Basic Plan Benefits - Lab and Radiology	David Welsh, Program Manager
<u>16-0310-1804</u>	Enhanced Plan Benefits - Organ Transplants	David Welsh
<u>16-0309-1806</u>	Basic Plan Benefits - Pharmacy	Tiffany Kinzler, Program Manager
<u>16-0309-1807</u>	Basic Plan Benefits - Non-Emergency Medical Transportation Program	Sara Stith, Grants/Contracts Management Supervisor

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood	Rep Christensen
Vice Chairman Wagoner	Rep Green(2)
Rep Vander Woude	Rep Lickley
Rep Gibbs	Rep Chew
Rep Blanksma	Rep Rubel
Rep Kingsley	Rep Davis
Rep Zollinger	

COMMITTEE SECRETARY

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

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Friday, January 18, 2019
TIME: 8:30 A.M.
PLACE: Room EW20
MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis
**ABSENT/
EXCUSED:** Representative(s) Blanksma
GUESTS: None

Chairman Wood called the meeting to order at 8:30 a.m.

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

DOCKET NO. 16-0309-1801: **George Gutierrez**, Deputy Administrator for Policy, Division of Medicaid, presented **Docket No. 16-0309-1801**. The proposed changes allow additional swing-bed days authorization for Critical Access Hospitals, providing more rural flexibility and access to skilled nursing services. Approval is contingent on a review of medical necessity, cost effectiveness, residency, and quality of care.

MOTION: **Rep. Gibbs** made a motion to approve **Docket No. 16-0309-1801**.

Larry Tisdale, Vice President of Finance, Idaho Hospital Association, testified in support of **Docket No. 16-0309-1801**. These minor, but significant, changes keep rural patients closer to family and social supports, improving their quality of life.

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

VOTE ON MOTION: **Vice Chairman Wagoner** called for a vote on the motion to approve **Docket No. 16-0309-1801**. **Motion carried by voice vote.**

DOCKET NO. 16-0310-1807: **George Gutierrez**, Deputy Administrator for Policy, Division of Medicaid, presented **Docket No. 16-0310-1807**. The changes add termination of enrollment language to include all special population groups utilizing Home and Community-based Services (HCBS) under waiver and state plan option programs.

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

MOTION: **Rep. Davis** made a motion to approve **Docket No. 16-0310-1807**.

Austin Mitchell, Citizen, testified in support of **Docket No. 16-0310-1807**, stating he was helped by the HCBS program to be a productive citizen, instead of being institutionalized.

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

VOTE ON MOTION: **Vice Chairman Wagoner** called for a vote on the motion to approve **Docket No. 16-0310-1807**. **Motion carried by voice vote.**

DOCKET NO. 16-0309-1804: **David Welsh**, Program Manager, Medical Care Bureau's Policy Unit, Division of Medicaid, presented **Docket No. 16-0309-1804**. Updates address the best practices alignment for laboratory tests by establishing minimum standards for drug testing, family planning, genetic testing, and quality control to ensure appropriate use of state and federal funds with better participant outcomes.

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

MOTION: **Rep. Gibbs** made a motion to approve **Docket 16-0309-1804**. **Motion carried by voice vote.**

DOCKET NO. 16-0310-1804: **David Welsh**, Program Manager, Medical Care Bureau's Policy Unit, Division of Medicaid, presented **Docket No. 16-0310-1804**. With advancements in medical science, liver and lung transplants have become accepted as evidenced-based standards of care and have better recipient outcomes. The Proposed Rule will incorporate existing Idaho Code to cover medically necessary standard-of-care services to include these procedures.

Answering questions, **Mr. Welsh** said the prior authorization timeframe could be modified in the event of an emergency; however, finding an appropriate donor and getting on the donor list also have timeframes. The quality of life determination with any transplant procedure is up to the patient. Specialized contracted physicians review each case on an individual basis for prior authorization.

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

MOTION: **Rep. Rubel** made a motion to approve **Docket No. 16-0310-1804**. **Motion carried by voice vote.**

DOCKET NO. 16-0309-1806: **Tiffany Kinzler**, Bureau Chief of Medical Care, Division of Medicaid, presented **Docket No. 16-0309-1806**. The operational changes align pharmacy rules with the Centers for Medicare and Medicaid Services' (CMS') approved State Plan Amendment.

Both the Preferred Drug List (PDL) description and criteria for preferred drug designation are added, with clarification between the PDL and the prior authorization process.

Clarification is made to the drug classes covered and not covered, additional coverage criteria, criteria for prior authorization, functions of the Pharmacy and Therapeutics Committee, and definition of the professional dispensing fee. Stipulation is made regarding private payments for controlled substances and prescription refills without the Medicaid participant's request. The reimbursement rate for certain agents is identified as average sales price plus 6% (ASP+6). 340B covered entities are prohibited from using contract pharmacies for dispensing Medicaid prescriptions, provisions for other provider types are made, new language is added regarding the conditions of drug utilization reviews and participant over utilization.

In response to questions, **Ms. Kinzler** explained a Medicaid participant's patient profile determines the opioid prescription limit. As payor, it is Medicaid's responsibility to assure participants are tracked and not accessing multiple pharmacies and doctors inappropriately. This applies only to opioids and benzodiazepines. Symptomatic relief refers to over-the-counter cough and cold agents. This is specific to non-cancer pain control.

Matt Wimmer, Deputy Administrator, Division of Medicaid, was invited to answer further. There is an override process for using cash for the purchases. Additional changes to address the need of persons wishing to only pay cash is an option; however it may not achieve the desired outcome and impact both the Medicaid program and the Board of Pharmacy (BOP). This approach helps to both address drug abuse and minimize an individual's access.

Mr. Wimmer stated persons addicted to pain medications are very creative, going to various doctors and multiple pharmacies. There is no legal requirement for everyone to review the Prescription Monitoring Program (PMP) when filling such prescriptions.

Invited to answer questions, **Dr. Tami Eide**, Pharmacy Program, Division of Medicaid, said she has seen the limit required to keep patients safe and get the most effective pain medication care increased while working with physicians to prior authorize patients needing higher doses. Patients paying cash beyond their limit becomes an overdose safety issue. This allows pharmacies, who want to say "no," a legitimate response.

MOTION: **Rep. Zollinger** made a motion to approve **Docket No. 16-0309-1806** with the exception of **Section 663.07**.

Speaking to the motion, **Rep. Zollinger** said this is good rule making authority, but he did not like the prohibition instruction to pharmacies outside of BOP Rules. The use of controlled substances is too broad and this will not make a dent in the problem.

Rep. Green(2), in support of the motion, said the changes do not have enough detail to achieve the goal.

SUBSTITUTE MOTION: **Rep. Chew** made a substitute motion to approve **Docket No. 16-0309-1806**.

In support of the substitute motion were **Reps. Chew, Davis, and Kingsley**. This provides the pharmacists tools to limit folks who are robbed of their free choice ability because of their addiction and addresses their creative measures. If patients go through the proper channels they will get the prescription covered and not have to pay cash. The opioid crisis in America is extreme and the states with expanded Medicaid have a higher rate of opioid deaths. Controlled substances are controlled because of their addiction and category levels of harm.

Speaking in opposition to the substitute motion were **Reps. Green(2) and Vander Woude**. The cash restriction impedes people's ability to contract, do business, and could, in some cases, prevent obtaining needed medicine. This should be a pharmacy, not program, regulation so other programs would be covered as well. Removing it from this Rule allows further review and a widening of the coverage.

VOTE ON SUBSTITUTE MOTION: **Vice Chairman Wagoner** called for a vote on the substitute motion to approve **Docket No. 16-0309-1806**. **Motion carried by voice vote.** **Reps. Christensen, Vander Woude, Green(2), and Zollinger** requested they be recorded as voting **NAY**.

DOCKET NO. 16-0309-1807: **Sara Stith**, Grants Contract Management Supervisor, Division of Medicaid, presented **Docket No. 16-0309-1807**. The changes establish rate setting and update the per member per month rate for non-emergency medical transport (NEMT).

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

MOTION: **Rep. Davis** made a motion to approve **Docket No. 16-0309-1807**. **Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:44 a.m.

Representative Wagoner
Chair

Irene Moore
Secretary

AMENDED AGENDA #2
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Monday, January 21, 2019

SUBJECT	DESCRIPTION	PRESENTER
<u>16-0201-1801</u>	Time Sensitive Emergency System Council	Dr. Bill Morgan, Chairman
	<u>Division of Medicaid</u>	
<u>16-0309-1802</u>	Basic Plan Benefits - Dental Benefits	Sara Stith, Supervisor
<u>16-0310-1805</u>	Enhanced Plan Benefits - Dental Benefits	Sara Stith
<u>16-0309-1805</u>	Basic Plan Benefits - Value Based Model	Tiffany Kinzler, Bureau Chief
<u>16-0309-1810</u>	Basic Plan Benefits - Prenatal Exemption	Tiffany Kinzler
<u>16-0309-1808</u>	Basic Plan Benefits - School Based Services	Art Evans, Bureau Chief
<u>16-0309-1809</u>	Basic Plan Benefits - School Based Services	Angie Williams, Program Policy Analyst
<u>16-0310-1801</u>	Enhanced Plan Benefits - Dual Eligibles	Ali Fernandez, Bureau Chief
<u>16-0310-1802</u>	Enhanced Plan Benefits - Home Choice Grant Services	Ali Fernandez
<u>16-0310-1803</u>	Enhanced Plan Benefits - Rates	Ali Fernandez

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Wagoner
Rep Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Zollinger

Rep Christensen
Rep Green(2)
Rep Lickley
Rep Chew
Rep Rubel
Rep Davis

COMMITTEE SECRETARY

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

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, January 21, 2019

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis

**ABSENT/
EXCUSED:** None

GUESTS: Trinette Middlebrook, Arthur Evans, Sara Stith, Tiffany Kinzler, Cindy Brock, Alexandra Fernandez, Katie Davis, Jennifer Pinkerton, and Alexandria Childers-Scott, DHW; Ramona Lee, West Ada School Dist.; Angie Williams and George Gutierrez, DHW-Medicaid; Lisa Hettinger, IDHW; Brian Monsen, Molina; Chelsea Wilsen, PPA; Jenny Robertson and Peter Sorensen, Blue Cross of Idaho

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

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

DOCKET NO. 16-0309-1802: **Sara Stith**, Grant Contracts Management Supervisor, Bureau of Medicare, Division of Medicaid, presented **Docket No. 16-0309-1802** to reinstate dental coverage to Medicaid's Basic Plan benefits and reflect the current program.

Matt Wimmer, Administrator, Division of Medicaid, was invited to answer committee questions. He said the intent of last year's legislation was to return benefits to their 2010 levels, with the same restrictions and limitations. Reasonable benefit limitations are established elsewhere in Rule.

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

MOTION: **Rep. Rubel** made a motion to approve **Docket No. 16-0309-1802** with the exception of Subsection 803.04. **Motion carried by voice vote. Reps. Blanksma, Christensen, Vander Woude, Green(2), and Kingsley** requested they be recorded as voting **NAY**.

DOCKET NO. 16-0310-1805: **Sara Stith**, Grant Contracts Management Supervisor, Bureau of Medicare, Division of Medicaid, presented **Docket No. 16-0310-1805**, to restore dental benefits.

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

MOTION: **Rep. Davis** made a motion to approve **Docket No. 16-0310-1805**. **Motion carried by voice vote. Reps. Christensen and Green(2)** requested they be recorded as voting **NAY**

DOCKET NO. 16-0309-1805: **Tiffany Kinzler**, Bureau Chief, Medical Care, Division of Medicaid, presented **Docket No. 16-0309-1805**, incorporating changes to the Health Connections Program enrollment process to support a long-term provider-patient relationship, and establishing a patient-centered medical home (PCMH) relationship. The fixed enrollment process provides an open enrollment period and the ability to use cause to change their choice at any time.

Responding to questions, **Ms. Kinzler** said the value-based model is not supported by the current rule. A long-term patient and physician relationship benefits both parties. When Medicaid participants select their primary care physician, they may choose someone they find is not a good match. They have not had primary care physician access issues.

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

MOTION: **Rep. Blanksma** made a motion to reject **Docket No. 16-0309-1805**. **Motion failed by voice vote.**

SUBSTITUTE MOTION: **Rep. Rubel** made a substitute motion to approve **Docket No. 16-0309-1805**.

Rep. Davis, in support of the motion, said a physician relationship is important. The limits prevent people changing physicians when they want differing answers or prescriptions.

Rep. Blanksma spoke **in opposition** to the motion, stating there is nothing preventing such a relationship now. This limits patient interactions.

Answering questions, **Matt Wimmer**, Administrator, Division of Medicaid, explained, although physicians need time to get to know a patient, a change for cause provides an avenue to assure the patient gets the right care from the right physician.

Vice Chairman Wagoner put the committee at ease at 9:34 a.m. The meeting was called back to order at 9:37 a.m.

Mr. Wimmer, responding further, stated if a patient/physician relationship is not a right fit, it would be a cause for a change. If requesting a change because the physician refused to prescribe a drug not indicated or appropriate, the change for cause would be considered carefully, using inhouse physicians. Unfortunately, doctor shopping is real and there are physicians prescribing inappropriately. Although the Board of Medicine is relied upon, there is a provision to remove a network provider when patient danger or substandard care is involved.

ROLL CALL VOTE: Roll call vote was requested. **Substitute motion failed by a vote of 6 AYE, 6 NAY, 1 Absent/Excused. Voting in favor** of the motion: **Reps. Wagoner, Gibbs, Lickley, Chew, Rubel, Davis. Voting in opposition** to the motion: **Reps. Vander Woude, Blanksma, Kingsley, Zollinger, Christensen, Green(2). Chairman Wood was absent/excused.**

UNANIMOUS CONSENT REQUEST: **Vice Chairman Wagoner** made a unanimous consent request to **HOLD Docket No. 16-0309-1805** for a rehearing by the entire committee. **Reps. Zollinger, Green(2), and Christensen** objected.

AMENDED SUBSTITUTE MOTION: **Rep. Chew** made an amended substitute motion to **HOLD Docket No. 16-0309-1805** for a rehearing by the entire committee. **Motion failed by voice vote.**

DOCKET NO. 16-0309-1810: **Tiffany Kinzler**, Bureau Chief, Medical Care, Division of Medicaid, presented **Docket No. 16-0309-1810** to remove the third-party liability (TPL) prenatal services exclusion.

In response to questions, **Ms. Kinzler** said, if a liable third party is found after Medicaid has paid for services, reimbursement is pursued. Medicaid pays the difference between the billable charges and the insurance payment.

Matt Wimmer, explained the Bipartisan Budget Act would put Idaho outside of the CMS regulations if Medicaid continued to pay first when there is known insurance. This could lead to federal match issues. The changes have no impact on prenatal care in Idaho.

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

MOTION: **Rep. Gibbs** made a motion to approve **Docket No. 16-0309-1810**. **Motion carried by voice vote.**

DOCKET NO. 16-0309-1808: **Arthur Evans**, Bureau Chief, Developmental Disability (DD) Services, Division of Medicaid, Department of Health and Welfare (DHW), presented **Docket No. 16-0309-1808**. Changes align Community Based Rehabilitation Services (CBRS) definitions and provider qualifications with schools and communities.

Responding to questions, **Mr. Evans** said a written plan identifies the services. Although CBRS is available for adults, this Rule pertains to children. Child or adult-specific credentials can be obtained with additional classes. Specific credentials assure the professional understands his/her audience.

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

MOTION: **Rep. Blanksma** made a motion to approve **Docket No. 16-0309-1808**. **Motion carried by voice vote.**

DOCKET NO. 16-0309-1809: **Angie Williams**, School-Based Program Policy Analyst, Division of Medicaid, DHW, presented **Docket No. 16-0309-1809** to align provider qualification requirements for personal care services provided in schools with those in the community by removing the Elementary and Secondary Education Act of 1965 reference. There is no change to the current process or provider type.

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

MOTION: **Rep. Blanksma** made a motion to approve **Docket No. 16-0309-1809**. **Motion carried by voice vote.**

DOCKET NO. 16-0310-1801: **Alexandra Fernandez**, Bureau Chief, Bureau of Long-Term Care, Division of Medicaid, DHW, presented **Docket No. 16-0310-1801** to allow implementation of a phased-in mandatory program for the Idaho Medicaid Plus Program dual eligible members. Changes will provide coordination of Medicaid and Medicare benefits for a managed care delivery system for dual eligibles.

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

MOTION: **Rep. Blanksma** made a motion to approve **Docket No. 16-0310-1801**. **Motion carried by voice vote.**

DOCKET NO. 16-0310-1802: **Alexandra Fernandez**, Bureau Chief, Bureau of Long-Term Care, Division of Medicaid, DHW, presented **Docket No. 16-0310-1802**. Since receiving a federal grant in 2012, two Idaho Home Choice Program services have increased the support for individuals receiving care in the setting of their choice and transitioning participants from institutional settings into community-based settings. The changes reflect the end of the grant program and its continuation within the Medicaid Program, as approved by the Centers for Medicare and Medicaid Services (CMS).

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

MOTION: **Rep. Blanksma** made a motion to approve **Docket No. 16-0310-1802**. **Motion carried by voice vote.**

DOCKET NO. 16-0310-1803: **Alexandra Fernandez**, Bureau Chief, Bureau of Long-Term Care, Division of Medicaid, DHW, presented **Docket No. 16-0310-1803**. Each Idaho nursing facility's Medicaid reimbursement uses a daily rate based on a variety of factors. The rates for ventilator or tracheostomy care are adjusted to allow for a fixed add-on rate, incorporating supplies, nursing, and certified nurses aide (CNA) hours. Documentation is reduced, special rate reimbursement timing is improved, and effective dates are changed to date the care was first rendered. Out-of-state special rate requests will be evaluated on a case-by-case basis.

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

MOTION: **Rep. Blanksma** made a motion to approve **Docket No. 16-0310-1803**. **Motion carried by voice vote.**

DOCKET NO. This agenda item will be rescheduled.
16-0201-1801:

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 10:27 a.m.

Representative Wagoner
Chair

Irene Moore
Secretary

**AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Tuesday, January 22, 2019**

SUBJECT	DESCRIPTION	PRESENTER
RS26539	Mental Health Crisis Hotline	Rep. Caroline Troy
RS26488	Eating Disorders Awareness	Rep. John McCrostie
RS26423C1	Children's Mental Health Act - Definition	Ross Edmunds, Behavioral Health
	<u>State Board of Dentistry</u>	
19-0101-1801	American Dental Association Reference	Susan Miller, Executive Director
19-0101-1803	Sedation - Supplemental Dosing	Susan Miller
19-0101-1804	Specialty Licensure and Advertising	Susan Miller
23-0101-1801	State Board of Nursing	Susan Odum, Associate Executive Director

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood

Vice Chairman Wagoner

Rep Vander Woude

Rep Gibbs

Rep Blanksma

Rep Kingsley

Rep Zollinger

Rep Christensen

Rep Green(2)

Rep Lickley

Rep Chew

Rep Rubel

Rep Davis

COMMITTEE SECRETARY

Irene Moore

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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, January 22, 2019

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis

**ABSENT/
EXCUSED:** None

GUESTS: Amaia Griggs, ASUI; Frank Powell, DHW-Rules Unit; Trinetta Middlebrook, DHW; Susan Odom, Board of Nursing; Susan Miller, Board of Dentistry; Elizabeth Criner and Linda Swanstrom, ISDA; Jonathan Parker and Clesea Wilson, PPA

Chairman Wood called the meeting to order at 9:03 a.m.

MOTION: **Vice Chairman Wagoner** made a motion to approve the minutes of the January 10 and 11, 2019, meetings. **Motion carried by voice vote.**

RS 26539: **Rep. Caroline Troy**, District 5, presented **RS 26539**, a Joint Memorial requesting our congressional delegation support efforts to designate 611 as a national suicide hotline number.

MOTION: **Rep. Gibbs** made a motion to introduce **RS 26539**. **Motion carried by voice vote.**

RS 26488: **Rep. John McCrostie**, District 16, presented **RS 26488**, a Concurrent Resolution to recognize the last week of February as Eating Disorders Awareness Week in conjunction with the nationally recognized week.

MOTION: **Rep. Chew** made a motion to introduce **RS 26488**. **Motion carried by voice vote.**

RS 26423C1: **Ross Edmunds**, DHW, Administrator, Division of Behavioral Health (BH), presented **RS 26423C1**, which changes the serious emotional disturbance definition in the Children's Mental Health (CMH) Act. This aligns with definitions used in the Youth Empowerment Services Program (YES) and CMH services rules.

MOTION: **Rep. Chew** made a motion to introduce **RS 26423C1**. **Motion carried by voice vote.**

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

DOCKET NO. 19-0101-1801: **Susan Miller**, Executive Director, Idaho Board of Dentistry, presented **Docket No. 19-0101-1801**. Changes strike references to the American Dental Association (ADA) and add moderate sedation qualifying requirements from the ADA guidelines.

Answering a question, **Ms. Miller** explained the ADA referenced guidelines are updated every three to four years and the changes are not necessarily agreed upon by the communities.

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

MOTION: **Rep. Rubel** made a motion to approve **Docket No. 19-0101-1801**. **Motion carried by voice vote.**

DOCKET NO. 19-0101-1803: **Susan Miller**, Executive Director, Idaho Board of Dentistry, presented **Docket No. 19-0101-1803**. This rule eliminates the option of supplemental dosing when providing minimal sedation for patients and reduces it to no more than the maximum recommended dose on the day of treatment. Permits can be obtained for those wishing to provide supplemental dosing.

MOTION: **Rep. Chew** made a motion to approve **Docket No. 19-0101-1803.**

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

VOTE ON MOTION: **Vice Chairman Wagoner** called for a vote on the motion to approve **Docket No. 19-0101-1803. Motion carried by voice vote.**

DOCKET NO. 19-0101-1804: **Susan Miller**, Executive Director, Idaho Board of Dentistry, presented **Docket No. 19-0101-1804.** This rule amends the specialty licensure eligibility requirements and updates the specialty advertising provisions.

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

MOTION: **Rep. Lickley** made a motion to approve **Docket No. 19-0101-1804. Motion carried by voice vote.**

DOCKET NO. 23-0101-1801: **Susan Odum**, Interim Executive Director, State Board of Nursing, presented **Docket No. 23-0101-1801.** Changes expand the nurse apprentice definition to include recent graduates (up to three months). As a result of the new Enhanced Nurse License Compact, multi-state licensure sections are removed. Prescription requirements are amended to be uniform with physician and other prescriber prescription forms.

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

MOTION: **Rep. Chew** made a motion to approve **Docket No. 23-0101-1801. Motion carried by voice vote.**

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

Representative Wagoner
Chair

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Wednesday, January 23, 2019

SUBJECT	DESCRIPTION	PRESENTER
<u>H 6</u>	<u>Bureau of Occupational Licenses</u> Social Work Examiners Licensing	Joan Callahan, Administrative Attorney
<u>H 5</u>	Chiropractic Physicians Licensing	Maurie Ellsworth, General Counsel
<u>H 4</u>	Occupational Therapists Licensing	Joan Callahan
<u>H 3</u>	Counselors, Therapists Licensing	Joan Callahan

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Wagoner
Rep Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Zollinger

Rep Christensen
Rep Green(2)
Rep Lickley
Rep Chew
Rep Rubel
Rep Davis

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

- DATE:** Wednesday, January 23, 2019
- TIME:** 9:00 A.M.
- PLACE:** Room EW20
- MEMBERS:** Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis (Thea)
- ABSENT/
EXCUSED:** None
- GUESTS:** Joan Callahan, IBOL - Boards Social Work, DOC, Therapy, Counselors; Kelley Packer and Rob McQuade, IBOL
- Chairman Wood** called the meeting to order at 9:00 a.m.
- H 6:** **Joan Callahan**, Administrative Attorney, State Board of Social Work Examiners, presented **H 6**, to change the designation from licensed social worker to licensed bachelor social worker, with no changes to the licensure qualifications. This aligns with the nationwide designation and will not impact persons who received their licenses prior to the change.
- For the record, no one indicated their desire to testify.
- MOTION:** **Rep. Rubel** made a motion to send **H 6** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Christensen** will sponsor the bill on the floor.
- H 5:** **Maurie Ellsworth**, General Counsel, Bureau of Occupational Licenses, on behalf of the Idaho Board of Chiropractic Physicians, presented **H 5** to remove the peer review processes, which have proven to be ineffective, merely opinions of the reviewers, and not admissible in court.
- Dr. Herbert W. Oliver**, Chairman, Chiropractic Board, Chiropractor Physician, testified in support of **H 5**. Insurance contracts utilize procedures and experts to address the areas of the peer review. This provides a better avenue at a lower cost than the peer review process.
- MOTION:** **Rep. Blanksma** made a motion to send **H 5** to the floor with a **DO PASS** recommendation.
- For the record, no one indicated their desire to testify.
- VOTE ON
MOTION:** **Chairman Wood** called for a vote on the motion to send **H 5** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Green(2)** will sponsor the bill on the floor.
- H 4:** **Joan Callahan**, on behalf of the State Occupational Therapy Licensure Board, presented **H 4**. In response to the Licensing Freedom Act Report and Initial Recommendations, updates have been made to examinations, renewal standards, and inactive license reinstatement processes. The continuing education (CE) proof requirement is changed to annual. Specific supervision practice or procedures are eliminated.
- For the record, no one indicated their desire to testify.

MOTION: **Rep. Vander Woude** made a motion to send **H 4** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Lickley** will sponsor the bill on the floor.

H 3: **Joan Callahan**, on behalf of the Idaho State Licensing Board for Counselors and Marriage and Family Therapists, presented **H 3**. Educational requirements are changed to a master's degree or higher in counseling or a related field of study, as approved by the board, and includes supervised clinical contact. The application, license, renewal, and endorsement caps are increased to \$175. License fees collected when a license is not issued are now refunded.

Kelley Packer, Bureau Chief, Idaho Bureau of Occupational Licenses, was invited to answer a question. She said this board has had prosecutorial costs from complaints where actual misconduct was found and taken further.

In answering a question, **Ms. Callahan** said during the last five years, the board received 247 public complaints and closed 145 of them with no disciplinary action. Of the remaining, 71 had disciplinary action and nine are pending legal reviews. Investigative costs may not correspond with the dates of the prosecutorial costs, because it can take over a year for the case to close.

During formal disciplinary action they try to recover some of the costs; however, if there is no disciplinary action the costs become part of the operating expenses of the Board.

Kelley Packer, Bureau Chief, Idaho Bureau of Occupational Licenses, testified **in support** of **H 3**. Depending on income stream, fees requests could be for decreases.

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

MOTION: **Rep. Gibbs** made a motion to send **H 3** to the floor with a **DO PASS** recommendation.

Speaking **in opposition** to the motion, **Rep. Zollinger** said when fee caps are raised, fees follow. He would like to see administrative cost savings.

VOTE ON MOTION: **Vice Chairman Wagoner** called for a vote on the motion to send **H 3** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Reps. Christensen, Green(2), and Zollinger** requested they be recorded as voting **NAY**. **Rep. Kingsley** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee the meeting adjourned at 9:40 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Thursday, January 24, 2019

SUBJECT	DESCRIPTION	PRESENTER
H 18	Adult Protective Services	Judy Taylor, Commission on Aging
H 7	Nursing Home Administrators Licensing	Roger Hales, Bureau of Occupational Licenses
H 8	Midwifery Licensing	Roger Hales
	Your Health Idaho - 2018 Legislative Update	Pat Kelly, Executive Director

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood

Vice Chairman Wagoner

Rep Vander Woude

Rep Gibbs

Rep Blanksma

Rep Kingsley

Rep Zollinger

Rep Christensen

Rep Green(2)

Rep Lickley

Rep Chew

Rep Rubel

Rep Davis

COMMITTEE SECRETARY

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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

- DATE:** Thursday, January 24, 2019
- TIME:** 9:00 A.M.
- PLACE:** Room EW20
- MEMBERS:** Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis (Thea)
- ABSENT/
EXCUSED:** Vice Chairman Wagoner
- GUESTS:** Judy Taylor and Kevin Bittner, Comm. on Aging; Francoise Cleveland, AARP Idaho; Christine Pisani, DD Council; Rachel Soberg, Idaho Values for Children; Pat Kelly, Kevin Reddish, and Meghan McMartin, Your Health Idaho; Kelley Packer and Rob McQuade, IBOL; Chelsea Wilson, PPA; Mel Leviton, SILC
- Chairman Wood** called the meeting to order at 9:00 a.m.
- H 18:** **Judy Taylor**, Administrator, Commission on Aging, presented **H 18** to provide statutory authority to implement the most effective, efficient, and quality program to prevent or diminish the abuse, neglect, or exploitation of vulnerable adults. The changes clarify and expand what entities are authorized to provide adult protective services. Definitions and language are amended to better align with national usage.
- Last legislative session, JFAC appropriated \$50,000 to research, test, and identify the best adult protective services model for Idahoans. Using these funds as a state match, a \$600,000 grant was secured to fully answer the question through a pilot and demonstration project. Amending current state code allows providers in addition to the currently mandated Area Agencies on Aging and will position us to quickly implement the Protective Services Model that best matches Idaho's needs.
- For the record, no one indicated their desire to testify.
- MOTION:** **Rep. Blanksma** made a motion to send **H 18** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Zollinger** will sponsor the bill on the floor.
- H 7:** **Roger Hales** on behalf of the Idaho Board of Examiners of Nursing Home Administrators, presented **H 7**, to reduce the licensure age to eighteen from twenty-one. Additionally, the nursing home administrator-in-training program is clarified to not exceed two years, with provision for extension requests.
- MOTION:** **Rep. Blanksma** made a motion to send **H 7** to the floor with a **DO PASS** recommendation.
- For the record, no one indicated their desire to testify.
- VOTE ON
MOTION:** **Chairman Wood** called for a vote on the motion to send **H 7** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Blanksma** will sponsor the bill on the floor.
- H 8:** **Roger Hales**, on behalf of the Idaho Board of Midwifery, presented **H 8** to clarify the Board's laws, modernize the drugs midwives can utilize, and simplify licensing requirements.
- Changes delete ineffective language pertaining to the original act. The formulary is expanded and generic substitution is added. Data submission is changed to a calendar.

Answering a question, **Mr. Hales** said the statute is very specific regarding arranging immediate transport after more than two doses of an anti-bleeding drug.

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

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

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **H 8** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Rubel** will sponsor the bill on the floor.

Pat Kelly, Executive Director, Your Health Idaho (YHI), presented the YHI Annual Legislative Update.

Significant accomplishments include: more plan choices from seven carriers, technology enhancements, website redesign, Net Promoter Score (NPS) implementation to measure customer satisfaction, strengthened Consumer Connector relationships, maintenance of a low assessment fee, and continued conservative fiscal principles.

In 2018 more than 90,000 Idahoans enrolled through the exchange. Of those, 88% were eligible for a tax credit and 74% were renewals.

YHI has \$21,157,000 in assets and net position.

In preparation for 2019, an open enrollment summit was held in April. Technology enhancements were implemented to address the most common support requests. Prescription drug and provider search capabilities were added to the website.

The website has been streamlined and mobile optimization included. Seasonal employees were hired in August for early training. More than 900 agents, brokers, and enrollment counselors were certified. Statewide outreach efforts were expanded. Media spanned multiple platforms, including a digital campaign.

Over 103,000 Idahoans enrolled for 2019, with an 83% renewal rate. The time spent on the website decreased by half. Customer support request tickets also decreased significantly. NPS scores stayed well above industry standards.

Medicaid expansion is expected to impact 20% of YHI enrollments. Targeted messaging to key groups is planned to increase enrollment.

Answering questions, **Mr. Kelly** said additional targeted media and outreach events are expected to improve enrollment for younger adults. The Consumer Connector Network helps individuals understand what is available to meet their medical and provider needs. This is very important in rural areas. Persons eligible for Medicaid expansion can elect to stay on the Exchange.

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:52 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
8:30 A.M.
Room EW20
Friday, January 25, 2019

SUBJECT	DESCRIPTION	PRESENTER
H 9	Medical Practice Act	Anne Lawler, Executive Director

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood

Vice Chairman Wagoner

Rep Vander Woude

Rep Gibbs

Rep Blanksma

Rep Kingsley

Rep Zollinger

Rep Christensen

Rep Green(2)

Rep Lickley

Rep Chew

Rep Rubel

Rep Davis

COMMITTEE SECRETARY

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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Friday, January 25, 2019
TIME: 8:30 A.M.
PLACE: Room EW20
MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis
ABSENT/EXCUSED: Representative(s) Blanksma, Davis, Rubel
GUESTS: Laura McGeorge, MD, Board of Medicine; Chelsea Wilson, PPA; Susie Pouliot, ID Medical Assn

Chairman Wood called the meeting to order at 8:30 a.m.

H 9: **Anne Lawler**, Executive Director, Idaho State Board of Medicine, presented **H 9** to update and streamline the Medical Practice Act, which has not been significantly updated since 1977. The changes remove licensure barrier, decrease overall regulation, and bring the Act in line with the Board's current licensing and regulating practice. Wording changes have been made for clarity and antiquated or duplicative language has been removed.

In addition to the previously stated updates, physician assistants (PAs) are fully incorporated. Supervising physician and alternate supervising physician have been combined. The registration requirement for externs (medical students) has been removed. A PA has been added to the Board of Medicine and the quorum increased to six members, each with a single six-year term.

The Board's and Committee's honoraria has been increased from \$50 a day to \$100 a day. The PA Advisory Committee has been increased to four members with an honorarium of \$100 per day.

In alignment with the Interstate Medical Licensure Compact, licenses can be issued for less than a year. Three new discipline subsections address disruptive behavior, interference with an investigation or disciplinary proceeding, and delegating professional responsibilities.

Unnecessary sections for post mortem examination consent and determining death have been removed. The Disabled Physician Act has been reworked for clarity and ease of administration. Reference to the Emergency Medical Services (EMS) Practice Act is included for ski patrollers.

MOTION: **Vice Chairman Wagoner** made a motion to send **H 9** to the floor with a **DO PASS** recommendation.

Answering a question, **Ms. Lawler** said the Board took the statute as a basis, added public protection, and then further aligned with the Board's actions.

Susie Pouliot, CEO, Idaho Medical Association, and the Idaho Academy of Physician Assistants, testified **in support** of **H 9** on behalf of both organizations and their members.

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

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **H 9** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Vice Chairman Wagoner** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:03 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Monday, January 28, 2019

SUBJECT	DESCRIPTION	PRESENTER
RS26607	Legend Drug Donation Act	Rep. Sue Chew
RS26609	Organ Donor Age	Rep. Jason Monks
H 10	Pharmacy Practice Act	Nicki Chopski, Board of Pharmacy
H 12	Uniform Controlled Substance Act	Nicki Chopski
H 11	Opioid Antagonists	Rep. Fred Wood

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Wagoner
Rep Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Zollinger

Rep Christensen
Rep Green(2)
Rep Lickley
Rep Chew
Rep Rubel
Rep Davis

COMMITTEE SECRETARY

Irene Moore
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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

- DATE:** Monday, January 28, 2019
- TIME:** 9:00 A.M.
- PLACE:** Room EW20
- MEMBERS:** Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis
- ABSENT/
EXCUSED:** None
- GUESTS:** Janice Fulkerson, Northpoint Recovery; Alex Adams, DFM; Kurt Stembridge, Greenwich; Berk Fraser, Board of Pharmacy; Chelsea Wilson, PPA; Frank Powell, DHW-Rules Unit; Marianne King, Office Drug Policy; Pam Eaton, IRPC/ISPA
- Chairman Wood** called the meeting to order at 9:00 a.m.
- RS 26607:** **Rep. Sue Chew**, District 17, presented **RS 26607**, to redefine and expand the Idaho Legend Drug Donation Act.
- MOTION:** **Rep. Rubel** made a motion to introduce **RS 26607**. **Motion carried by voice vote.**
- RS 26609:** **Rep. Jason Monks**, District 22, presented **RS 26609**. This proposed legislation updates additional sections of code impacted by **H 546** when it changed the minimum organ donor age from sixteen to fifteen. Parental permission is still required.
- MOTION:** **Rep. Blanksma** made a motion to introduce **RS 26609**. **Motion carried by voice vote.**
- H 10:** **Berk Fraser**, Deputy Director, Board of Pharmacy (BOP), presented **H 10**. This legislation updates and modernizes provisions of the Pharmacy Practice Act. A multi-state pharmacy license is established to increase the portability and mobility of practice across state lines.
- Alex Adams**, former Director, BOP, was invited to answer a question. He said the original belief regarding epilepsy drugs not being interchangeable has been proven to be false and without impact on safety and efficacy.
- Pam Eaton**, President, CEO, Idaho Retailers Association, testified **in support of H 10, H 11, and H 12**.
- For the record, no one else indicated their desire to testify.
- MOTION:** **Rep. Gibbs** made a motion to send **H 10** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Chew** will sponsor the bill on the floor.
- H 11:** **Berk Fraser**, Deputy Director, Board of Pharmacy (BOP), presented **H 11**, the annual controlled substance update in alignment with the Drug Enforcement Administration updates.
- Kurt Stembridge**, Greenwich, testified **in support of H 11** and the use of Epidiolex.
- For the record, no one else indicated their desire to testify.
- MOTION:** **Rep. Blanksma** made a motion to send **H 11** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Chew** will sponsor the bill on the floor.
- Chairman Wood** turned the gavel over to **Vice Chairman Wagoner**.

H 12: **Rep. Fred Wood**, District 27, presented **H 12**, from the Board of Pharmacy. The phrase "prescriber or pharmacist" is changed to "health professional licensed or registered under this title." The update removes barriers, with no scope of practice impact. The current term has led some Idaho health systems to delay naloxone outreach programs common in other states. Such programs use health professionals as opioid ambassadors in a variety of ways to deliver naloxone to persons in a position to help patients. The Federal Drug Administration (FDA) is finalizing switching naloxone to an over-the-counter (OTC) product, signifying its safety.

MOTION: **Rep. Blanksma** made a motion to send **H 12** to the floor with a **DO PASS** recommendation.

Janice Fulkerson, Northpoint Recovery, testified **in support** of **H 12**. Before they can talk about recovery with a person, they must first prevent incidences of drug overdose and reduce mortality. More naloxone availability means saved lives and more Idahoans with a chance to seek treatment and focus on recovery.

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

VOTE ON MOTION: **Vice Chairman Wagoner** called for a vote on the motion to send **H 12** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Chairman Wood** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:21 a.m.

Representative Wagoner
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Wednesday, January 30, 2019

DOCKET	DESCRIPTION	PRESENTER
	Time Sensitive Emergency Program Update	Dr. Bill Morgan, Chairman
16-0201-1801	Time Sensitive Emergency System Council	Dr. Bill Morgan

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Wagoner
Rep Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Zollinger

Rep Christensen
Rep Green(2)
Rep Lickley
Rep Chew
Rep Rubel
Rep Davis

COMMITTEE SECRETARY

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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, January 30, 2019
TIME: 9:00 A.M.
PLACE: Room EW20
MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis
**ABSENT/
EXCUSED:** Chairman Wood, Representative(s) Blanksma
GUESTS: Chelsea Wilson, PPA; Maegan Kautz, Melissa Ball, and William Maxsen, EMSP/TSE; Bill Morgan, TSE; Frank Powell, DHW - Rules Unit; Dieunke A. Dizney-Spence, DHW - Public Health

Vice Chairman Wagoner called the meeting to order at 9:00 a.m.

MOTION: **Rep. Zollinger** made a motion to approve the minutes of the January 14, 15, 16, and 17, 2019 meetings. **Motion carried by voice vote.**

Dr. Bill Morgan, Chairman, Idaho Time Sensitive Emergency (TSE) Council, Trauma Surgeon, Trauma Center, St. Luke's Medical Center, presented the TSE update: Getting the Right Patient, to the Right Place, at the Right Time.

The TSE system of care was developed in 2014 with legislative funded authority for a statewide system of care to address traumas, strokes, heart attacks (STEMI), moving patients from a lower to a higher level of care, and providing better outcomes.

The Council designated the first trauma center in 2016. The stroke and STEMI registry was then developed to provide a system review through patient data points. The TSE Council is appointed by the Governor and has the Department of Health and Welfare's oversight and support.

The standards provide the criteria a hospital must meet to be a part of the system. There are forty-three eligible facilities, with 129 possible designations. Since 2016, twenty-four facilities have received thirty-nine designations. Of those designations, eighteen are trauma, nine are stroke, and twelve are STEMI. There are fifteen applications in various stages of designation and an additional nine to twelve applications are anticipated in 2019. There are also six to eight new facilities anticipated for 2019.

The facilities realize not only trauma patient care, but all patient care is improved through this system. Advantages include reductions in emergency room (ER) dwell times and trauma activation reimbursements from insurance companies, not patients.

With the additional facilities, sixty-one percent of Idahoans are now within thirty miles of a trauma center. The state is broken into six regions to assure the best care to patients in their areas. Transfer time has decreased by an average of twenty-seven minutes.

The program has reached sixty-five percent sustainability, with complete self-sustainability expected during the next year. Idaho is the only TSE Program in the nation not dependent on state funding for trauma system management.

The Stop the Bleeding Course encourages bystanders to become trained, equipped, and empowered to help in a bleeding emergency before professionals arrive. Free classes are provided by volunteers and held in every region. Over six thousand Idahoans have been trained. The goal is to put kits in every school or classroom in Idaho.

Rural trauma team development is sponsored by the American College of Surgeons. Classes train rural providers on the initial evaluation and resuscitation of the trauma patient at a rural facility. In the classes emergency medical services (EMS) personnel, ER personnel, hospital staff, and surgeons work together to handle problems.

TSE designations for EMS agencies is in process. Plans are also underway to provide joint training and education for facility and EMS personnel.

Answering questions, **Dr. Morgan** said the kits contain coagulation promoting gauze and a tourniquet. Small kits cost approximately \$49 and could go in classrooms. Larger kits will be placed in school hallways, possibly next to defibrillators. The total cost for the larger kits for all schools is \$1.2 million. The clotting gauze has to be replaced every five years. Sterile gloves are not included because the time taken to put on gloves may be the difference between life and death.

DOCKET NO. 16-0201-1801: **Dr. Bill Morgan**, Chairman, TSE council, presented **Docket No. 16-0201-1801**. The updates clarify the designation fee structure and failure to pay annual fees enforcement. The incorporated TSE System Standards Manual reference is updated to Edition 2019-1.

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

MOTION: **Rep. Green(2)** made a motion to approve **Docket No. 16-0201-1801**. **Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:30 a.m.

Representative Wagoner
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Thursday, January 31, 2019

SUBJECT	DESCRIPTION	PRESENTER
<u>HJM 1</u>	National Suicide Hotline Designation	Rep. Caroline Nilsson Troy
<u>HCR 3</u>	Eating Disorders Awareness Week	Rep. John McCrostie
<u>H 22</u>	Licensing Speech, Hearing Services	Joan Callahan, Bureau of Occupational Licenses
<u>H 37</u>	Serious Emotional Disturbance Definition	Ross Edmunds, Department of Health & Welfare

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood	Rep Christensen
Vice Chairman Wagoner	Rep Green(2)
Rep Vander Woude	Rep Lickley
Rep Gibbs	Rep Chew
Rep Blanksma	Rep Rubel
Rep Kingsley	Rep Davis(Thea)
Rep Zollinger	

COMMITTEE SECRETARY

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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

- DATE:** Thursday, January 31, 2019
- TIME:** 9:00 A.M.
- PLACE:** Room EW20
- MEMBERS:** Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis
- ABSENT/
EXCUSED:** None
- GUESTS:** Kelley Packer, IBOL; Joan Callahan, Gayle Chaney, and Rob McQuade, IBOL-SHS Board; Caley Featherstone, Eating Disorders; Steve Snow, CDHH; Elke Shaw-Tulloch and Trinetta Middlebrook, DHW; Frank Powell, DHW - Rules Unit; Kris Ellis, IPA; Stewart Wilder, ID Suicide Prev. Coalition
- Chairman Wood** called the meeting to order at 9:01 a.m.
- HJM 1:** **Rep. Caroline Troy**, District 5, presented **HJM 1**. This is an opportunity to request Idaho's congressional delegation support the 611 designation for a national mental health and suicide hotline. A Federal Communications Commission study for this designation is in process.
- The statewide suicide prevention hotline is a ten-digit number, which is difficult to remember in a crisis situation. The 611 number is in line with existing three-digit emergency numbers.
- MOTION:** **Rep. Blanksma** made a motion to send **HJM 1** to the floor with a **DO PASS** recommendation.
- Elke Shaw-Tulloch**, Administrator, Division of Public Health, testified in support of **HJM 1**. This important endeavor is also in alignment with the new state suicide prevention strategic plan.
- Wendy Young**, Idaho Suicide Prevention Hotline, testified in support of **HJM 1** on behalf of the hotline.
- Stewart Wilder**, Suicide Prevention Coalition, testified in support of **HJM 1**. An easy number can be remembered by everyone, especially someone in crisis.
- For the record, no one else indicated their desire to testify.
- VOTE ON MOTION:** **Chairman Wood** called for a vote on the motion to send **HJM 1** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Troy** will sponsor the bill on the floor.
- HCR 3:** **Rep. John McCrostie**, District 16, presented **HCR 3** to designate the last week of February as Eating Disorders Week in conjunction with National Eating Disorders Week.
- Caley Featherstone**, Citizen, further presented **HCR 3**. With an estimated 58,000 Idahoans having eating disorders, there are only a handful of professionals to help them. Last year's National Eating Disorders Week, with Idaho participation, saw buildings light up, and increases in funds and participants in all activities. Since then, eating disorder specialists have conducted training sessions with Idaho health care professionals. Knowing there is statewide support makes a difference for those suffering and those trying to help them.
- For the record, no one indicated their desire to testify.

MOTION: **Rep. Vander Woude** made a motion to send **HCR 3** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. McCrostie** will sponsor the bill on the floor.

H 22: **Joan Callahan**, on behalf of the Speech, Hearing and Communication Services Board, presented **H 22**. This legislation allows sign language interpreters use of their phones or mobile devices to show their licensure. It also removes the age limit for sign language interpreters, relying instead on their licensure qualification to assure competency.

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

MOTION: **Rep. Rubel** made a motion to send **H 22** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Davis** will sponsor the bill on the floor.

H 37: **Ross Edmunds**, Administrator, Division of Behavioral Health, Department of Health & Welfare, presented **H 37**. The definition for serious emotional disturbance is changed to include a "diagnostic and statistical manual of mental disorders (DSM) diagnosable mental health." The standardized instrument terminology change allows flexibility to use better assessment tools in the future, although a specific assessment tool is currently used. The DSM reference follows industry standards. Changes are in response to the Jeff D. lawsuit and the decision to build the best mental health system for children.

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

MOTION: **Rep. Lickley** made a motion to send **H 37** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Gibbs** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:38 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Monday, February 04, 2019

SUBJECT	DESCRIPTION	PRESENTER
RS26627	Immunization Exemptions	Rep. Priscilla Giddings
RS26695	Maternal Mortality	Susie Pouliot, Idaho Medical Association

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Wagoner
Rep Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Zollinger

Rep Christensen
Rep Green(2)
Rep Lickley
Rep Chew
Rep Rubel
Rep Davis

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, February 04, 2019

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis

**ABSENT/
EXCUSED:** None

GUESTS: Melinda Merrell, Sanofi

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

MOTION: **Rep. Lickley** made a motion to approve the minutes of the January 21 and 18, 2018, meetings. **Motion carried by voice vote.**

RS 26627: **Rep. Priscilla Giddings**, District 7, presented **RS 26627**, regarding immunization exemption notification. Two code sections are changed to require licensed day care, public, private, and parochial schools provide a copy of the language included in the proposed legislation to parents or guardians prior to admission. The fiscal impact is undeterminable because this adds to immunization information already provided to parents.

Answering committee questions, **Rep. Giddings** explained the schools notify parents in different ways, which makes quantification difficult. This is a guide and direction, with no Legislature verification required.

MOTION: **Vice Chairman Wagoner** made a motion to return **RS 26627** to the sponsor for technical corrections. **Motion carried by voice vote.**

RS 26695: **Susie Pouliot**, CEO, Idaho Medical Association, presented **RS 26695** to establish a maternal mortality review committee (MMRC) within the Department of Health and Welfare (DHW). The MMRC will review deaths and make recommendations for the prevention of future deaths. The estimated cost of \$27,000 per year will set up and run the MMRC.

MOTION: **Rep. Blanksma** made a motion to return **RS 26695** to the sponsor for technical corrections.

Discussion followed regarding the suggestive nature of the first three SOP sentences and the use of legislative findings within the proposed legislation.

**SUBSTITUTE
MOTION:** **Rep. Rubel** made a substitute motion to introduce **RS 26695**.

Additional discussion followed regarding the appropriateness of legislative findings for statute and creating a committee.

Chairman Wood put the committee at ease at 9:25 a.m. The committee was called to order at 9:26 a.m.

Ms. Pouliot requested the committee's permission to withdraw **RS 26695**.

**UNANIMOUS
CONSENT
REQUEST:** **Chairman Wood** made a unanimous consent request to allow the sponsor to withdraw **RS 26695** for technical corrections. There being no objection, the request was granted.

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:26 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Tuesday, February 05, 2019

SUBJECT	DESCRIPTION	PRESENTER
	<u>Budget Policy and Analysis</u> FY 2020 Budget Briefing	Jared Tatro, Principal Budget & Policy Analyst

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Wagoner
Rep Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Zollinger

Rep Christensen
Rep Green(2)
Rep Lickley
Rep Chew
Rep Rubel
Rep Davis

COMMITTEE SECRETARY

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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, February 05, 2019

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis

**ABSENT/
EXCUSED:** None

GUESTS: Chelsea Wilson, PPA; Dave Taylor, DHW; Lisa Hettinger, IDHW

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

MOTION: **Vice Chairman Wagoner** made a motion to approve the minutes of the January 23 and 25, 2019, meetings. **Motion carried by voice vote.**

Jared Tatro, Principal Budget & Policy Analyst, Health & Human Services, Idaho Legislature, presented the Fiscal Year (FY) 2020 Budget Briefing. In explaining the Idaho Decision Unit (DU) Budget Model, he described each benchmark. He noted benchmark one is the previous year's appropriation and benchmark six, the current year appropriation, will become next year's benchmark one.

Answering questions, **Mr. Tatro** stated agencies must submit the B-12 Analysis of Fund Balances form for cash reconciliation. The Free Fund Unencumbered Cash Report is in process and will be shared upon completion.

Mr. Tatro presented the Department of Health and Welfare (DHW) FY 2020 historical summary. The summary shows the 2018 appropriation, 2018 actual expenditures, 2019 appropriation amounts, 2020 agency request, and the 2020 Governor's recommendations. The 2020 request and recommendations must be, by law, presented side by side. The action taken by the Legislature does not have to align with either request. The historical information is broken down into division, fund category, object of expenditure, and full-time positions (FTP). Additional charts and graphs present the agency profile and information.

Mr. Tatro then presented the complete DHW FY 2020 Request breakdown and the Governor's Recommendations, with each benchmark indicating what it includes. He explained decisions made by the Joint Finance and Appropriations Committee (JFAC).

Responding to questions, **Mr. Tatro** said two years ago a Governor's Initiative introduced graduate medical education funding with a Medicaid match. The Boise program was able to acquire the match; however, the Pocatello program had achieved its maximum Medicaid limit and was not able to secure the grant, leaving a portion of the general funds unused. He will provide additional program information to the committee.

Mr. Tatro explained the Federal Medical Assistance Percentages (FMAP) adjustment rate, general fund increase, federal fund decrease, fluctuations, the rate comparison with the per capita of other states, and the Children's Health Insurance Program (CHIP) FMAP adjustment.

There are thirty-five requested line items listed along with their priority designation, although not in priority order. The DHW's number one line item is suicide prevention infrastructure.

Invited to answer a question, **Sara Stover**, Governor's Budget Office, explained the difference between the mental health (MH) court enhancement requested amount of \$1,608,000 and the Governor's recommendation of zero was due to the Medicaid expansion removal of the decision unit need through the problem solving courts.

Lisa Hettinger, Deputy Director, DHW, Medicaid Behavioral Health (BH), Public Health, Office of Public Healthcare Initiatives, was invited to answer a question. The Institution of Mental Disease (IMD) savings does not require a waiver. The federal government has not challenged such waivers by other states and is moving toward removing them from the 1115 Demonstration requirements.

Answering further questions, **Ms. Stover** said the Governor's priorities result from guidance from the critical needs indicated by the Department, his statewide priorities, and the available general funds.

Ms. Hettinger explained the prioritization process, which begins with all division administrators, to assure 100% need-based requests and consideration of the available funding.

The final pages, said **Mr. Tatro**, are division descriptions. Proposition 2 budgeting will be listed as a fourth item along with the Medicaid basic, enhanced, and coordinated plans. He directed the committee to the Catastrophic Health Care Program (CAT Fund) historical information, 2020 request, 2020 Governor's recommendation, and agency profile. Amounts repaid have an annual recovery rate of \$2M to \$3M and impact their appropriation. Proposition 2 will also impact the CAT Fund. JFAC has tried to appropriate sufficient funding to meet the fund's needs without supplements.

The Public Health Districts historical, requested, and recommended information was presented. The Districts are requesting improved health transformation funds to continue the State Healthcare Innovation Plan (SHIP) grant. The seven Health Districts align with the DHW Districts. Included in the information is the District funding breakdown.

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

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Wednesday, February 06, 2019

DOCKET NO.	DESCRIPTION	PRESENTER
16-0202-1801	Emergency Medical Services Physician Commission	Dr. Curtis Sandy, Chairman

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood	Rep Christensen
Vice Chairman Wagoner	Rep Green(2)
Rep Vander Woude	Rep Lickley
Rep Gibbs	Rep Chew
Rep Blanksma	Rep Rubel
Rep Kingsley	Rep Davis
Rep Zollinger	

COMMITTEE SECRETARY

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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, February 06, 2019

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis

**ABSENT/
EXCUSED:** Chairman Wood, Representative(s) Blanksma

GUESTS: Curtis Sandy, EMSPC; Frank Powell, DHW-Rules Unit; Wayne Denny and Brenda Gully, DHW-EMSP

Vice Chairman Wagoner called the meeting to order at 9:00 a.m.

MOTION: **Rep. Green(2)** made a motion to approve the minutes of the January 22, 28, and 30, 2019, meetings. **Motion carried by voice vote.**

**DOCKET NO.
16-0202-1801:** **Dr. Curtis Sandy**, Emergency Medicine and EMS Physician, Portneuf Medical Center, Chairman, Emergency Medical Services (EMS) Physician Commission, presented **Docket No. 16-0202-1801**. The proposed change updates the referenced EMS Standards Manual to version 2019-1.

The updated manual adds wound packing as a hemorrhage control technique for all levels of practice, in alignment with the national scope of practice model. The use of ultrasound by critical care paramedics is also part of the manual update. This skill set helps identify life threatening internal bleeding.

Answering a question, **Dr. Sandy** said any scope of practice change requires completion of an outlined educational course, with both the Medical Director and agency responsible to insure and certify procedure competency.

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

MOTION: **Rep. Gibbs** made a motion to approve **Docket No. 16-0202-1801**. **Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:11 a.m.

Representative Wagoner
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:15 A.M.
Room EW20
Thursday, February 07, 2019

SUBJECT	DESCRIPTION	PRESENTER
RS26695C1	Maternal Mortality Review Commission	Susie Pouliot, Idaho Medical Association
	Department of Health & Welfare Budget Presentation	Dave Jeppsen, Director

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Wagoner
Rep Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Zollinger

Rep Christensen
Rep Green(2)
Rep Lickley
Rep Chew
Rep Rubel
Rep Davis

COMMITTEE SECRETARY

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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, February 07, 2019
TIME: 9:15 A.M.
PLACE: Room EW20
MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis
**ABSENT/
EXCUSED:** Representative(s) Blanksma, Chew
GUESTS: Dave Jeppesen, Dave Taylor, Jodi Osborn, and Elke Shaw-Tulloch, DHW; Yvonne Ketchum, IPCA

Chairman Wood called the meeting to order at 9:15 a.m.

MOTION: **Rep. Lickley** made a motion to approve the minutes of the January 24, 31, and February 4, 2019, minutes. **Motion carried by voice vote.**

RS 26695C1: **Susie Pouliot**, CEO, Idaho Medical Association, presented **RS 26695C1**, for a multi-disciplinary maternal mortality review committee within the Idaho Department of Health and Welfare (DHW) to review state maternal deaths and develop prevention strategies. Stakeholder and annual legislative reports will be required.

MOTION: **Rep. Zollinger** made a motion to introduce **RS 26695C1**. **Motion carried by voice vote.**

Dave Jeppesen, Director, DHW, presented the DHW 2020 budget request. The DHW goal is to promote healthier, safer, and self-reliant Idahoans. Although the budget contains many line items, the Director presented the top five prioritized items.

Last session, the DHW was asked for a suicide prevention plan, in conjunction with stakeholders, and an implementation budget request. Although there are many factors to this issue, it is important to reduce Idaho's current rates by 20% by 2025 and include the entire community. The Department will be the facilitator to build the infrastructure necessary to bring parties together to achieve all rate reduction goals.

The Child Welfare Initiative, priority number two, provides a more flexible and efficient, federally compliant case management system and improved business process. This will reduce the office time and paper workload so staff can stay focused on children and families. An early win in April will reduce the child safety assessment turnaround from sixty days to five days.

Reduced staffing turnover and improved service continuity is the goal reflected in the Child Welfare Social Worker pay increases request. Exit interviews have indicated pay, caseload size, and stress as factors for leaving. This would move and maintain ninety-four Child Welfare Social Worker 2 staff to the 80% of policy minimum.

Children's Developmental Disability Services (CDDS) help children with intellectual disabilities develop and achieve their full potential. Better services provided earlier in life through evidenced-based programs provide life-long impacts and allow them to reach their fullest potential as early as possible.

Health Care Reform continues as the State Healthcare Innovation Plan (SHIP) grant ends, after facilitating enough statewide patient-centered medical homes (PCMH) to enable value-based care. The next step is expanding the transformation to specialists, hospitals, behavioral health, and other services. The Department, remaining in a leadership role, will bring together the Healthcare Transformation Council of Idaho and healthcare stakeholders to develop Idaho solutions for this complex problem. This work directly benefits Medicaid by enabling the move to a value-based model.

Workplace safety improvements, priority number five, keeps welfare offices safe and violence free for individuals served and employees. Since the fall of 2017, there have been eighty-eight incidents in the offices, which raised concerns. This budget recommendation includes building enhancements, security officers, and technology to improve office safety.

Answering questions, **Director Jeppesen** stated conducting a child welfare assessment does not mean the child is removed from the home. It is a tool to provide the family with information regarding the next steps. The changes provide this information sooner. The value-based care models pay appropriately for care and outcomes. He explained the fee-for-service and the value-based models.

Ross Edmunds, Administrator, Division of Behavioral Health (BH), DHW, was invited to answer a question. In some areas, up to 95% of current participants will qualify for the expanded Medicaid benefits.

Director Jeppesen, answering a question, said non-emergency medical transport (NEMT) is a critical Medicaid Program to get people to and from services. Rate issues continue to impact access.

Matt Wimmer, Administrator, Division of Medicaid, DHW, answered the question further. NEMT previous challenges included a broker who struggled to provide access. The new broker has made progress, including additional access. The benefit impacts disabled persons with morning or afternoon (3:00 to 5:00 p.m.) appointment travel needs. Although improving, both providers and the broker are reaching the edge of their capabilities under the existing funding, which has not changed since 2010. Two plus years ago there was a competitive field for the contract. With the current rates, it would be unlikely they would receive any bids.

ADJOURN:

There being no further business to come before the committee, the meeting adjourned at 9:52 a.m.

Representative Wood
Chair

Irene Moore
Secretary

JOINT AGENDA
**HOUSE HEALTH & WELFARE COMMITTEE
AND
SENATE HEALTH & WELFARE COMMITTEE**
9:00 A.M.
Lincoln Auditorium
Friday, February 08, 2019

SUBJECT	DESCRIPTION	PRESENTER
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Public Hearing On Any Health & Welfare Topic

***NOTE: Public Testimony is limited to 3 minutes
or less***

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood

Vice Chairman Wagoner

Rep Vander Woude

Rep Gibbs

Rep Blanksma

Rep Kingsley

Rep Zollinger

Rep Christensen

Rep Green(2)

Rep Lickley

Rep Chew

Rep Rubel

Rep Davis

COMMITTEE SECRETARY

Irene Moore

Room: EW14

Phone: 332-1138

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

DATE: Friday, February 08, 2019

TIME: 9:00 A.M.

PLACE: Lincoln Auditorium

MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis
Chairman Martin, Vice Chairman Souza, Senators Heider, Lee, Harris, Burtenshaw, Bayer, Jordan, Nelson

**ABSENT/
EXCUSED:** None

GUESTS: The sign-in sheet will be retained with the minutes in the committee secretary's office until the end of the session. Following the end of the session, the sign-in sheet will be filed with the minutes in the Legislative Services Library.

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

Those speaking **in support** of Proposition 2 Medicaid Expansion were **Ian Bott**, Self; **Jon Brown**, United Methodist Church; **Nora Carpenter**, President, United Way Treasure Valley; **Jessica Rachels**, Member, Idaho Council for Developmental Disabilities (DD), Self; **Rebecca Forster-Casey**, Parent, Provider, Heritage Health, Constituent; **Emily Peterson**, Kimberly, Idaho; **Tracy Olson**, Self; **Yvonne Sandmire**, Self; **Donna Scranton**, Self; **Kay Hummel**, Self; **Mary McLaughlin**, Self; **Dr. Thomas Judry**, Medical Residency Participant, Veterans Affairs Hospital; **Brittaney Shipley**, Idaho Council on DD; **Melodie Brown**, Health Freedom Idaho; **Nicole Stull**, Self; **Reverend Marci Glass**, Pastor, Southwest Baptist Church, Boise; **Ceci Thunes**, Idaho Behavioral Health Alliance; **Emily Allen**, Empower Idaho; **Angela Miller**, Self; and **Frank Monasterio**, Self.

They requested Proposition 2 be funded as intended, without any restrictions or sidebars, which could produce a secondary gap population. Work requirements may hurt individuals not able to work. With coverage comes the ability to work, volunteer, and lead more independent lives. This coverage will assist persons during the two-and-a-half year Medicare disability waiting period. Do not penalize thousands on the fear that some will take advantage of the system. Blockades further discriminate against an at-risk population. Do not waste time on red tape and delays when people are fighting a clock and need help now. Money spent on preventative health bears fruit for many years. Those without healthcare receive services only during crisis cycles. The next step is to assure primary care integration with value-based models and systems. Proposition 2 allows regular care so Idahoans can get their conditions under control, enroll in school, get degrees, and work. The intention of Proposition 2 was not to impede anyone from getting coverage.

Fred Birnbaum, Idaho Freedom Foundation, spoke **in opposition** to Medicaid expansion. He said the true costs have not been made public and expecting federal funding when the government is in debt is unrealistic.

Speaking **in support** of Medicaid 2020 Children's Disability Services budget requests were **Colleen Sisk**, Owner, Syringa Family Partnership, Idaho Association of Community Providers (IACP); **Nikkita White**, IACP; and **Carlyann McLaren**, Advocates for Inclusion.

The DD program offers an array of support services for children with challenging behaviors, impacting their ability to learn, communicate, and develop their full potential. The budget items address employee retention, livable wages, service accessibility, and waiting lists.

Speaking **in support** of additional funding for non-emergency medical transport (NEMT) services were **Darren Talley**, White Tail Transportation; **Doug Loertscher**, Board Member, IACP, Developmental Disabilities Services Provider, Self; **Jill Wrem**, S.T.A.R.R. Family Behavioral Health; and **Ryan Staten**, Rollin Shuttle Services of Idaho.

With no rate increase since 2009 and a 31% broker-driven rate cut in 2010, NEMT providers are struggling. Missed appointments for this vulnerable population can lead to a crisis situation and escalating costs. One provider has been awaiting credentials for nine months. There is an impact on families when parents have to leave work because children have no transport to appointments.

Speaking **in opposition** to vaccine requirements were **Miste Karlfeldt**, Health Freedom Idaho; and **Sue Birnbaum**, Self.

The mandatory student meningitis vaccine, to be implemented in 2021, is already being added by some schools. Parents cannot file suits against the vaccine manufacturers. St. Alphonsus requires all employees to have annual flu shots and will terminate employees who choose to not be vaccinated, no matter how long they have been in their profession.

ADJOURN: There being no further business to come before the committees, the meeting adjourned at 10:33 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
8:30 A.M.
Room EW20
Monday, February 11, 2019

SUBJECT	DESCRIPTION	PRESENTER
RS26784C1	Immunization Exemptions	Rep. Priscilla Giddings
RS26740	Veterans - Fertility Treatment	Rep. Brooke Green
H 58	Legend Drug Donations	Rep. Sue Chew
H 59	Organ Donor Age	Rep. Jason A. Monks

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood	Rep Christensen
Vice Chairman Wagoner	Rep Green(2)
Rep Vander Woude	Rep Lickley
Rep Gibbs	Rep Chew
Rep Blanksma	Rep Rubel
Rep Kingsley	Rep Davis
Rep Zollinger	

COMMITTEE SECRETARY

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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

- DATE:** Monday, February 11, 2019
- TIME:** 8:30 A.M.
- PLACE:** Room EW20
- MEMBERS:** Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis
- ABSENT/
EXCUSED:** Representative(s) Blanksma, Green(2)
- GUESTS:** Josh Campbell, Idaho Association of Free & Charitable Clinics; Quinn Perry, Id School Boards Assn; Kris Ellis, IHCA, NPI; Jodi Broyles, ISU Student/Self; Elizabeth Criner, ISDA; Steven D. Davis, Genesis Comm Health; Jennifer Adams, ISU College of Pharmacy; Amber Graves and Kourtney McBride, Meridian MYAC
- Chairman Wood** called the meeting to order at 8:39 a.m.
- RS 26784C1:** **Rep. Priscilla Giddings**, District 7, presented **RS 26784C1**, proposed legislation changing two code sections to require daycares and schools provide exemption information at the same time and in the same manner as they provide immunization information.
- MOTION:** **Rep. Vander Woude** made a motion to introduce **RS 26784C1**. **Motion carried by voice vote.**
- RS 26740:** **Rep. Brooke Green**, District 18, presented **RS 26740**. There are currently no fertility benefits for veterans, with service-connected injuries, who cannot procreate without the use of fertility treatments. The proposed Joint Memorial requests Congress include such treatments as covered benefits.
- MOTION:** **Rep. Rubel** made a motion to introduce **RS 26740**. **Motion carried by voice vote.**
- H 58:** **Rep. Sue Chew**, District 17, presented **H 58** to update and modernize the Idaho Legend Drug Donation Act of 2009. Changes redefine and expand who can donate and receive donated drugs. The changes offer an option for pharmacies, Idahoans, and other donating entities.
- Josh Campbell**, President, Idaho Association of Free and Charitable Clinics, testified **in support** of **H 58**. Often a surviving family member who desires to donate often unopened medications. Answering a question, he said all clinics have volunteer pharmacists who can review the efficacy of the donated drugs. Recipients qualify if they are without insurance or fall below 200% of the federal poverty level (FPL).
- Jodi Broyles**, Student, Idaho State University College of Pharmacy, testified **in support** of **H 58**. She said donations are reviewed to assure they are in sealed manufacturer containers or unit dose packing. Pharmacies can donate open bottles. This legislation provides an option to a drug disposal drop-off box.
- Ms. Broyles** read the testimony of **Betsy Burquist**, Kootenai Cancer Center, who wrote she is **in support** of **H 58**. Through this legislation, the ability to redirect medication to patients of need is now expanded to more clinic types. The potential benefits are extensive, with proven success in other states.
- Kris Ellis**, on behalf of Idaho Nurse Practitioners and the Idaho Healthcare Association, testified **in support** of **H 58**. The changes keep the donated drugs within Idaho and opens it up for participation by other facilities.

Alex Adams, Former Director, Board of Pharmacy, testified in support of **H 58**. The changes specify what patients can donate. Certain categories of drugs are so expensive even persons with insurance cannot afford them.

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

MOTION: **Rep. Rubel** made a motion to send **H 58** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Chew** will sponsor the bill on the floor.

H 59: **Rep. Jason Monks**, District 22, presented **H 59**. When **H 546** was approved last session, not all code references were changed to reflect the change in organ donation age from 16 to 15 years of age. This legislation makes the additional changes, including identification cards, and retains the parent or adult guardian written consent requirement.

Amber Graves, Meridian Mayor's Youth Advisory Council, testified in support of **H 59**. The changes complete the Council's project, emphasizes their voice in government, and demonstrates how youth can address a problem in society.

Kourtney McBride, Meridian Mayor's Youth Advisory Council, testified in support of **H 59**. The age change starts an open dialogue with parents, providing them the ability to make informed decisions in an emergency.

MOTION: **Rep. Gibbs** made a motion to send **H 59** to the floor with a **DO PASS** recommendation. Speaking to the motion, he said the youth bringing forward this legislation are to be commended.

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

In closing remarks, **Rep. Monks** said guardians or parents are usually present when the driver's license is obtained. At that time the question of organ donation is raised and the appropriate form is provided. He has been privileged to be a part of this process and work with the Meridian Mayor's Youth Advisory Council.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **H 59** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Monks** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:16 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Tuesday, February 12, 2019

SUBJECT	DESCRIPTION	PRESENTER
	<u>Office of Performance Evaluations</u> Southwest Idaho Treatment Center	Rakesh Mohan, Director Ryan Langrill, Senior Performance Evaluator

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Wagoner
Rep Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Zollinger

Rep Christensen
Rep Green(2)
Rep Lickley
Rep Chew
Rep Rubel
Rep Davis

COMMITTEE SECRETARY

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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, February 12, 2019
TIME: 9:00 A.M.
PLACE: Room EW20
MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis
**ABSENT/
EXCUSED:** Representative(s) Gibbs, Christensen
GUESTS: Monica Young, C. Libby, Tamie Newton, Niki Forbing-Orr, Dave Taylor, Cameron Gilliland, Lori Wolff, and Dave Jeppesen, DHW; Christine Pisani, ICDD; Chelsea Wilson, PPA; Miren Unsworth, IDHW; Jim Baugh, DRI
MOTION: **Chairman Wood** called the meeting to order at 9:02 a.m.
Rep. Green(2) made a motion to approve the minutes of the February 5 and 7, 2019, meetings. **Motion carried by voice vote.**

Rakesh Mohan, presented the Office of Performance Evaluation (OPE) report on the South West Idaho Treatment Center (SWITC). The report concludes the current operational model is no longer tenable and the necessary repairs require a long-term solution needing developed by the Department of Health and Welfare (DHW), the governor's office, the legislature, and the staff at SWITC.

Ryan Langrill, Senior Performance Evaluator detailed the report's findings. Established as the Idaho State Sanitarium in 1913, it opened in 1918, and was known under various names, the latest being SWITC. The facility mission changed from a long-term to a short-term crisis center as residents were successfully transitioned into the community. The 2018 client population was down to seventeen individuals. In 2011 admission became limited to individuals who were either committed to DHW custody or had failed all community options.

The remaining clients have complex behavioral or medical issues. As staff was reduced, a significant amount of institutional and specialized knowledge was lost.

The residential buildings were not designed for the current mission, do not have great lines of sight, and are not safe for current staff or clients. SWITC is too small to provide the necessary model-of-care and a community setting for client community transition.

In the 2015 DHW strategic plan, the facility's obsolescence was acknowledged and a new facility was proposed. However, the new facility was abandoned in 2017 after the current location's acreage was not sold.

OPE Recommendation Number One: The legislature must provide long-term crisis care policy guidance, direct the DHW to develop a long-term crisis care vision, and specify SWITC's place in that vision.

OPE Recommendation Number Two: Assure accusations of abuse of vulnerable adults are investigated and perpetrators are excluded from employment with vulnerable adults. The current background check process fails individuals with findings of abuse, but there is no registry.

Staffing issues of retention, trauma, injury, and client impact must be a priority. The staff must receive engaged supervision, strong hands-on training, participation encouragement, and a direct-care career path. OPE Recommendation Number Three: Legislative consideration of extending early retirement to the staff at the same high risk of injury level used for fire fighters.

The report noted providing the staff with the right tools to correct the lack of daily structure or activities for clients is a priority. Existing clinical, supervisory, and management staff training gaps also need to be addressed.

The stigma of admission is a part of the discharge process. Clearly identifying and focusing on what is keeping the client out of the community and including the community in the process will be of help. Remaining a resource for the client and community after discharge can include developing a formal process of the current staff practice to go clients to their new settings.

Attempting to make improvements, SWITC has held investigator trainings, increased salaries, hired both an out-of-state board-certified behavior analyst and speech language pathologist, implemented a staff career ladder, improved adult protection relationships through standing meetings, and added a stakeholder advisory committee developed by the DHW.

SWITC is a traumatized organization, which impacts its problem solving approach. This has contributed to the sense of immediate moment survival, a demoralizing of the direct care staff, a sense of shame regarding where they work, mistrust of outsiders, stress, anxiety contagion, and loss of both hope and faith. The constant crisis atmosphere does not focus on long-term improvements, staff buy in, follow through, measurement processes, and provides no system perspectives.

OPE Recommendation Number Four: Development by the DHW of a SWITC strategic plan to be presented to the Health and Welfare committees at the start of the 2020 legislative session.

OPE Recommendation Number Five: Development of a formal quality improvement process at SWITC. People who work at SWITC care deeply for their clients. Efforts to address issues need to be constructive, acknowledge how the staff feels about their clients, and assure accountability.

Answering questions, **Mr. Langrill** explained SWITC, as an intermediate care facility, is not able to lock client area doors. A new secure treatment building has been modified to include locked doors, but is not yet open. Although **Dr. Julie F. Brown**, the developer of informed emotion regulation skills training, has provided staff training, there is no organizational push for training follow up or continued access to her.

Other states have turned similar facilities into central locations with specialists providing services to outside community recipients and providers. The downsize included the concept of using outside specialists; however, this population needs specialists when the need arises, which cannot be scheduled.

The original building construction did not include operation stakeholders. There are layout issues, including blind walls and corners. Although mirrors have been installed, there is still a risk to clients and staff. Other planned changes are improvements, but not solutions.

Dave Jeppesen, Director, DHW, said the report is accepted as accurate and he is committed to make action happen to solve the problems. The facility needs to be a safe place with the best treatment possible for these vulnerable adults. It also needs to be a safe place for the staff.

The current operating model is stable and safe enough for the immediate future while they develop the long-term solution. Should this change, they will take immediate action.

Director Jeppesen stated he will bring the full resources of the department to solve this large problem and maintain the goal to get these clients living as close to the community as possible. An advisory committee, with a variety of stakeholders, has been established and charged to make recommendations by June, 2019, for presentation during the next legislative session. Because of the deadline, they are meeting monthly and moving with committed urgency.

Chairman Wood said the advisory committee report needs to indicate any legislation required to help the DHW accomplish long-term strategic goals and budget priorities, which would include a possible new facility.

Asked about supplement staffing recommendations, **Director Jeppesen** said the allocated staffing number is good, with the need to fill the positions currently open. Discussion includes the possibility of hiring a consultant specializing in treatment, facility, and operating models. Because this is a nationwide issue, there are other state programs they can review. All this can be done with the existing appropriation.

Director Jeppesen invited the committee to tour the facility. Invitations to join the advisory committee have been extended to a variety of stakeholders. Although some have expressed conflicts of interest and decided not to join the committee, they have expressed their support and desire to be included in the process.

Brian Whitlock, Idaho Hospital Association, appeared before the committee to discuss advance care planning directives. The current process allows posting of the directives on the Secretary of State's website. This method requires a card to retrieve the information. Stakeholders are requesting a robust statewide bidirectional directory with access through the DHW. This will save millions of dollars in end-of-healthcare costs and relieve the anguish for families making choices for their loved ones.

The Joint Finance and Appropriations Committee (JFAC) asked why this funding was not included in the DHW budget. The governor's no new budget line items directive meant the DHW budget could not add this program, which would be a new line item. The program would cost \$860,000 to move the current information into a DHW repository. **Mr. Whitlock** is asking for committee and JFAC funding approval, at which time they would follow with enabling legislation.

The committee then discussed the DHW 2020 budget request, with input for **Chairman Wood's** JFAC committee recommendations.

ADJOURN:

There being no further business to come before the committee, the meeting adjourned at 10:31 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Wednesday, February 13, 2019

SUBJECT	DESCRIPTION	PRESENTER
RS26712C1	Food Establishment Fees	Rep. Megan Blanksma
RS26803	Rule Section Rejection	Rep. Jarom Wagoner
RS26804	Rule Rejection	Rep. Jarom Wagoner
RS26824	Naturopathic Medicine	Kris Ellis, American Association of Naturopathic Physicians

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Wagoner
Rep Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Zollinger

Rep Christensen
Rep Green(2)
Rep Lickley
Rep Chew
Rep Rubel
Rep Davis

COMMITTEE SECRETARY

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

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, February 13, 2019
TIME: 9:00 A.M.
PLACE: Room EW20
MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis
**ABSENT/
EXCUSED:** None
GUESTS: Kris Ellis, IDAPNP; Anne Lawler, BOM
Chairman Wood called the meeting to order at 9:00 a.m.

RS 26712C1: **Rep. Megan Blanksma**, District 23, presented **RS 26712C1** to make changes and clarifications to the licensing and fees of food establishments by creating a more equitable system for temporary and intermittent food licenses.

MOTION: **Vice Chairman Wagoner** made a motion to introduce **RS 26712C1**. **Motion carried by voice vote.**

RS 26803: **Rep. Jarom Wagoner**, District 10, presented **RS 26803**. **Docket No. 16-0309-1802**, for the Department of Health and Welfare Medicaid Basic Plan Benefits, was heard in committee on January 21, 2019. At that time the committee voted to reject Section 803., Subsection 04. of the pending rule. This proposed legislation will make that rejection.

MOTION: **Rep. Zollinger** made a motion to introduce **RS 26803**. **Motion carried by voice vote.**

RS 26804: **Rep. Jarom Wagoner**, District 10, presented **RS 26804** to reject **Docket No. 24-0301-1801**, for the State Board of Chiropractic Physicians, in its entirety. The rule was heard in committee on January 18, 2019.

MOTION: **Rep. Lickley** made a motion to introduce **RS 26804**. **Motion carried by voice vote.**

RS 26824: **Kris Ellis**, on behalf of the Idaho Chapter, American Association of Naturopathic Physicians, presented **RS 26824**. This proposed legislation allows licensure for naturopathic physicians with a four-year level accredited doctoral degree who have passed a national examination. A naturopathic board will also be established. Provision is made for those practicing or calling themselves naturopathic doctors.

MOTION: **Rep. Gibbs** made a motion to introduce **RS 26824**. **Motion carried by voice vote.** **Rep. Green(2)** requested he be recorded as voting **NAY**.
Chairman Wood thanked **Alexis Walker** for serving as the committee's page during the first half of the session.

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:14 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Monday, February 18, 2019

SUBJECT	DESCRIPTION	PRESENTER
H 109	Maternal Mortality	Susie Pouliot
RS26846	Hospital Districts	Rep. Heather Scott

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood

Vice Chairman Wagoner

Rep Vander Woude

Rep Gibbs

Rep Blanksma

Rep Kingsley

Rep Zollinger

Rep Christensen

Rep Green(2)

Rep Lickley

Rep Chew

Rep Rubel

Rep Davis

COMMITTEE SECRETARY

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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

- DATE:** Monday, February 18, 2019
- TIME:** 9:00 A.M.
- PLACE:** Room EW20
- MEMBERS:** Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis
- ABSENT/
EXCUSED:** Representative(s) Blanksma, Zollinger
- GUESTS:** The sign-in sheet will be retained with the minutes in the committee secretary's office until the end of the session. Following the end of the session, the sign-in sheet will be filed with the minutes in the Legislative Services Library.
- Chairman Wood** called the meeting to order at 9:01 a.m.
- MOTION:** **Rep. Lickley** made a motion to approve the minutes of the February 6, 8, and 11, 2019, meetings. **Motion carried by voice vote.**
- Chairman Wood** introduced and welcomed **Cathleen Wonacott**, who is the committee's page for the second half of the session.
- H 109:** **Susie Pouliot**, CEO, Idaho Medical Association (IMA), presented **H 109** to establish a maternal mortality review committee (MMRC) to review data to address Idaho's high maternal death rate. This will be a multi-disciplinary committee and the members will report and recommend ways to decrease these deaths. Other states with MMRC's have substantially lowered their maternal mortality rates. Funding will be provided through a four-year Centers for Disease Control (CDC) grant. A sunset clause is provided in conjunction with the grant.
- MOTION:** **Vice Chairman Wagoner** made a motion to send **H 109** to the floor with a **DO PASS** recommendation.
- Answering a question, **Ms. Pouliot** said the MMRC will review only maternal deaths. Future expansion could include occurring morbidities.
- Clarence Blea**, Maternal Fetal Medicine Specialist, High-Risk Obstetrics, St. Lukes Regional Medical Center, Board Member, Idaho Board of Midwifery, testified **in support** of **H 109** on behalf of his colleagues who provide obstetrical care in Idaho. The resulting family and community devastation from these deaths is immeasurable. The MMRC will collect information, determine if it was preventable, and provide feedback and education. The data is already collected in death certificates.
- Fred Birnbaum**, Idaho Freedom Foundation, testified **in opposition** to **H 109**. There is no reason to establish the MMRC because well designed clinical trials have been conducted and are listed on the CDC website. He stated concern regarding the MMRC's access to private information as well as the natural downstream programmatic spending resulting from their recommendations.
- Answering questions, **Mr. Birnbaum** said the CDC lists national research and a pregnancy mortality surveillance system, which includes unique demographic information. The MMRC would consist of medical practitioners, with oversight by the Department of Health and Welfare.

Dr. Martha Lund, Retired Obstetrician-Gynecologist (OB-GYN), One of Founding Physicians, St. Alphonsus Women's Health, Founding Medical Director, St. Alphonsus Obstetric Hospital Group, testified **in support** of **H 109** on behalf of the American Association of University Women of Idaho (AAUW). The rising U.S. maternal mortality rate is alarming. MMRC's in other states have made significant locality-based educational and jurisdictional assessments and identified unhealthy patterns.

Responding to committee questions, **Dr. Lund** explained committee members will be sworn to physician and patient confidentiality. Some of the California MMRC protocols, such as their hemorrhagic protocol, have already been implemented. Recommendations and implementation will not wait until the end of the four-years. The data collected would be more extensive than what coroners provide.

Dr. Cindy Hayes, OB-GYN, Boise, Chair, Idaho American College of Obstetricians and Gynecologists, Faculty Member, Family Medicine Residency of Idaho, testified **in support** of **H 109**. The current Child and Infant Mortality Committee is not peer review protected and has struggled to obtain hospital and commission records. It also dealt with more than maternal mortality. The CDC data is organized to help states set up review committees and provide a confidential data storage location. The shared data comparison can highlight commonalities.

Elinor Chehey, United Methodist Women, Sage District, testified **in support** of **H 109**. She encouraged creation of the MMRC to find causes and develop strategies for prevention.

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

VOTE ON MOTION:

Chairman Wood called for a vote on the motion to send **H 109** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Christensen** requested he be recorded as voting **NAY**. **Rep. Zollinger** will sponsor the bill on the floor.

RS 26846:

Rep. Heather Scott, District 1, presented **RS 26846**, proposed legislation to remove potential conflicts of interest by restricting persons serving as a hospital taxing district trustee while on the board of directors for a hospital within that taxing district. Allowance is made for existing situations and completion of their trustee term. An emergency clause has been added to capture the May, 2019, elections.

MOTION:

Rep. Gibbs made a motion to introduce **RS 26846**. **Motion carried by voice vote.**

ADJOURN:

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

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Tuesday, February 19, 2019

SUBJECT	DESCRIPTION	PRESENTER
HCR 13	Rule Section Rejection	Rep. Jarom Wagoner
HCR 14	Rule Rejection	Rep. Jarom Wagoner
	Idaho Criminal Justice Commission	Eric Fredericksen Chairman

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Wagoner
Rep Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Zollinger

Rep Christensen
Rep Green(2)
Rep Lickley
Rep Chew
Rep Rubel
Rep Davis

COMMITTEE SECRETARY

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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, February 19, 2019

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis

**ABSENT/
EXCUSED:** None

GUESTS: Lee Flinn, Id. Primary Care Assoc.

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

MOTION: **Rep. Davis** made a motion to approve the minutes of the February 12 and 13, 2019, committee meetings. **Motion carried by voice vote.**

**UNANIMOUS
CONSENT
REQUEST:** **Chairman Wood** made a unanimous consent request to combine **HCR 13** and **HCR 14** into one presentation and motion. There being no objection, the request was granted.

**HCR 13,
HCR 14:** **Vice Chairman Wagoner** presented **HCR 13** and **HCR 14**, which are rule rejections. **HCR 13**, Medicaid basic plan benefits, rejects section 803, subsection 04, of **Docket No. 16-0309-1802**. **HCR 14**, Board of Chiropractic Physicians, **Docket No. 24-0301-1801**, was rejected in its entirety due to concern regarding on-line instead of in-person classes.

MOTION: **Rep. Gibbs** made a motion to send **HCR 13** and **HCR 14** to the floor with **DO PASS** recommendations. **Motion carried by voice vote.** **Vice Chairman Wagoner** will sponsor the bills on the floor.

Eric Fredericksen, Chairman, Idaho Criminal Justice Commission (ICJC) appeared before the committee. Founded in 2005, the Commission has twenty-seven members from every institution touching the Criminal Justice System. The members include the executive, judicial, and legislative branches of government along with the counties, the cities, and other stakeholders. Together they address criminal justice issues by developing and proposing balanced cost-effective, best-practice solutions. Often issues are discussed and resolved between commission members, with no other action necessary.

Sara Thomas, Administrative Director, Idaho Courts, Member, ICJC, highlighted three sections of the ICJC's strategic plan.

Combating crime and protecting citizens is aimed at reducing victimization and recidivism through accountability, prevention, and education. Enhancing data collection and sharing capabilities includes the ICJC website dashboard, reinstating the high school educational climate survey, and sex offender reports.

Providing policy makers and criminal justice decision makers with accurate information has included determining reasonable community expectations, while promoting standards and equity. The criminogenic risk factors can be reduced through the expanded use of risk assessments, policies, and programming. This includes analyzing the criminal justice system privatization. Communication is a big part of the ICJC and enables a whole system, instead of multiple silos. Incarceration trauma and the opioid crisis are emerging issues they continue to examine.

Human trafficking and pretrial justice, such as bail and the conditions of release, are issues being presented in legislation this session. The ICJC continues to make a difference as the members communicate and work together as a solid unit.

Monte Prowe, Department of Juvenile Corrections, Chairman, ICJC Mental Health and Substance Abuse Subcommittee, said the ICJC and subcommittee are focused on the opioid epidemic. They are also following up on the ideas and recommendations cited at the Mental Health Summit held by the counties.

Director Fredericksen said the human trafficking subcommittee identified gaps in enforcement, detection, and victim support systems. The 2016 and 2018 National Protected Innocence Challenge scorecard results highlighted areas needing both improvement and having improved. As a result, statutes were reviewed and proposed legislative presents changes such as safe harbor, blue alerts, acknowledging human trafficking exists in Idaho, and the necessity for law enforcement training.

ADJOURN: There being no further business to come before the committee the meeting adjourned at 9:24 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Wednesday, February 20, 2019

SUBJECT	DESCRIPTION	PRESENTER
H 133	Immunization Exemptions	Rep. Priscilla Giddings

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood	Rep Christensen
Vice Chairman Wagoner	Rep Green(2)
Rep Vander Woude	Rep Lickley
Rep Gibbs	Rep Chew
Rep Blanksma	Rep Rubel
Rep Kingsley	Rep Davis
Rep Zollinger	

COMMITTEE SECRETARY

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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, February 20, 2019

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis

**ABSENT/
EXCUSED:** Vice Chairman Wagoner, None

GUESTS: Miste Garner Karlfeldt, Jinny Peterson, and Sarah Brady, HFI; Karen Echeverria
Chairman Wood called the meeting to order at 9:00 a.m.

H 133: **Rep. Priscilla Giddings**, District 7, presented **H 133**, legislation to require daycares and schools include the exemption provision information when providing immunization information.

Answering a question, **Rep. Giddings** said charter schools are also included. This helps the public easily understand both the immunization and exemption policy.

Miste Garner Karlfeldt, Health Freedom Idaho, testified **in support** of **H 133**. This legislation provides openness and transparency to clarify the full intent of the law. It provides informed consent, which aids the health department's educational purposes.

Jinny Peterson, Meridian, Self, Health Freedom Idaho, testified **in support** of **H 133**. No matter the opinions held on vaccinations, it is important to stand up for liberties and rights. She said she had just received a mailed meningitis vaccination notification with no opt-out information included.

Sara Walton Brady, Health Freedom Idaho, testified **in support** of **H 133**. Many people who were unaware of the exemption would have made a different choice.

Karen Echeverria, Executive Director, Idaho School Board Association, testified **in opposition** to **H 133**. Although agreeing with parental rights regarding immunization choice, the association members must also protect all children and staff in the school buildings. Parents make immunization decisions well before the children reach school age and are aware of what must be provided.

Responding to questions, **Ms. Echeverria** stated there are families, not philosophically opposed to immunizations, who have not followed up with the immunization process and opt out for convenience. School district notification of all options is evidenced by Idaho's highest exemption rate in the nation. This legislation is unnecessary.

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

MOTION: **Rep. Green(2)** made a motion to send **H 133** to the floor with a **DO PASS** recommendation.

Speaking **in support** of the motion were **Reps. Green(2), Zollinger, Davis, and Vander Woude**. They noted the information is already provided, this legislation provides transparency, and everyone needs to know their options.

Speaking **in opposition** to the motion were **Reps. Likely, Chew, Rubel, and Chairman Wood**. Concern was expressed regarding the inclusion of private daycares and private schools. Also of concern was the lack of data indicating the schools are not providing the information.

After further discussion, **Ms. Echeverria** was invited to answer a question. She said all school districts have an immunization exemption policy which includes providing opt-out information to parents.

VOTE ON MOTION:

Chairman Wood called for a vote on the motion to send **H 133** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Reps. Gibbs, Likley, Chew, Rubel, and Chairman Wood** requested they be recorded as voting **NAY**. **Rep. Giddings** will sponsor the bill on the floor.

ADJOURN:

There being no further business to come before the committee, the meeting adjourned at 9:30 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Thursday, February 21, 2019

SUBJECT	DESCRIPTION	PRESENTER
RS26696	Medicaid Expansion Repeal	Rep. John Green
RS26919	Medicaid Expansion - Future Repeal	Rep. John Green
RS26841	Syringe and Needle Exchange Act	Rep. Megan Blanksma
RS26887	Definition - Practice of Pharmacy	Rep. Bryan Zollinger
RS26897	Children - Abused - Definition	Michael McGrane, Idaho Nurses Association
H 151	Food Establishments	Rep. Megan Blanksma
HJM 7	Veterans Fertility Treatment	Rep. Brooke Green
	Alzheimer's Association Update	David Wilson, Chairman, Voluntary Leadership Committee

If you have written testimony for H 151 or HJM 7, 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. There is no testimony for the RS' listed.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Wagoner
Rep Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Zollinger

Rep Christensen
Rep Green(2)
Rep Lickley
Rep Chew
Rep Rubel
Rep Davis

COMMITTEE SECRETARY

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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, February 21, 2019

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis

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

GUESTS: The sign-in sheet will be retained with the minutes in the committee secretary's office until the end of the session. Following the end of the session, the sign-in sheet will be filed with the minutes in the Legislative Services Library.

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

RS 26696: **Rep. Julianne Young**, District 31, presented **RS 26696**, proposed legislation to repeal Idaho Code 56-267, Medicaid expansion. This action stems from the concern the public was not sufficiently aware of Proposition 2's lack of a funding mechanism and actual cost.

MOTION: **Rep. Gibbs** made a motion to return **RS 26696** to the sponsor.

Discussion followed regarding the citizens' knowledge of funding, overruling the super-majority's wishes, the variety of informational sources, and the need to have further discussions with public participation.

**VOTE ON
MOTION:** **Rep. Zollinger** requested a roll call vote on **RS 26696**. **Motion carried by a vote of 7 AYE, 5 NAY, 1 Absent/Excused. Voting in favor of the motion: Chairman Wood, Reps. Wagoner, Gibbs, Lickley, Chew, Rubel, Davis. Voting in opposition to the motion: Reps. Blanksma, Kingsley, Zollinger, Christensen, Green(2). Rep. Vander Woude was absent/excused.**

RS 26919: **Rep. John Green**, District. 2, presented **RS 26919**, a de facto Medicaid expansion four-year sunset provision to be used if the claimed savings and costs are not realized. The provision can be repealed if costs and savings are satisfactory. Many sunset provisions already exist in legislation and statute. Printing this proposed legislation encourages conversations.

MOTION: **Rep. Zollinger** made a motion to introduce **RS 26919**.

**SUBSTITUTE
MOTION:** **Rep. Rubel** made a substitute motion to return **RS 26919** to the sponsor.

Discussion followed regarding how the voters were informed and the impact on the 40% of Idahoans who voted against Proposition 2.

**VOTE ON
SUBSTITUTE
MOTION:** **Rep. Zollinger** requested a roll call vote on **RS 26919**. **Substitute motion carried by a vote of 7 AYE, 5 NAY, 1 Absent/Excused. Voting in favor of the motion: Chairman Wood, Reps. Wagoner, Gibbs, Lickley, Chew, Rubel, Davis. Voting in opposition to the motion: Reps. Blanksma, Kingsley, Zollinger, Christensen, Green(2). Rep. Vander Woude was absent/excused.**

RS 26841: **Rep. Blanksma**, District 23, presented **RS 26841**, proposed legislation to create a needle and syringe exchange at no cost to the general fund. Also included is a two-year review period to evaluate the program's effectiveness. This helps address the opioid epidemic.

MOTION: Rep. Rubel made a motion to introduce **RS 26841. Motion carried by voice vote.**

RS 26887: Rep. Bryan Zollinger, District 33, presented **RS 26887** to amend the practice of pharmacy definition to increase patient access to low-risk medication.

MOTION: Rep. Blanksma made a motion to introduce **RS 26887. Motion carried by voice vote.**

RS 26897: Michael McGrane, Registered Nurse, Idaho Nurses Association, presented **RS 26897**. This Child Protective Act update replaces the current term "subdural hematoma," found in the definition of abuse, to "head injury," which is more inclusive.

MOTION: Rep. Zollinger made a motion to introduce **RS 26897. Motion carried by voice vote.**

H 151: Rep. Megan Blanksma, District 23, presented **H 151**. This legislation creates a more equitable system for temporary and intermittent food licenses. Food licensing fees are gradually increased with more specific categories. Clarification is made for Public Health Districts and additional fees or licenses. This legislation is the result of negotiations between retailers and health districts.

Pam Eaton, President, CEO, Idaho Retailers Association and Idaho Lodging and Restaurant Association, further presented **H 151**. Temporary and intermittent food establishment fee listings are separated to create a temporary license for a variety of time lengths, addressing festivals and multiple events. The food establishment and Public Health District ratios have a graduated change to fiscal year 2022. All fees are required to be in statute with legislative oversight.

Tom Dale, Trustee, Southwest District 3 Health, Canyon County Commissioner, testified **in opposition to H 151**. The existing statute gives health districts the authority, right, and responsibility to charge appropriate fees, which are carefully structured to cover only the cost of providing the service. He requested the restrictive language be removed and questioned the use of taxpayer funds subsidizing this private industry sector. Health districts did vote to support the concept of this legislation, but they need to retain their authority to set fees.

Melinda Merrill, Northwest Grocery Association (NWGA), testified **in support of H 151**. She said she was disappointed with Mr. Dale's testimony after all health districts were in agreement with the legislation. This is a public benefit shared with the grocers, not a subsidy. The current statute allows any fee to be applied or raised without oversight.

Answering questions, Ms. Merrill stated no business wants to make its customers sick, so they maintain their product properly. Larger retailers have their own audits. Government oversight, not needed for public safety, is valuable and the reason they support increasing their share to fifty percent.

MOTION: Rep. Gibbs made a motion to send **H 151** to the floor with a **DO PASS** recommendation.

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

SUBSTITUTE MOTION: Vice Chairman Wagoner made a substitute motion to **HOLD H 151** in committee. He invoked Rule 38 stating a possible conflict of interest.

In closing remarks, Rep. Blanksma, said this has been an ongoing discussion for years. When negotiated, all districts were in support, including the Southwest District. The difference of views regarding food fees highlights why the fees need to be in code.

**VOTE ON
SUBSTITUTE
MOTION:**

Chairman Wood called for a vote on the substitute motion to **HOLD H 151** in committee. **Motion failed by voice vote.**

**VOTE ON
ORIGINAL
MOTION:**

Chairman Wood called for a vote on the original motion to send **H 151** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Reps. Chew, Wagoner, and Christensen** requested they be recorded as voting **NAY.** **Rep. Blanksma** will sponsor the bill on the floor.

HJM 7:

Rep. Brooke Green, District 18, presented **HJM 7**, a Joint Memorial spotlighting the flawed veterans affairs (VA) policy hindering our most severely injured veterans from starting families. Veteran infertility treatment coverage is allowed only for those who can produce their own specimen. When their injury prevents this from happening, they do not have coverage. This memorial sends a clear message to our congressional delegation to address this issue so the veterans can come home and start their families.

Retired Captain Micah Anderson, testified **in support** of **HJM 7**. He shared his story of his improvised explosive device (IED) injury in Afghanistan. Veterans do not talk about all of their injuries, although they impact their lives. Having children is a big part of being human. Becoming infertile is shameful and hidden from family and friends. After retirement he was denied the same fertility process afforded while he was in the military. Most veterans don't have the extra funds for fertility treatments. This memorial lets Congress know Idahoans support their veterans and their right to have families. The law is flawed in this instance and needs to be fixed.

MOTION:

Rep. Gibbs made a motion to send **HJM 7** to the floor with a **DO PASS** recommendation.

In opposition to the motion, **Rep. Green(2)** stated his dilemma concerning his position on invitro fertilization creating life at conception, his work and respect for veterans, and his dismay regarding their treatment by the VA.

Cody Ricks, Disability Advocate, testified **in support** of **HJM 7**. Disabled veterans endure lengthy benefit waits only to be ineligible due to a lack of agency cohesiveness. Societies are judged by how they care for their sick and elderly.

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

**VOTE ON
MOTION:**

Chairman Wood called for a vote on the motion to send **HJM 7** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Green(2)** requested he be recorded as voting **NAY.** **Rep. Green(18)** will sponsor the bill on the floor.

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

David Wilson, Chair, Voluntary Leadership Council, Greater Idaho Chapter, Alzheimer's Association, presented an update on Alzheimer's Disease and Related Dementias (ADRD). More than memory loss, Alzheimer's Disease (AD) is 100% fatal and has no treatment, prevention, or cure. Baring medical breakthroughs, the Idaho Medicaid costs and financial care burdens are projected to grow by 32% and increase to over \$190M in the next six years. He shared the Idaho State Plan history, the Idaho Alzheimer's Planning Group's (IAPG) growth, and endorsement of the Idaho State Plan through **HCR 34.**

The State Plan uses programs and services to keep individuals living with ADRD in home settings longer, emphasizing caregiver needs. There are five major recommendations in the State Plan, each with one or more specific, actionable, and measurable initiatives.

1) Increase public awareness and provide comprehensive, practical, and timely information related to the disease. In 2015, the American Association of Retired Persons (AARP), Idaho, paid for a public service announcement (PSA) campaign to promote the Idaho 211 Careline. Call representatives were trained by the Alzheimer's Association. A website was developed by the Boise State University (BSU) Study on Aging with links to statewide resources.

2) Provide ADRD-specific training to health care providers, institutional caregivers, and family caregivers. The Alzheimer's Association has attended conferences regarding educating professional caregivers and has sent information to the Idaho Physician's Association registry. Dementia-specific training is still not required for long-term care professionals.

3) Coordinate statewide ADRD support services. A community based resource counselor program is being developed by BSU student, **Kaitlyn Flachbart**. The Alzheimer's Association and Idaho Commission on Aging are partnering on a three-year federal grant to provide under-served Idaho rural community resources.

4) Create a positive regulatory financial environment to address dementia-related issues. The Department of Health and Welfare (DHW) has a workgroup reviewing existing language which excludes someone with ADRD, who is a danger to themselves or others, from being put on an involuntary hold. There is also a workgroup focused on insuring more successful placement and treatment of ADRD individuals.

5) Development of an ongoing data collection source for the needs of ADRD patients, families, and caregivers. The Alzheimer's Association funded the Cognitive Module for the DHW Behavioral Risk Factor Surveillance System (BRFSS) survey in 2014 and 2015. The Caregiver Module was developed and ran in 2015. Findings were distributed to a variety of groups, including the Legislature in 2017. Still needed is the recommended creation of an annual reporting mechanism for the legislative and executive branches.

There is more that can and must be done to ease the burden, costs, and improve the quality of life for those suffering from the disease. A strong public health approach can mitigate the future impact of ADRD through public health tools, techniques, and interventions. For every individual living with ADRD, there is a family whose physical, emotional, and financial resources are being stretched to the limit.

Answering questions, **Mr. Wilson** said the most pressing need is training direct caregivers for person-centred care. Untrained care can lead to severe behavioral outbreaks, expulsion from care facilities, and placement in more severe and expensive care settings. Currently Idaho has no ADRD caregiver training requirement.

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 10:50 a.m.

Representative Wagoner
Chair

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Monday, February 25, 2019

SUBJECT	DESCRIPTION	PRESENTER
RS26955	Naturopathic Medicine	Kris Ellis , Idaho Chapter, American Association of Naturopathic Physicians

This is a print hearing only. We will not be taking any testimony.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Wagoner
Rep Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Zollinger

Rep Christensen
Rep Green(2)
Rep Lickley
Rep Chew
Rep Rubel
Rep Davis

COMMITTEE SECRETARY

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

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, February 25, 2019
TIME: 9:00 A.M.
PLACE: Room EW20
MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis
**ABSENT/
EXCUSED:** None
GUESTS: Dr. Brent B. Mathieu, ND, Self - Greenman Health
Chairman Wood called the meeting to order at 9:00 a.m.
RS 26955: **Kris Ellis**, on behalf of the Idaho Chapter, American Association of Naturopathic Physicians, presented **RS 26955**. This proposed legislation replaces **H 152**, which expands primary care access with the addition of another level of practitioners. The exemptions section has been modified to include "or otherwise authorized" to further insure persons not licensed can continue practicing.
MOTION: **Rep. Chew** made a motion to introduce **RS 26955**. **Motion carried by voice vote.**
ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:07.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Tuesday, February 26, 2019

SUBJECT	DESCRIPTION	PRESENTER
H 172	Hospital Taxing Districts	Rep. Heather Scott
	Suicide Prevention Report	Dr. Linda Hatzenbuehler, Suicide Prevention Council Stewart Wilder, Suicide Prevention Coalition Elke Shaw-Tulloch, Department of Health & Welfare Bob Polk, Idaho Suicide Prevention Action Collective
	Nirvana Union - Bridging The Gap	Connor Reakes Alissa Sprute Chancey Deem Natailie Perry

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood	Rep Christensen
Vice Chairman Wagoner	Rep Green(2)
Rep Vander Woude	Rep Lickley
Rep Gibbs	Rep Chew
Rep Blanksma	Rep Rubel
Rep Kingsley	Rep Davis
Rep Zollinger	

COMMITTEE SECRETARY

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

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, February 26, 2019

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis

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

GUESTS: Remina Moro and Laura Gallo, BSU-Counseling; Brian Whitlock, IHA; Robert Smith and Joe Masti, ID Army Nat'l Guard; Jackie Mayorga, ID Army National Guard Suicide Prevention; Connor Reakes, Natalie Perry, Gabriella Szuch, McKenna Fost, Myale Schwarz, Alissa Sprute, Nirvana MVHS S.O.S.; Jessica Crocker-Oswalk, NNU-MSW; Bella Fudoli, Chancey Deem, and Ireland Russell, MVHS; Debbie Wilder, Live Wilder; Joey Perry and Wendy Wilson (nothing listed)

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

MOTION: **Rep. Lickley** made a motion to approve the minutes of the February 18, 19, and 20, 2019, meetings. **Motion carried by voice vote.**

H 172: **Rep. Heather Scott**, District 1, presented **H 172**, an amendment to hospital taxing district trustee requirements to prevent taxing district trustees from simultaneously serving on the board of a hospital within the taxing district. This addresses a potential conflict of interest between the entity distributing funds and the entity receiving funds. Both taxpayer interests and transparency are better served with this change. Exemption is made to allow persons already serving in both capacities to serve out their term. An emergency clause is added to capture the May 2019 elections. Similar rules exist in urban renewal districts. Answering questions, she stated in one situation six members of a taxing district are also on the board of a recipient hospital.

Chairman Wood put the committee at ease at 9:13 a.m. **Chairman Wood** called the meeting to order at 9:16 a.m.

Ford Elsessor, Attorney, Chairman, Bonner General Health (BGH), testified via phone **in opposition to H 172**. This legislation targets Bonner County, disrupting and impairing health care to Idahoans living north of Coeur d'Alene. The board members are community members who, except for the administrator, receive no benefit from the hospital. The financial operations of the hospital have been completely transparent.

Chairman Wood put the committee at ease at 9:20 a.m. **Chairman Wood** called the meeting to order at 9:21 a.m.

Brian Whitlock, Idaho Hospital Association, testified **in opposition to H 172**. This legislation would restrict the availability of qualified board candidates. Last election day there were only five eligible candidates for five positions. Many community-minded people serve on multiple boards of all types. Recent adjustments based on the Attorney General's (AG) letter (See attachment 1) have met with his approval, making this legislation unnecessary.

Answering questions, **Mr. Whitlock** said he was not aware of any funding hospitals outside of the district, although hospitals do have management and working agreements with hospitals outside their districts. The hospital boards make operational governance and budgetary decisions. Taxing district members raise and pay expenses for the works of the district.

Shawn Keough, Private Citizen, Taxpayer, Resident of Bonner County, testified **in opposition** to **H 172**. Transparency already exists with both the taxing district and the hospital. Without the hospital, healthcare is several hours away. This bill is in search of a problem which has already been resolved and has received the AG's clearance.

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

In closing remarks, **Rep. Scott**, stated a new member on the hospital board alerted the AG's office to transfers by the other members, including one done after the AG's letter. In this instance the monies were used to benefit the organization of which they were on the board. This legislation stops the potential conflict and will affect 200 people statewide who are sitting as elected trustees on taxing districts.

MOTION: **Rep. Zollinger** made a motion to send **H 172** to the floor with a **DO PASS** recommendation. **Motion failed by voice vote.**

SUBSTITUTE MOTION: **Rep. Blanksma** made a substitute motion to **HOLD H 172** in committee. **Motion carried by voice vote.**

Dr. Linda Hatzenbuehler, Idaho Council on Suicide Prevention, described the 2006 Council formation, the history of Idaho suicide prevention, and the 2018 plan, follows the national 2012 suicide prevention strategies, and emphasizes public, private, state, and local partnerships in a comprehensive prevention system.

Stewart Wilder, President, Idaho Suicide Prevention Coalition, Live Wilder Foundation, Member, Governor's Council on Suicide, said a facilitator has been hired and administrative support has been obtained from the Department of Health and Welfare (DHW). The five-year 2019 Idaho Suicide Prevention System Action Plan has been developed. The Idaho Suicide Prevention Action Collective (ISPAC) has presented and requests funding, with the commitment to continue working together. The multi-year collaborative project is imperative to continue the plan to reduce suicides by 2025.

Denise Jensen, Department of Health and Welfare (DHW), Division of Public Health, Program Manager, Center for Drug Overdose and Suicide Prevention, explained Idaho has the opportunity to change the current trajectory, build an infrastructure, and use a multi-faceted approach so Idahoans can thrive. The ingredients for suicide prevention include training, assessment, community resources, infrastructure, and time. The five-year plan, if fully implemented, will yield a 20% suicide rate decrease by 2025.

Dr. Bob Polk, on behalf of the ISPAC, a new group created out of the strategic five-year plan. To function, the ISPAC will become a collective impact model of collaboration. Once funded, they will delineate the structure of the collective model and hire an executive director to keep the ISPAC and sub teams on track.

As a result of the Gatekeeper training in schools, over 200 students did not make a suicide attempt who otherwise would have done so. If there is no attempt, then no death can happen.

The plan's first year is heavy on infrastructure and capacities. Without infrastructure the processes have no framework within which to operate. The Joint Finance and Appropriations Committee (JFAC) intent was fulfilled and they now ask JFAC to fulfill their side of the bargain and fund the plan. ISPAC has gone beyond the intent language and created a way forward for a sustainable and accountable collaboration of the private and public sector for suicide elimination.

Connor Timothy Reakes, Nirvana Union, Mountain View High School Sources of Strength (SOS), shared the Warmline concept. This non-emergency talk line would limit traffic on the Hotline, allow continued contact with one person, be used during recovery, create a separation between an emergency and a place to talk, and has been a successful part of the New Jersey Suicide Prevention Plan. This is not a 24/7 line and not a first responder call center. Calls are, typically, late at night. There can never be enough effort to prevent suicides.

Alissa Sprute, Nirvana Union, Mountain View High School, suggested a more in-depth questionnaire be provided for students. The current questionnaires has only two questions with a neurological subject. Mandated student mental health exams will inform students of available resources, recognize the youth population, acknowledge chronic traumatic encephalopathy (CTE) is not limited to sports injuries, and reduce hospital visits.

Chancey Deem, Boise, presented a proposal for additional psychiatric and suicide prevention training for physicians. This will enable them to ask more appropriate questions and have discussions with teens during office visits. Idaho could adopt the "All Patients Safe" training system used in Washington. This is a program designed by doctors and could be applied to online and classroom training.

Nataillie Perry, Mountain View High SOS, shared the impact of multiple suicides on her life and family. There are stigmas surrounding persons who commit suicide which must be addressed through education. Public school mental health services require additional funding to help teenagers understand, process, and deal with the care and reality of their illness, rather than romanticize it. They need help and a platform to convey what they are experiencing.

Chairman Wood encouraged **Ms. Sprute** to take her idea to school boards, district superintendents, etc. He thanked **Mr. Reakes, Ms. Sprute, Ms. Deem, and Ms. Perry** for their ideas and work, stating the committee takes the issue very seriously and is open to pursuit of the topics.

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 10:34 a.m.

Representative Wood
Chair

Irene Moore
Secretary



STATE OF IDAHO
OFFICE OF THE ATTORNEY GENERAL
LAWRENCE G. WASDEN

VIA EMAIL AND U.S. MAIL

February 22, 2019

Colton Boyles
Davillier Law Group
212 North First Avenue
Suite 303
Sandpoint, ID 83864

Kim Stanger
Holland and Hart
800 W. Main St.
Suite 1750
Boise, ID 83702

Re: Pend Oreille Hospital District & Bonner General Hospital Investigation Closure

Counsel:

We have reviewed the documents you provided us February 14, 2019, which address the concerns we previously expressed to you in our October 16, 2018 letter regarding the Pend Oreille Hospital District (District) and its remittance of moneys to Bonner General Hospital (Hospital). The purpose of this letter is to inform you that upon the District and the Hospital executing the documents provided to us, we will terminate our investigation into the constitutional and legal relationship between the District and the Hospital. It is the view of the Attorney General that executing these documents satisfactorily addresses our concerns regarding this matter. To that end we request that copies of fully executed documents be sent to us for our files at your earliest convenience.

Please be advised we may reopen our investigation or commence a new one if we learn of new information. We do not expect that to be the case.

We would like to take this opportunity to thank each of you for your efforts in reaching a resolution. If you would like to discuss this letter or any other item, please contact me.

Sincerely,

A handwritten signature in blue ink that reads "Brett T. DeLange".

BRETT T. DeLANGE
Deputy Attorney General

BTD/tt

Consumer Protection Division
P.O. Box 83720, Boise, Idaho 83720-0010
Located at 954 W. Jefferson 2nd Floor
Telephone: (208) 334-2424, FAX: (208) 334-4151
(800) 432-3545, Toll Free in Idaho: TDD Accessible

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
8:30 A.M.
Room EW20
Wednesday, February 27, 2019

SUBJECT	DESCRIPTION	PRESENTER
H 196	Naturopathic Medicine	Kris Ellis, Idaho Chapter, American Association of Naturopathic Physicians

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Wagoner
Rep Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Zollinger

Rep Christensen
Rep Green(2)
Rep Lickley
Rep Chew
Rep Rubel
Rep Davis

COMMITTEE SECRETARY

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

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

- DATE:** Wednesday, February 27, 2019
- TIME:** 8:30 A.M.
- PLACE:** Room EW20
- MEMBERS:** Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis
- ABSENT/
EXCUSED:** None
- GUESTS:** The sign-in sheet will be retained with the minutes in the committee secretary's office until the end of the session. Following the end of the session, the sign-in sheet will be filed with the minutes in the Legislative Services Library.
- Chairman Wood** called the meeting to order at 8:31 a.m.
- MOTION:** **Rep. Lickley** made a motion to approve the minutes of the February 25, 2019, meeting. **Motion carried by voice vote.**
- H 196:** **Rep. Terry Gestrin**, District 8, presented **H 196**, legislation to license trained, educated naturopathic physicians (ND) and expand health care choices in Idaho, especially for rural districts.
- Kris Ellis**, on behalf of the Idaho Chapter, American Association of Naturopathic Physicians (AANP), further presented **H 196**. This legislation allows NDs to practice to the full extent of their education, care for patients in a timely manner, save patient costs, and give consumers another choice in the primary care spectrum. Exemptions address individuals already certified, licensed, engaged in natural product sales, and complimentary or alternative healing methods. Chiropractors will maintain their current privileges and will not be impacted by this legislation.
- Ann Lawler**, Executive Director, Idaho State Board of Medicine (BOM), was invited to answer questions. Osteopathic physicians (DO) are regulated by the BOM. The BOM website denotes any specialties. The ND board would oversee the scope of practice and assure NDs are operating within their scope of practice and providing the appropriate community standard of care. The BOM already manages similar groups, such as dieticians. Nutritionists, although they have a similar scope of practice to dieticians, are not within the BOM purview.
- Testifying **in opposition** to **H 196** were **Dr. Michael Karfeldt**, Owner, Karfeldt Center; **Miste Karfeldt**, Health Freedom Idaho; **Dr. Cindy Schmillen**, Naturopath, PhD, Post Physician for **Dr. Thomas Row**, Switzerland; **Dewain Lee**, Self; **Dr. Scott Nelson**, Chiropractor, Licensed ND; **Dr. Jason Parker**, Chiropractor, Licensed ND; **Dr. Terry Burke**, Chiropractic Physician, ND; **Jinny Peterson**, Self, Health Freedom Idaho; **Dr. Larry Nelson**, Chiropractor, Licensed Acupuncturist, Licensed ND; **James Kranz**, Licensed Acupuncturist
- This legislation disregards the rights of other naturopathic practitioners. The previous inclusive board recognized experience and training, not specific schools. There are philosophical conflicts with oversight by the BOM. This is a government-endorsed monopoly. Insurance coverage for this small group would impact the rest of those practicing. There is no grandfathering or accreditation path. Public confusion when selecting care will occur.

Testifying in support of H 196 were **Andrea Goldberger**, Boise; **Emily Dickerson**, ND, Boise; **Dr. Diana Crumrine**, Fort Hills Family Medicine, Board Member, Idaho Chapter, AANP; **Dr. Matt Murray**, Pharmacist, Gentleman; **Dr. Ashley Hull**, ND; **Dr. Joan Haynes** Licensed in Oregon; **Dr. Sara Rodgers**, ND, Certified Acupuncturist; **Sean Dugan**, Licensed Acupuncturist, Patient; **Dr. Nicole Pierce**, ND, Licensed in Washington

Primary care providers are covered by insurance, but ND visits are out-of-pocket. Limitations make it difficult to build practices and care for patients in a timely manner. NDs are trained to be part of the medical system. Licensing will increase the statewide number of trained medical providers. Barriers require collaboration with a medical physician and/or licensure outside of Idaho. This group brings a new perspective and unique ideas to medicine. The BOM sub-board with a majority of NDs gives great representation and has proven effective in other states. Larger hospitals wanting to add an ND to their staff are hindered due to non-licensure. Licensing would mean Idaho residents would not have to travel out of state.

MOTION: **Rep. Gibbs** made a motion to send **H 196** to the floor with a **DO PASS** recommendation.

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

MOTION WITHDRAWN: **Rep. Gibbs** withdrew his motion to send **H 196** to the floor with a **DO PASS** recommendation.

UNANIMOUS CONSENT REQUEST: **Chairman Wood** made a unanimous consent request to allow **Rep. Gibbs** to withdraw his motion to send **H 196** to the floor with a **DO PASS** recommendation. There being no objection, the request was granted.

Due to time constraints, **H 196** will be carried over to the meeting of Thursday, February 28, 2016, for further debate.

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 11:08 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
8:00 A.M.
Room EW20
Thursday, February 28, 2019

SUBJECT	DESCRIPTION	PRESENTER
H 180	Syringe and Needle Exchange	Rep. Megan Blanksma
H 181	Children - Abuse	Michael McGrane
H 182	Pharmacists - Prescriptions	Rep. Bryan Zollinger
H 196	Naturopathic Physicians Hearing Continuation - Committee Discussion No Testimony	Kris Ellis, Idaho Chapter, American Association of Naturopathic Physicians

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood

Vice Chairman Wagoner

Rep Vander Woude

Rep Gibbs

Rep Blanksma

Rep Kingsley

Rep Zollinger

Rep Christensen

Rep Green(2)

Rep Lickley

Rep Chew

Rep Rubel

Rep Davis

COMMITTEE SECRETARY

Irene Moore

Room: EW14

Phone: 332-1138

email: hhel@house.idaho.gov

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, February 28, 2019

TIME: 8:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis

**ABSENT/
EXCUSED:** None

GUESTS: Rachele Klein, Republic Services; Berk Fraser, Board of Pharmacy, Ken McClure, IMA; Shaina Cales, Office of Drug Policy; Steven Sumter, Idaho Academy of PAS; Anthony Provenzano, Albertson's Companies; Pam Eaton, IRA/IRPC/ISPA; Phil Haunschild, Idaho Freedom Foundation; Tina Williams

Chairman Wood called the meeting to order at 8:00 a.m.

H 180: **Rep. Megan Blanksma**, District 23, presented **H 180**, legislation to implement a syringe and needle exchange program. Encouraging treatment, it will be used by private entities and public health districts. Exchange tracking, review, and subsequent rules will provide supervision and security. Answering a question, she said there is no exclusion for persons with diabetes.

Rachele Klein, Business Development Manager, Republic Services, testified in **support** of **H 180**. The exchange program protects not only participants, but also community members and employees who handle, sort, and haul solid waste.

MOTION: **Rep. Gibbs** made a motion to send **H 180** to the floor with a **DO PASS** recommendation.

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

**VOTE ON
MOTION:** **Chairman Wood** called for a vote on the motion to send **H 180** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Vander Woude** requested he be recorded as voting **NAY**. **Rep. Blanksma** will sponsor the bill on the floor.

H 181: **Rep. Zollinger**, District 33, presented **H 181**. This is a simple change under the definition of "abused" and there is no fiscal impact. The listed "subdural hematoma" is changed to "head injury," in alignment with the other injuries on the list.

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

MOTION: **Rep. Rubel** made a motion to send **H 181** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Zollinger** will sponsor the bill on the floor.

H 182: **Rep. Zollinger**, District 33, presented **H 182** to amend the practice of pharmacy definition and give pharmacists the authority to prescribe certain medications, within guidelines and rules. Changes include relocation of the sections for tobacco cessation and protein derivative products. Other changes allow the use of rules to guide the process and make a grammatical correction.

MOTION: **Rep. Chew** made a motion to send **H 182** to the floor with a **DO PASS** recommendation.

Ken McClure, Attorney, Idaho Medical Association, testified **in opposition** to **H 182**. The rules adopted under the stricken provision are no longer valid, along with the safety they provided. Without this language, pharmacies may prescribe without limitation. Controlled and compounded drugs, previously not allowed, are now allowed if an existing diagnosis is present. In the process of trying to make a small improvement, the safeguards have been removed. These are conditions requiring close physician monitoring, but the physician notification goes away. He asked the committee to not open the door to potential unintended problems.

Alex Adams, Former Executive Director, Board of Pharmacy (BOP), was invited to answer questions. The Attorney General confirmed the rules only go away if a concurrent rejection is approved by the legislature. There are strict rules which require a protocol for every drug prescribed, without deviation, and primary care physician notification. Documentation by every pharmacy is required and reviewed annually by the board. The BOP has a standard of care and unprofessional conduct protocol on file for every drug. Pharmacists are very conservative and often work under large corporate risk exposure policies. This opens the door for consumer access for minor ailments.

Ken McClure, responding to a question, said rule enforceability must be assured for the public's ultimate protection and safety. He suggested an amendment such as: "however the board of pharmacy has the authority to issue or enforce rules with respect to how these drugs are prescribed." This would remove the requirement to update prescribed substances each year. He offered to assist in the amendment wording.

Chairman Wood put the committee at ease at 9:00 a.m. **Chairman Wood** called the meeting to order at 9:04 a.m.

Phil Honschild, Idaho Freedom Foundation, testified **in support** of **H 182**. This is a free-market reform. He shared his story of needing a prescribed medication which, although available over-the-counter in a third world country, required a doctor's prescription in the U.S.

Mike Reynoldson, Blue Cross of Idaho, testified **in support** of **H 182**. The Blue Cross pharmaceutical team review of the legislation determined the safeguards are in place and consistent with the pillars of the Affordable Care Act and pricing.

Pam Eaton, President, CEO, Idaho Retailers Association, testified **in support** of **H 182**, stating this is strict, flexible, and the safeguards continue. Pharmacists are very conservative. Laws must be read in their totality, which is why the rules and safeguards will still apply. The Retailers Association will assure protocols remain in place in conjunction with the BOP and their pharmacies.

Tony Provenzano, Albertson's Pharmacy Compliance and Government Affairs, testified **in support** of **H 182**. He said their pharmacists look forward to the flexibility to improve access to patient care services and better meet the needs of their communities in a safe and effective manner.

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

In closing remarks, **Rep. Zollinger** stated any other amendment would ruin the purpose of making access to healthcare more affordable. Rulemaking authority is elsewhere in code. This change does nothing more than eliminate the drugs from being specifically named in the rules. This is ready to go to the floor, not to general orders.

Chairman Wood called for a vote on the motion to send **H 182** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Zollinger** will sponsor the bill on the floor.

**VOTE ON
MOTION:**

H 196: Continuation of the meeting of February 27, 2019.

Kris Ellis, in closing comments, said **H 196** defines those licensed as naturopathic physicians (LND) and those unlicensed as naturopathic doctors (ND). The previous licenses were never given any authority. Licensure will continue healthcare option expansion and eliminate the out-of-state inconvenience being experienced by Idahoans.

Ms. Ellis asked the committee to not delay this group from being able to practice to the extent of their education. Contrary to some misinformation being sent out, this will not jeopardize anyone already going to a naturopath. It will open the door to insurance and prescribing privileges for those meeting the licensing requirements.

MOTION: **Rep. Rubel** made a motion to send **H 196** to the floor with a **DO PASS** recommendation.

Committee discussion followed regarding the need for a unified agreement, previous attempts to get an agreement, how this group fits with the Board of Medicine, how a different structure could work with the remaining practitioners, the extensive accredited school list, and the need to resolve the issue of titles.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **H 196** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Reps. Christensen, Zollinger, Vander Woude,** and **Kingsley** requested they be recorded as voting **NAY.** **Rep. Gestrin** will sponsor the bill on the floor.

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

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Monday, March 04, 2019

SUBJECT	DESCRIPTION	PRESENTER
RS27025	Naturopathic Physicians	Rep. Terry Gestrin Rep. Sue Chew Rep. John Green
RS27027	Medicaid Expansion	Rep. John Vander Woude

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Wagoner
Rep Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Zollinger

Rep Christensen
Rep Green(2)
Rep Lickley
Rep Chew
Rep Rubel
Rep Davis

COMMITTEE SECRETARY

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

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, March 04, 2019
TIME: 9:00 A.M.
PLACE: Room EW20
MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis
ABSENT/EXCUSED: Representative(s) Green (2)
GUESTS: Tracy Olson, Laurie DuRodu, Angela Housley, Marsha Bravo, Carmel Crock, Brenda Foster, Gail Kirkpatrick, Angrea G., Kathy Scott, Norma Lloyd, Rita Sherman, Jim Sherman, Ken Harns, Louise Seeley, Mary Mosley, and Emilie Jackson-Edney, Self; Christine Pisani, Id. DD Council; Lori Burelle and Diane Jensen, NOW; Hillarie Hagen, IVC; Dr. Ingrid Brudenell, Medicaid-Reclaim
Chairman Wood called the meeting to order at 9:00 a.m.
UNANIMOUS CONSENT REQUEST: **Chairman Wood** made a unanimous consent request to remove **RS 27025** from the agenda and introduce it at the March 5, 2019, committee meeting. There being no objection, the request was granted.
RS 27027: **Rep. John Vander Woude**, District 22, presented **RS 27027**, proposed legislation for Medicaid Expansion. The Department of Health and Welfare (DHW) will be directed to collect, for referral to treatment, participant information relating to the presence or risk of substance use disorder. The DHW will also be directed to seek waivers to limit retroactive eligibility to thirty days and allow participants to remain on the exchange. The mandatory work requirement will match the Special Needs Assistant Programs (SNAP), with the household children's age changed to under eighteen. The DHW is directed to secure an Institution of Mental Disease (IMD) waiver. Provision is made for legislative action if the participant rate decreases to less than 90% or there is a null and void court ruling.
Responding to questions, **Rep. Vander Woude** said the fiscal note numbers were provided by the DHW and include a federal share not previously indicated. The exemption change to children under eighteen years of age lowered the work requirement estimates. There is always a benefit to helping people move to self sufficiency. Only state and federal costs are reflected.
MOTION: **Rep. Blanksma** made a motion to introduce **RS 27027**.
Speaking **in opposition** to the motion, **Rep. Rubel** stated this is in contravention to the voters' clearly expressed will and the accuracy of the fiscal note is in question.
VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to introduce **RS 27027**. **Motion carried by voice vote. Reps. Chew, Davis, and Rubel** requested they be recorded as voting **NAY**.
ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:12 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Tuesday, March 05, 2019

SUBJECT	DESCRIPTION	PRESENTER
RS27025C2	Naturopathic Physicians	Rep. Terry Gestrin Rep. Sue Chew Rep. John Green

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Wagoner
Rep Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Zollinger

Rep Christensen
Rep Green(2)
Rep Lickley
Rep Chew
Rep Rubel
Rep Davis

COMMITTEE SECRETARY

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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, March 05, 2019
TIME: 9:00 A.M.
PLACE: Room EW20
MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis
**ABSENT/
EXCUSED:** Representative(s) Vander Woude, Blanksma, Green (2)
GUESTS: Kris Ellis
Chairman Wood called the meeting to order at 9:00 a.m.
RS 27025C2: **Rep. Terry Gestrin**, District 8, presented **RS 27025C2**. Due to minor changes, this proposed legislation replaces **H 196**. The Naturopath Physician title has been changed to Naturopathic Medical Doctor to indicate their medical school training and national testing. The composition of the sub-board and oversight of the Board of Medicine remains the same. An effective date of July 1, 2020, has been added. Promulgated rules will be presented next legislative session. Separate legislation to license naturopathic doctors under the Bureau of Occupational Licenses is also expected next legislative session.
MOTION: **Rep. Rubel** made a motion to introduce **RS 27025C2** and recommend it be sent directly to the Second Reading Calendar. **Motion carried by voice vote. Rep. Gestrin** will sponsor the bill on the floor.
ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:05 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Wednesday, March 06, 2019

SUBJECT	DESCRIPTION	PRESENTER
RS27062	Medicaid Expansion	Rep. John Vander Woude

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Wagoner
Rep Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Zollinger

Rep Christensen
Rep Green(2)
Rep Lickley
Rep Chew
Rep Rubel
Rep Davis

COMMITTEE SECRETARY

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

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, March 06, 2019

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis

**ABSENT/
EXCUSED:** Representative(s) Blanksma, Zollinger, Christensen

GUESTS: Hillarie Hagen, IVC; Tracy Olson and Yvonne "Sam" Sandmire, Self
Chairman Wood called the meeting to order at 9:00 a.m.

MOTION: **Rep. Davis** made a motion to approve the minutes of the February 21, 2019, meeting. **Motion carried by voice vote.**

RS 27062: **Rep. John Vander Woude**, District 22, presented **RS 27062**, Medicaid expansion. Replacing **H 228**, the minor changes include an updated fiscal note and a change to the section regarding governing courts. The Department of Insurance is included for the waiver and the work requirement eligibility is clarified.
Answering questions, **Rep. Vander Woude** said the substantial county catastrophic and indigent fund savings will be reflected in a separate funding bill.

ORIGINAL MOTION: **Rep. Gibbs** made a motion to introduce **RS 27062**.

SUBSTITUTE MOTION: **Rep. Chew** made a motion to return **RS 27062** to the sponsor.
Discussion of the motions included Rule 18 fiscal note guidelines, the fiscal impact to the counties, and the difficulty in determining fiscal impacts at this point.

VOTE ON SUBSTITUTE MOTION: **Chairman Wood** called for a vote on the substitute motion to return **RS 27062** to the sponsor. **Motion failed by voice vote.**

VOTE ON ORIGINAL MOTION: **Chairman Wood** called for a vote on the original motion to introduce **RS 27062**. **Motion carried by voice vote.** **Reps. Chew** and **Rubel** requested they be recorded as voting **NAY**.

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:13 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
8:00 A.M.
Lincoln Auditorium
Friday, March 08, 2019
Note Room and Time Change

SUBJECT	DESCRIPTION	PRESENTER
H 249	Medicaid Expansion	Rep. John Vander Woude

Testimony Will Be Limited To 3 Minutes

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Wagoner
Rep Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Zollinger

Rep Christensen
Rep Green(2)
Rep Lickley
Rep Chew
Rep Rubel
Rep Davis

COMMITTEE SECRETARY

Irene Moore
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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Friday, March 08, 2019

TIME: 8:00 A.M.

PLACE: Lincoln Auditorium

MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis

**ABSENT/
EXCUSED:** None

GUESTS: The sign-in sheet(s) will be retained with the minutes in the committee secretary's office until the end of the session. Following the end of the session, the sign-in sheet(s) will be filed with the minutes in the Legislative Services Library.

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

H 249: **Rep. John Vander Woude**, District 22, presented **H 249** to enhance the Medicaid expansion of Proposition 2. A waiver request is made of the Department of Health and Welfare (DHW) director to limit retroactive eligibility from ninety to thirty days. A health assessment will be included to direct participants to the right medical provider. An Institution of Mental Disease (IMD) waiver request allows mental hospitals to qualify for Medicaid payments. A request is made to the Centers for Medicare and Medicaid Services (CMS) to allow persons within 100-138% of the federal poverty limit (FPL) the choice to go onto Medicaid or stay with their own insurance plan and government assistance. The requested work requirement aligns with the existing Special Needs Assistance Program (SNAP), with one the caretaker exemption change to increase the child's age to eighteen. Included are sunsets for a decreased reimbursement rate and an unconstitutional court ruling.

Answering questions, **Rep. Vander Woude** said the health risk assessment highlights substance abuse needs without disqualification. The DHW estimated the work requirement impact is 13,000 of the 91,000 Medicaid participants. Persons may decide to stay on the exchange to keep their physician and subsidy. The work requirement will help those coming out of prison find employment. Similar work programs have demonstrated improved incomes when required, not voluntary. Participation in the work requirement does not hinder Medicaid qualification and exempts the assessment, unless the individual is not following the program. Volunteer work can also qualify as part of the work requirements.

Fred Birnbaum, Idaho Freedom Foundation, testified **in support** of the concepts of **H 249**. Traditional Medicaid has expanded to the point of consuming one out of three state dollars. Sideboards to reign in the growth are important. We need persons to remain on the exchange, rather than go on Medicaid, to keep from bankrupting the state.

Gina Johnson, Self, testified **in support** and **in opposition** to **H 249**, stating Medicaid-eligible participants want to work and including a self-employment option would help the disabled community. Self employment offers a flexible work option when intermittent medical issues impact a person's abilities. She asked for inclusion of profit and non-profit self employment.

Testifying in opposition to H 249 were **Alex LeBeau**, President, Idaho Association of Commerce and Industry; **Rachel Sjobert**, Self; **Don Kemper**, Self; **Dr. Ted Epperley**, President, Idaho Association of Family Physicians, Vice Chairman, Idaho Primary Care Association, President, CEO, Family Medicine Residency of Idaho; **Kay Hummel**, Boise; **Mary McLaughlin**, Self; **Frank Monasterio**, Society of St. Vincent DePaul; **Lauren Necochea**, Idaho Voices for Children; **Dena Duncan**, Self; **Dr. Julie Duncan**, Family Resident Physician; **Brenda Foster**, Self; **Carl Isaksen**, Boise; **Lupe Wissel**, State Director, AARP; **Sara Toevs**, Idaho Family Caregiver Alliance, Idaho Alzheimer's Planning Group; **Joe Goode**, Self; **Brittany Shipley**, NAMI; **Dr. Martha Lund**, Retired OB-GYN, American University Women of Idaho; **Susie Pouliot**, CEO, Idaho Medical Association; **Sam (Yvonne) Sandmire**, Self; **Dr. Cynthia Brooke**, Self; **Tracy Olson**, Self; **Brie Katz**, Self; **Ian Bott**, Self; **Ashley Prince**, Self; **Marc Schlegel-Preheim**, Pastor, Hyde Park Mennonite Fellowship, Mission Coordinator, Corpus Christi House; **Marisse DeThomas**, Self; **Dr. Laura Tirrell**, Self; **Andy Wen**, Medical Student; **Alan J. Hansen**, Self; **Enrique Munoz**, Centro de Comunidad y Justicia; **Rev. Sara Lawall**, Boise Unitarian Universalist Fellowship; **Ingrid Brudenell**, Self, Idaho Nurses Association; **Mark Mering**, Self; **Ceci Thunes**, Idaho Behavioral Health Alliance; **Christine Pisani**, Executive Director, Idaho Council on Developmental Disabilities; **Anita Sloan**, Freshman, Boise State; **Brian Whitlock**, President, Idaho Hospital Association, Self; **David Lehman**, Bingham Memorial Hospital.

They expressed concern regarding the thirty-day look-back resulting in uncompensated care. Work requirements and other add-ons in other states have been unsuccessful, costly, created a secondary gap population, and led to lawsuits. The work requirements put seasonal workers at risk. A clean Medicaid expansion and a redesigned healthcare system will save money. There is already a barrier for work applicants aged fifty to sixty-four. Caregivers are involved beyond eighteen years of age. Everyone is entitled to health care and economic security, especially women, who face wage discrimination. This adds administrative costs and impacts coverage for existing participants. CMS waivers could delay implementation of the expansion.

Let the expansion play out before making any changes. The fiscal note does not account for any continued catastrophic or indigent cost. Some persons who do not believe they have mental illnesses do not apply for mental health services. Affordable and prompt health care is a benefit to more than the sick. The additional paperwork is an unfair burden to minimum wage workers, who face daily stress and may not be able to read or understand the requirement. Disabled persons who proudly work a few hours would be ineligible. Disabled persons who cannot work depend on Medicaid access to medications and physicians to live a normal life.

Unforeseen injuries can lead to work loss until the person is healed. Main caregiver work requirements would adversely impact continued home care and could lead to expensive institutional care. Students would struggle to meet the reporting requirements, impacting their education. Health care coverage is not always provided by employers.

Chairman Wood called a recess of the committee at 10:34 a.m.

Chairman Wood resumed the meeting at 1:02 p.m.

Testifying in opposition to H 249 were **Lori Burelle**, Southwest Chapter, National Organization for Women; **Nancy Harris**, on behalf of **Shelly Blue**; **Andrea Christopher**, on behalf of **Hillary Hagen**; **Carmel Croch**, Self, District 19; **Jim Baugh**, Disability Rights of Idaho; **Caroline Merritt**, Close the Gap; **Fritz Hummel**, Self; **Todd Achilles**, CEO, Edge Networks; **Cory Chappell**, Self; **Nora Carpenter**, President, CEO, United Way of Treasure Valley; **Steve Koenig**, Self; **Karen Smith**, Self, District 16.

They shared their concerns regarding hindering persons working nontraditional or multiple jobs in order to provide for their families. Research shows Medicaid access improves lives and eliminates financial catastrophes. A clean implementation is fiscally better than adding costs through work requirements. Cancer survivors and patients cannot work due to intense treatment side effects. Health coverage impacts cancer survivability.

The IMD waiver is good. Persons with a psychiatric disorder are less likely to cope with a paperwork burden. Many disabilities occur suddenly and may take over ninety days before the person is physically able to apply for benefits. Polls show Idahoans would rather the sidebar costs be used for repairing the state's infrastructure. The DHW needs to be investigated before doing anything on the Medicaid issue.

Support was expressed to remove barriers to employment, not add more. More restrictive veteran benefits have created a shift to Medicaid benefits. Issues arise when self-employed accounts receivables are not paid immediately. Rural availability of jobs could require selling homes at deflated costs to move to dense job markets.

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

Chairman Wood thanked everyone who testified and said **H 249** will be taken up at a future time.

ADJOURN:

There being no further business to come before the committee, the meeting adjourned at 1:40 p.m.

Representative Wood
Chair

Irene Moore
Secretary

AMENDED AGENDA #2
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Tuesday, March 12, 2019

SUBJECT	DESCRIPTION	PRESENTER
<u>S 1096</u>	Residential Care - Inspections	Kris Ellis, Idaho Health Care Association
<u>S 1097</u>	Insurance - Clinical Trial Coverage	Caiti Bobbitt, Kootenai Health
<u>S 1054</u>	Health Boards - Appointing Authority	Kelli D. Brassfield, Idaho Association of Counties
<u>S 1055</u>	Marriage - Aids Pamphlet	Kelli D. Brassfield
<u>S 1069</u>	Insurance - Dental Services	Elizabeth Criner, Idaho State Dental 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 Wood	Rep Christensen
Vice Chairman Wagoner	Rep Green(2)
Rep Vander Woude	Rep Lickley
Rep Gibbs	Rep Chew
Rep Blanksma	Rep Rubel
Rep Kingsley	Rep Davis (Goldman)
Rep Zollinger	

COMMITTEE SECRETARY

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

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, March 12, 2019

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis (Goldman)

**ABSENT/
EXCUSED:** None

GUESTS: Tamara Prisock, and Dave Taylor, DHW; Tim S. Olson, AHIP; Kris Ellis, IHCA; Sandra Albritton, Kimberly Welsh, Patricia Richesen, Janet Gamatese, Jeremy Pisca, and Caiti Bottitt, Kootenai Health; Ron Willington, Delta Dental; Scott Burpee and Anita Burpee, Safe Haven Health; Francoise Cleveland, AARP Idaho; Robert Vande Moore; Elizabeth Criner, Dr. John Hisel, and Linda Swanstrom, ISDA; Toni Lawson, Id. Hospital Assoc.; Yvonne Yates, Brookdale, Dieuwke A. Dizney-Spencer and Aimee Shipman, DHW-Public Health

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

MOTION: **Rep. Lickley** made a motion to approve the minutes of the February 27, 28, March 4, and 5, 2019, meetings. **Motion carried by voice vote.**

S 1096: **Kris Ellis**, Idaho Health Care Association (IHCA), presented **S 1096** to allow assisted living facilities to contract with and pay for an inspection by a private organization in place of the Department of Health and Welfare (DHW). This would address the industry's growth and alleviate the DHW workload so they could concentrate on their current inspection backlog. The Commission on Accreditation of Rehabilitation Facilities (CARF) is the private services provider used in many states and operates similar to the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) used by hospitals. CARF is also used by the DHW Behavioral Health Division and other providers. CARF ensures the facility follows state standards and assists with general business practices. If fifty facilities use CARF, at an average survey cost of \$3,750, the state could utilize over \$187,500 to address their backlog. The DHW is in agreement with this legislation.

Answering questions, **Ms. Ellis** said the DHW would retain the ability to go into the facilities, if needed. Additional inspection companies, with state approval, could be used. The DHW would continue to handle complaints and be a part of the integration.

Tamara Prisock, Administrator, DHW, Division of Licensing and Certification, testified on behalf of the DHW **in support of S 1096**. She has worked with the IHCA, stakeholders, and CARF representatives to develop an accreditation option to provide sufficient flexibility for the Division of Licensing and Certification to respond when complaints or other information warrants immediate on-site investigations.

Responding to questions, **Ms. Prisock** stated unlike JCAHO, which includes federal requirements, CARF inspections cover Idaho licensing requirements. The facility long-term-care ombudsmen and critical incidence reporting provide DHW safety nets. The CARF arrangement includes public publication of the accreditation reports on the DHW website. The Office of Performance Evaluation recommendation for licensing fees to add DHW staff was the stimulus for the discussions and this approach. If this does not work, the licensing fees approach will be revisited.

MOTION: **Vice Chairman Wagoner** made a motion to send **S 1096** to the floor with a **DO PASS** recommendation.

Scott Burpee, CEO, Safe Haven Health Care, testified in support of **S 1096**, agreeing with the need to clear up the inspection backlog. He expressed concern regarding the omission of legislation review by the Community Care Council and requested the CARF rules be made available for their review.

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

Kris Ellis, in response to **Mr. Burpee's** statement, said both she and **Ms. Prisock** are members of the Community Care Advisory Council, which was given an update at the last meeting, although it was held prior to legislation's completion. She added the facilities would pay CARF directly for the inspections.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **S 1096** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Vice Chairman Wagoner** will sponsor the bill on the floor.

S 1097: **Caiti Bobbitt**, Public Affairs Strategist, Kootenai Health, presented **S 1097**. This legislation assures patients involved in clinical trials have their non-trial costs paid by their insurance providers. Although most providers do this, there is no pre-authorization available, leading possible participants to not choose the trial.

MOTION: **Rep. Rubel** made a motion to send **S 1097** to the floor with a **DO PASS** recommendation.

Ms. Bobbitt, in response to questions, said some insurance companies with clinical trial non-coverage clauses are grandfathered into the Affordable Care Act (ACA). The trials cover any related adverse effects to the patient. Answering a question, she said insurance providers are aware they have to change their policies. Completely experimental treatments are not included in this legislation.

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

Committee comments included concern with interference in the right to contract, the tremendous value of clinical trials, and the patient's need for regular care.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **S 1097** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Reps. Christensen, Zollinger** and **Kingsley** requested they be recorded as voting **NAY**. **Rep Lickley** will sponsor the bill on the floor.

S 1054: **Kelli Brassfield**, Idaho Association of Counties, presented **S 1054**. This legislation changes the regional health board member requirement from the chairman to any member of the county commissioners board.

MOTION: **Rep. Gibbs** made a motion to send **S 1054** to the floor with a **DO PASS** recommendation.

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

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **S 1054** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Kingsley** will sponsor the bill on the floor.

S 1055: **Kelli Brassfield**, Idaho Association of Counties, presented **S 1055**. In 1988 the medical exam requirement for marriage licenses was removed and the issuance of an AIDS pamphlet was added. Because the DHW outreach and education activities are more effective for AIDS prevention, this requirement section is being repealed.

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

MOTION: **Vice Chairman Wagoner** made a motion to send **S 1055** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Christensen** will sponsor the bill on the floor.

S 1069: **Elizabeth Criner**, Idaho State Dental Association (ISDA), presented **S 1069**, to assure coverage of services provided prior to a benefit beginning and no dental plan rate setting for non-covered procedures or services. The contracted fee schedule continues after a patient has received dental services equaling an additional 100% of the capped benefit. This addresses the mix of insured and uninsured patients, so there is no cost shift to patients without insurance. It does not require dental plans track the expenses. Dental companies are given until 2020 to make the changes.

Responding to questions, **Ms. Criner** stated dental insurance providers do not negotiate for costs. Dental plans are capped benefits, which differs from medical plans.

Vice Chairman Wagoner invoked Rule 38 stating a possible conflict of interest due to his wife's profession and he would be voting on the legislation.

Tim Olson, American Health Insurance Plans, testified **in opposition** to **S 1069**. After the maximum amount is met, consumers can already continue to benefit with the discounts. This legislation creates an unnecessary tracking burden which may result in higher consumer premiums.

Dr. John Hisel, Dentist, Member, ISDA, testified **in support** of **S 1069**. Idaho-based dental providers remain neutral on this legislation. These are non-negotiated fees and contracts with capped benefits which have not changed in thirty to forty-five years, although costs have increased. This legislation helps balance consumer rates. Answering questions, he said tracking is simple and already being done to determine when a cap is reached.

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

MOTION: **Vice Chairman Wagoner** made a motion to send **S 1069** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Christensen** requested he be recorded as voting **NAY. Vice Chairman Wagoner** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 10:32 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Wednesday, March 13, 2019

SUBJECT	DESCRIPTION	PRESENTER
S 1075aa	Individuals With Disabilities	Sen. Abby Lee
S 1129aa	Dental Therapists	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 Wood	Rep Christensen
Vice Chairman Wagoner	Rep Green(2)
Rep Vander Woude	Rep Lickley
Rep Gibbs	Rep Chew
Rep Blanksma	Rep Rubel
Rep Kingsley	Rep Davis(Goldman)
Rep Zollinger	

COMMITTEE SECRETARY

Irene Moore
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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, March 13, 2019

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis (Goldman)

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

GUESTS: Elizabeth Criner and Linda Swanstrom, ISDA; Michael McGrane, Susanne Jamison and Melissa Longgood, ID Dental Hygienists Assoc.; Cheryl Bloom, CID; Ron Williams, Delta Dental; Christine Pisani, DD Council; Deborah Johnson, ID Dental Hygienist; Denise Kimpson, Self; Pam Eaton, IRA/ILRA; Melinda Merrill, NW Grocery Assoc.; Tim S. Olson, Nez Perce Tribe; Taylor Wilkens and Helo Hancock, Marimn Health; Anna DeGraffenreid, CDA Tribe; Jim Baugh, DRI; Mel Leviton, Idaho SILC

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

MOTION: **Rep. Lickley** made a motion to approve the minutes of the March 6, 2019, meeting.
Motion carried by voice vote.

S 1075aa: **Sen. Abby Lee**, District 9, presented **S 1075aa**. This legislation addresses the ambiguity of service dog rights and provides direction to retail businesses. It stipulates what constitutes misbehavior, uncooperative handlers, and what businesses can do in those situations. The definition of service animals as dogs conforms to the Americans with Disabilities Act (ADA), with delineation between pets and service animals. Service animal licensure is broadened to include the animal's public behavior and business owners are given the right to remove a misbehaving animal from their businesses.

Cheryl Bloom, Consortium of Idahoans with Disabilities, Service Dog Owners, testified **in support** of **S 1075aa**. Her service dog can no longer perform her tasks after being attacked at the Chicago airport. Disabled handlers and trainers have rights of access, unless the dog is misbehaving. This federal alignment assists businesses to better serve their customer base. Handlers or trainers must carry an identification card from their training organization.

Christine Pisani, Executive Director, Idaho Council on Developmental Disabilities, testified **in support** of **S 1075aa**, which helps business owners understand what qualifies as a service animal, what constitutes a legal reason to leave a place of business, and expands the disability definition for those who rely on service animals.

MOTION: **Rep. Gibbs** made a motion to send **S 1075aa** to the floor with a **DO PASS** recommendation.

Denise Kimpson, Puppy Raiser, Canine Companions for Independence, appeared before the committee with **Joanie**, her nine-month old service animal in training. She testified **in support** of **S 1075aa** stating the legislation clarifies Idaho statute in line with the ADA and provides protections for Idahoans with disabilities.

Pam Eaton, CEO, President, Idaho Retailers Association, Idaho Lodging and Restaurant Association (IRA/ILRA), testified **in support** of **S 1075aa**, describing their interim work with the consortium to produce this legislation.

Jim Baugh, Executive Director, Disability Rights Idaho (DRI), testified **in support** of **S 1075aa**. The DRI staff attorney has assured them this legislation aligns with both federal statutes and the ADA intention.

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

**VOTE ON
MOTION:**

Chairman Wood called for a vote on the motion to send **S 1075aa** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Davis** will sponsor the bill on the floor.

S 1129aa:

Tyrel Stevenson, Legislative Director, Coeur d'Alene Tribe, presented **S 1129aa**. The tribe operates the Marimn Health Center as a cooperative effort with both the Health and Human Services (HHS) and the Indian Health Service (IHS) to address previous intermittent provider care. This collaboration has become a successful national model.

Attempting to decrease the tribe's dental decay rate, which is four times greater than the general public average, the IHS has approved the Dental Health Aid Therapy Program (DHAT). Because state approval is also required, this legislation authorizes the Idaho Board of Dentistry (IBOD) to license graduates from an accredited DHAT program. This legislation limits the DHATs to working on reservations, with one provision for preventative care to contiguous areas, such as the St. Mary's long-term care home at the edge of the reservation.

Limitations are placed on the number of DHATs per supervising dentist and within Idaho. The scope of practice rules will be promulgated by the IBOD. The use of DHATs will allow community members to train and return to help their community.

Vice Chairman Wagoner declared Rule 38 and will be voting.

Answering questions, **Mr. Stevenson** said both the American Dental Association and the IBOD require graduation from a Commission on Dental Accreditation (CODA) program. CODA is an independent accrediting body which sets the dental therapy training standards. Preventative care, to be defined in rules, will be routine care and not include fillings or extractions.

Dr. Taylor Wilkens, Dental Director, Marimn Health, testified **in support** of **S 1129aa**. He has toured the DHAT Alaskan training facility, met with the faculty, and observed classes. They use the same books and studies he used in dental school. He has no concerns about a DHAT's ability to deliver safe and effective care. The scope of practice is limited to fifty procedures. This assistance will be a more effective and efficient use of his skills. DHATs are designed to work with, not replace, team members.

Anna DeGraffenreid, Coeur d'Alene Tribal Member, testified **in support** of **S 1129aa**. Currently attending the Alaskan DHAT program, she plans to return to her community to teach the members how to take care of their teeth and help her people.

Linda Swanstrom, Executive Director, Idaho State Dental Association, testified the Association **is neutral** regarding **S 1129aa**. The association respects the people, tradition, and sovereignty of the Coeur d'Alene tribe and all native American communities in Idaho. There are concerns regarding adding DHATs to the oral health workforce because dental procedures are challenging and irreversible. The current model works well, leaving no need for a new mid-level provider.

Michael McGrane, Idaho Dental Hygienist Association (IDHA), testified in **opposition** to **S 1129aa** because it would establish an unnecessary mid-level dentistry provider. Alaska's DHAT program was designed for remote native Alaskan villages. A two-year training program following high school, it provides limited education and experience. The dental therapy model, with a dental hygiene therapy degree and additional education, is a better concept for oral health care, diseases, and this issue. The tribal extended access is already available.

Susanne Jamison, Executive Director, IDHA, Dental Hygienist, testified in **opposition** to **S 1129aa**. She suggested other options could be dual licensure and an access model. Licensure requires a three-year program and the Alaskan program is a two-year program. She requested this legislation be held and one to benefit all Idahoans be created.

Deborah Johnson, Registered Dental Hygienist, Idaho, Oregon, with extended practice permits, testified in **opposition** to **S 1129aa**. The dental hygienist model can provide periodontal disease therapy and is a safer, more educated model to advocate for the patient's whole health.

Melissa Longgood, Self, IDHA, testified in **opposition** to **S 1129aa**. Having lived on an Alaskan island, she saw the need for DHATs in rural territories; however, there is more dental care access in Idaho.

Tim Olson, Nez Perce Tribe, testified in **support** of **S 1129aa**. This is only for the reservations, not the general public beyond the reservation. It is difficult to recruit dental professionals for the rural reservations. The Nez Perce reservation has 4,900 members and one dentist.

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

Answering questions, **Dr. Wilkens** said the CODA accreditation three-year program is condensed into two years in the Alaskan DHAT program. Dentists, like DHATs, use referrals when situations are beyond their scope.

Tyrel Stevenson, in closing remarks, stated the unique sovereignty structure of the tribe excludes them from some models. The DHAT model will help address their dental issues.

- MOTION:** **Rep. Chew** made a motion to send **S 1129aa** to the floor with a **DO PASS** recommendation. Speaking to the motion, she shared her experience with the cultural trust level on the reservation and the benefit of using community members.
- VOTE ON MOTION:** **Chairman Wood** called for a vote on the motion to send **S 1129aa** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Chairman Wood, Vice Chairman Wagoner, and Rep. Gibbs** requested they be recorded as voting **NAY.** **Rep. Chew** will sponsor the bill on the floor.
- ADJOURN:** There being no further business to come before the committee, the meeting adjourned at 10:05 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Monday, March 18, 2019

SUBJECT	DESCRIPTION	PRESENTER
RS27132	Medicaid Expansion.	Rep. John Vander Woude

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Wagoner
Rep Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Zollinger

Rep Christensen
Rep Green(2)
Rep Lickley
Rep Chew
Rep Rubel
Rep Davis(Goldman)

COMMITTEE SECRETARY

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

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, March 18, 2019

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis

**ABSENT/
EXCUSED:** None

GUESTS: Lynn Tominaga, IGWA; Kelli D. Brassfield, IAC; Esteban Goslan, SCLT; Christine Pisani, DD Council; Carmel Crick and Beck Dellicarpini, Self

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

MOTION: **Rep. Lickley** made a motion to approve the minutes of the March 8 and 12, 2019, meetings. **Motion carried by voice vote.**

RS 27132: **Rep. John Vander Woude**, District 22, presented **RS 27132**, proposed legislation based on **H 249**. Two modifications have been made. The work requirement hours have been decreased to twenty hours per week. A CMS waiver is requested to allow persons within the 100-138% federal poverty limit (FPL) to remain on the state exchange, including a provision for their Medicaid qualification, should the request not be approved by January 1, 2020.

MOTION: **Rep. Blanksma** made a motion to introduce **RS 27132**.

Answering questions, **Rep. Vander Woude** said Your Health Idaho (YHI) estimates 20,000 exchange members would meet this qualification and 10,000 Idahoans who qualify for the exchange have not exercised their option. Hospitals estimate this will reduce uncompensated care by \$120M. The Institution for Mental Disease (IMD) waiver will help persons with mental conditions get coverage and enhance the current Medicaid mental health treatment.

Speaking against the motion, **Rep. Rubel** said the legislation does not include all of the counties' and indigent funds' costs and is not what the voters expressed in Proposition 2.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to introduce **RS 27132**. **Motion carried by voice vote.** **Reps. Davis, Rubel, and Chew** requested they be recorded as voting **NAY**.

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:15 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
8:30 A.M.
Room EW20
Tuesday, March 19, 2019

SUBJECT	DESCRIPTION	PRESENTER
S 1074aa	Jails - Inmate Medical Care	Seth Grigg, Idaho Association of Counties
S 1068aa	Pharmacy Benefit Managers	Sen. Jim L. Patrick
RS27111	Motor Vehicles - Smoking	Maddie Oto, Student
	(Eagle High School Government Class Project)	Julia Furioso, Student
		Rhett Moffat, Student
		Courtney Payne, Student

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood	Rep Christensen
Vice Chairman Wagoner	Rep Green(2)
Rep Vander Woude	Rep Lickley
Rep Gibbs	Rep Chew
Rep Blanksma	Rep Rubel
Rep Kingsley	Rep Davis(Goldman)
Rep Zollinger	

COMMITTEE SECRETARY

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

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, March 19, 2019

TIME: 8:30 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis

**ABSENT/
EXCUSED:** None

GUESTS: Travis Watthall and Doug Fuchs, Pharmacists; Eric Bjorkman and Mike Mollsen, Albertsons; Toni Lawson, Id. Hospital Assoc; Tim S. Olson, CVS Health; Cassie Huckabay, Student Pharmacist; Pam Eaton, IRA/ISPA; Melinda Merrill, NW Grocery Assoc.; Françoise Cleveland, AARP-Idaho; Kent Kunz, ISU

Chairman Wood called the meeting to order at 8:31 a.m.

S 1074aa: **Seth Grigg**, Executive Director, Idaho Association of Counties (IAC), presented **S 1074aa**, based on an Idaho Supreme Court decision regarding the sheriff's medical expense responsibility for individuals in their custody. The decision held the county liable for medical expenses, even when the individual was released from county custody. This legislation updates references and clarifies responsibility for court-ordered releases. Upon removal of county responsibility, the individual would be able to apply for the county indigent program.

MOTION: **Rep. Green(2)** made a motion to send **S 1074aa** to the floor with a **DO PASS** recommendation.

Toni Lawson, Vice President, Governmental Relations, Idaho Hospital Association (IHA), testified **in support** of **S 1074aa** based on the amendments. The IHA will monitor the legislation's impact. Answering a question, she said each temporary release case determines who is responsible for expenses.

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

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **S 1074aa** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Chew** requested she be recorded as voting **NAY.** **Rep. Zito** will sponsor the bill on the floor.

S 1068aa: **Sen. Jim Patrick**, District 25, presented **S 1068aa** to request the registration of all Pharmacy Benefit Managers (PBMs) with the Department of Insurance (DOI). PBMs work with drug manufacturers, insurance companies, and pharmacists, without any regulatory agency or oversight. They also handle personal consumer financial data without protection. What PBMs do is very complicated, and mostly unknown.

Travis Watthall, Pharmacist, testified **in support** of **S 1068aa**, in response to PBM unfair business practices. There is no oversight or transparency for payments to consumers, insurance companies, and PBM profits.

Answering questions, **Mr. Watthall** said PBMs set prices have an indeterminate spread. Registration will help determine who and how many PBMs are operating in Idaho. PBMs do not sell or purchase drugs.

Doug Fuchs, Owner of Seven Pharmacies, testified **in support** of **S 1068aa**. PBMs need to be recognized and registered as health care professionals.

Tim Olson, CVS Health, testified in opposition to **S 1068aa**, which is an unnecessary regulation and added bureaucracy. PBMs are third party administrators and provide no insurance products. On behalf of their customers, they negotiate lower pharmaceutical and drug costs. Customers include self insurance plans, insurance companies, Medicare Part D, military plans, federal employee health plans, and state government employee plans. PBMs develop drug formularies, contract with pharmacies, negotiate with manufacturers, and process prescription claims.

This legislation is not needed because PBMs are already registering with the Secretary of State and gag clauses, which were federally prohibited, are not in practice in Idaho. Regulation by the DOI is an overreaching rule making authority of private companies. Any regulation should be as third party administrators and legislative.

In response to questions, **Mr. Olson** stated PBMs derive their influence through contracts to negotiate with the drug manufacturers. The consumer is the ultimate payor for PBM services.

Mike Mollsen, Group Director, Managed Care, Albertson's Companies, testified, in support of **S 1068aa**. Although not addressing price transparency, fair reimbursement, or the diminishing pharmacy negotiation leverage, this is a good first step. Without oversight, the PBMs have become anti-competitive and have driven up costs to their advantage. Negative reimbursements put the future of pharmacies in peril.

Answering questions, **Mr. Mollsen** said three of the largest pharmacy companies are owned by PBMs, so they do negotiate and buy drugs. Because of their size, there is no leverage to prevent these three PBMs from driving the industry and directing which pharmacies can be used. The pharmacy is contractually obligated to collect the copay adjudicated in the transaction.

Pam Eaton, President, CEO, Idaho Retailers Association, Idaho Retail Pharmacy Council, and Idaho State Pharmacy Association, testified in support of **S 1068aa**. Although insurance companies and pharmacies are highly regulated, the PBMs have no regulation. Three PBMs control 89% of all prescription benefit transactions, with no transparency. This concern is mirrored in other states passing PBM rules and regulations.

The anti-gag federal law applies only to Medicaid and the Employee Retirement Income Security Act of 1974 (ERISA) programs, not private insurers. The Secretary of State registered business look-up requires the company's name. PBMs should be regulated by the same agency as pharmacies and insurance companies. Another approach could be to add PBMs to the third party administrators regulatory list. PBMs are of value; but, the pharmacies need to know how much reimbursement dollars they will lose so they can make sound business decisions.

MOTION:

Rep. Blanksma made a motion to send **S 1068aa** to General Orders.

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

Sen. Patrick, in closing comments, said he has worked with **Director Cameron**, DOI, to assure the registration would be possible. Legislative rules review are open to testimony. This is not an anti-business piece of legislation. He noted CVS, a pharmacy with a PBM, just purchased the MET insurance company. The PBM impact to all insurance products led to the DOI placement.

SUBSTITUTE MOTION:

Rep. Chew made a substitute motion to send **S 1068aa** to the floor with a **DO PASS** recommendation.

**AMENDED
SUBSTITUTE
MOTION:**

Vice Chairman Wagoner made an amended substitute motion to **HOLD S 1068aa** in committee.

Committee comments included concerns regarding the rulemaking authority, a better understanding of PBMs, and solutions for smaller pharmacies with less purchasing power.

**VOTE ON
AMENDED
SUBSTITUTE
MOTION:**

Chairman Wood called for a vote on the amended substitute motion to **HOLD S 1068aa** in committee. **Amended substitute motion carried by voice vote. Reps. Davis, Rubel, and Chew** requested they be recorded as voting **NAY**.

RS 27111:

Chairman Wood informed the committee **RS 27111** is an Eagle High School Government Class project. Because this legislation will not be debated as a bill, the committee was instructed to ask any questions.

Maddie Oto, Senior, Eagle High School, presented **RS 27111**. Smoking impacts those around the smoker through second hand smoke (SHS). As part of their Government Class, they decided to take a legislative approach to the issue. Innocent children who are exposed to SHS need a voice and opportunity to protect themselves. This legislation gives them a voice in one scenario.

Julia Furiioso, Eagle High School, shared her personal story regarding the impact of SHS on her health. Last year, when she turned seventeen, she finally spoke to her parents about the situation. This legislation will prevent other children from having similar SHS health and family issues.

Rhett Moffat, Eagle High School, shared SHS statistics. The World Health Organization (WHO) reports 41,000 annual SHS premature deaths. Brief exposure can lead to asthma, ear infections, respiratory symptoms, and sudden infant death syndrome (SIDS). Other annual SHS related illnesses include 202,000 asthma flare ups and 34,000 incidences of heart disease. Patients with SHS associated lung cancer experience less effective cancer treatments and have lower survival rates.

Courtney Payne, Eagle High School, stated although there has been significant reductions in smoking at work or other public places, smoking in cars has gone unchecked. Only seven states and two U.S. territories prohibit smoking in cars with children, aged eight to eighteen, present. Voluntary policies do not protect the children, who can not speak for themselves. An 80% to 90% exposure decrease makes a significant difference. This legislation will address the issue as a secondary offence and protect the children.

Responding to questions, **Ms. Oto** explained children cannot voice their choices. This legislation gives them that ability and helps adults make better decisions. As a secondary fine, it would only be available after a driver is stopped for another reason.

MOTION:

Vice Chairman Wagoner made a motion to introduce **RS 27111**. **Motion carried by voice vote.**

ADJOURN:

There being no further business to come before the committee, the meeting adjourned at 10:14 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
8:00 A.M.
Lincoln Auditorium
Wednesday, March 20, 2019
Note: Earlier Time & Different Location

SUBJECT	DESCRIPTION	PRESENTER
<u>H 277</u>	Medicaid Expansion	Rep. John Vander Woude

Testimony will be limited to 3 minutes. If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood

Vice Chairman Wagoner

Rep Vander Woude

Rep Gibbs

Rep Blanksma

Rep Kingsley

Rep Zollinger

Rep Christensen

Rep Green(2)

Rep Lickley

Rep Chew

Rep Rubel

Rep Davis(Goldman)

COMMITTEE SECRETARY

Irene Moore

Room: EW14

Phone: 332-1138

email: hhel@house.idaho.gov

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, March 20, 2019

TIME: 8:00 A.M.

PLACE: Lincoln Auditorium and EW42

MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis

**ABSENT/
EXCUSED:** None

GUESTS: The sign-in sheet will be retained with the minutes in the committee secretary's office until the end of the session. Following the end of the session, the sign-in sheet will be filed with the minutes in the Legislative Services Library.

Chairman Wood called the meeting to order at 8:03 a.m.

Chairman Wood welcomed everyone and explained the rules of decorum. He said the meeting will recess at 10:20 a.m. and reconvene at 12:30 p.m. in room EW42. Anyone wishing to testify must sign in by 10:00 a.m.

H 277: **Rep. John Vander Woude**, District 22, presented **H 277**, which is similar to **H 249**. Differences include work requirements of twenty hours per week averaged on a monthly basis, which includes training or volunteering. Exemptions have been detailed. A waiver is requested to retain persons on the exchange who fall within the 100% to 138% federal poverty level (FPL).

Answering questions, **Rep. Vander Woude** said the work requirement does not preclude Medicaid application. The Department of Health and Welfare (DHW) would determine the substance abuse exempting treatments and other ways to help these individuals. Persons who are eligible but have not availed themselves of the exchange would be included in the waiver. The Institutions for Mental Diseases (IMD) waiver would allow Medicaid payments to hospitals already treating mental health patients. The use of Planned Parenthood as a primary care provider is not prevented. Many persons, beyond the working poor, would fall under the work requirements.

Fred Birnbaum, Idaho Freedom Foundation, testified **in support** of **H 277**. He stated the out-of-control growth of traditional Medicaid requires ways to curb costs for any program designed for the most needy. The work requirements are not onerous. The exchange has low cost plans.

Testifying **in opposition** to **H 277** were **Samantha Kenney**, United Way Treasure Valley; **Dena Duncan**, Self; **Mark Schlegel**, Pastor, Hyde Park Mennonite Church; **Don Kemper**, Self; **Lori Burelle**, Southwest Idaho Chapter, National Organization for Women; **Dr. Ryan Milne-Price**, Self; **Tracy Olson**, Self; **John Glick**, Self; **Dr. Mary Barinaga**, Immediate Past President, Idaho Rural Health Association; **Cay Marquart**, Self; **Lupe Wissel**, American Association of Retired Persons; **Ian Bott**, Self, Developmental Disabilities Council; **Kathie Garrett**, Self; **Carl Isaksen**, Self; **Brenda Foster**, Self; **Sam Sandmire**, Self; **Dr. Laura Tirrell**, Family Practice Physician; **Christine Pisani**, Executive Director, Idaho Council on Developmental Disabilities; **Dr. Mark Maring**, Self; **Neva Santos**, Executive Director, Idaho Academy of Family Physicians; **Susie Pouliot**, CEO, Idaho Medical Association; **Rita Sherman**, Self; **Roberta Damico**, Self; **Rebecca Schroeder**, Executive Director, Reclaim Idaho; **Alicia Abbott**, Volunteer, Reclaim Idaho; **Brie Katz**, Self; **Marilyn Sword**, Idaho Caregiver Alliance; **Dr. Andrea Christopher**, Idaho

Doctors and Nurses for Health Care; **Brian Whitlock**, President, Idaho Hospital Association; **Diane Jensen**, Self.

They stated medical care is necessary before persons can be healthy enough to work. This legislation does not translate the public will expressed by Proposition 2. The vague legislative review is a prelude to repeal. Rural residents are older, sicker, and die younger. The fiscal cost is confusing. Too much authority may be given to the Executive Branch. We need to respect time, which is our most valuable asset and a measure of our quality of life.

With only four employment training centers, rural workers will have long drives. Unexpected circumstances or injuries would remove persons from coverage. Persons unemployed due to medical conditions want to work, not take advantage of the system. Rural areas face internet and phone access communication issues. The work requirements have a negative impact for individuals fifty years of age and older who may be over qualified.

This legislation limits a doctor's scope of care. Without insurance, prescriptions are not retrieved and hospital costs become unpaid care. Ninety-three percent of family physicians want an unmodified Medicaid expansion. Physicians would be spending time with paperwork instead of discussing medications, health management, and improved care with patients.

The family planning provision targets women and creates a silo of care, which is contrary to the medical home care model.

The use of the exchange needs to be optional. The exchange health plans may not include the Affordable Care Act (ACA) stipulated coverage. If one spouse has employer coverage, the ACA exchange plans do not allow insurance purchases by the non-covered spouse.

Persons with mental health conditions may be confused by forms, receive non-qualifying letters, and go into crisis. The legislation refers to persons with disabilities as physically and intellectually "unfit," which is old terminology used when they were considered throwaways and kept in institutions. Insurance does not cover all of the Medicaid behavioral health (BH) services they now receive.

Individuals may not be comfortable and forthcoming with the health assessment questions. Persons dropping out of substance abuse programs still need coverage.

The retroactive decrease will shift costs to the counties. Persons anticipating non-qualification would have no incentive to seek Medicaid coverage. Veterans, who are already struggling with Veterans Affairs (VA) requirements, would lose coverage. Family caregivers and direct care workers play a critical role in healthcare. There is no delineation regarding which parent is considered the caregiver.

Chairman Wood called a recess of the committee at 10:22 a.m. to reconvene in EW42 at 12:30 p.m.

Chairman Wood reconvened the meeting at 12:34 p.m.

Testifying in opposition to H 277 were **Reverend Andrew Kukla**, First Presbyterian Church, President, Catch Inc., Interfaith Equality Coalition; **Sylvia Chariton**, American Association of University Women; **Deborah Silver**, Self, Certified Public Accountant; **Kay Hummel**, Self; **Sasha Pierson**, Policy Analyst, Idaho Fiscal Policy; **Hillarie Hagen**, Idaho Voices for Children; **Dr. Jordan Urbanek**, Self; **Diane Schwarz**, Self; **Chris Stroh**, Self; **Carmel Crock**, Self; **Nichole Stall**, Self; **Caroline Merritt**, Close the Gap, Idaho; **Ceci Thunes**, Idaho Behavioral Health Alliance; **Michael Richardson**, Self; **Rachel Sjoberg**, Self; **Jeannie Peterson**, Self; **Gil Aroutet**, Regional Council of Carpenters; **Jim Baugh**, Disability Rights Idaho; **Patti Raino**, Self; **Laurie DuRocher**, Self; **Dr. Alicia Carrasco**, Idaho Chapter, American College of Physicians; **Dr. Cynthia Brooke**, Self; **Karah Parker**, Self; **Dr. Lee Binnion**, Emergency Room Physician, St. Alphonsus, Idaho College of Emergency Physicians; **William Brudenell**, Self; **Gwen McElhaney**, Self; **Adam Olson**, Self; **Dr. Ingrid Bruneau**, Self, Idaho Nurses Association

What we've been doing is the most expensive method. Clean expansion would not add these costs to track 8,000 non-exempted Idahoans. A full expansion will improve rural communities, counties, and critical access care hospitals, who are struggling. Living without healthcare impacts purchasing food, gasoline, when debts are paid, paying for school fees, and choices of when or if to seek medical care. No one chooses to be or stay in this situation. The government's role to care for people is humane and a net benefit to society. The will of the people is the highest voice of the government.

The work requirements will result in persons floating in and out of coverage. Only 13% of the target individuals are expected to successfully navigate the requirements. Additional DHW staffing costs will be required. Rural employers will have to provide the necessary hours, which may not happen. Loss of coverage creates a cycle of stress, illness, and impacts a person's ability to work. Other states have pending court cases for their work requirements. Current work requirement websites, unavailable from 9 p.m. to 7 a.m. for scheduled maintenance, are not compatible with smart phones. Some industries are subject to elements beyond their control, such as the economy, weather, and scheduling. Incarceration can impact a person's ability to find work. Victims of crime, already in crisis, are adversely impacted by the requirements.

Family planning referrals will impact OB-GYN primary providers. The hospitals will experience financial damage due to the retroactive timeframe. Doctors, who are in short supply, may chose against settling in Idaho when they review if they can provide effective care and practice to their full scope. Barriers make doctor visits less likely.

Do not assume the exchange plans are affordable. No state has received approval for the enhanced match for the 100-138% FPL group. Exchange policies do not provide adequate BH services to keep persons with severe and persistent mental illness out of hospitals and jails.

Rep. Vander Woude, in his closing statement, said H 277 is a responsible way to implement Proposition 2. The work requirements are lighter than the Supplemental Nutrition Assistance Program (SNAP), which have worked well.

In response to questions, **Rep. Vander Woude** stated because the tribes are considered a separate nation, the work requirement cannot be applied to them. Eligible for Medicaid expansion, they would have to make their own work requirements. Arkansas work requirements excluded persons for a full year and required electronic filing. This legislation is an honest effort for treatment and care. The exemption continues when unemployment is collected. The DHW will make determinations, as is done with SNAP.

There is no intention to create a secondary gap population. After January 2020 there will be a program review with possible changes. Without the waiver to allow persons to remain on the exchange, the \$10M savings would not happen, increasing the expansion cost. The implementation date was selected to allow for the necessary waiver and program set up. Utah did not take this step and has a 70/30 rate until their waivers are approved.

Lori Wolff, Deputy Director, DHW, and **Lisa Hettinger**, Deputy Director, DHW, Division of BH and Medicaid, were invited to answer questions.

Ms. Wolff said the weekly hours are averaged monthly, with monthly reporting. Twenty hours per week at the minimum wage, even if all paid during one week of the month, would meet the requirement. Although there are four employment and training centers, a lot of activity can be done over the phone to minimize travel time. There are 13,000 individuals who are eligible, but not participating, in the exchange. Proof of self-employment includes income evidence. Persons not filing tax returns are asked to provide income statements.

The fiscal note staffing estimates were based on the approximate 47,000 individuals who will be reporting and require eligibility determinations. There is an initial cost for the 1115 waiver and no waiver management costs.

Ms. Hettinger answered additional questions. The initial retroactive eligibility waiver cost is estimated at \$27,000 plus \$8,500 for annual maintenance. The family planning waiver will cost \$27,000 initially and \$81,200 for annual maintenance.

Ms. Hettinger said there are one-time and annual costs for the automated system programming and maintenance. Three additional full time personnel (FTP) are requested. These two items are requested in the 2020 budget as \$265,700 annual and \$23,600 one-time costs. Proposition 2 was written to allow access to the 90/10 split, although Medicaid administration and staffing would be at a 50/50 split.

Ms. Wolff commented most of the expansion challenges in other states have been the fall out due to the reporting requirement. Both Ms. Wolff and **Ms. Hettinger** agreed to provide the committee with a compilation of the costs for a clean Proposition 2 implementation.

MOTION:

Rep. Blanksma made a motion to send **H 277** to the floor with no recommendation.

Speaking to her motion, **Rep. Blanksma** said this is a large issue which bears debate and discussion as a full body. Constituents from non-metro areas have indicated they are not as passionate to expand Medicaid and spend tax dollars in this manner.

Rep. Chew, speaking **in opposition** to the motion, expressed concern for the unintended consequences and the lack of fiscal note clarity. There is a need for additional committee discussion.

Ms. Wolff said implementing a clean Proposition 2 expansion would require three additional FTP. With **H 277** 22 additional FTP would be required.

SUBSTITUTE MOTION:

Rep. Rubel made a substitute motion to **HOLD H 277** in committee.

Speaking to her motion, **Rep. Rubel** said this creates a secondary gap of 20,000 people, which was not a part of the November vote. It is an expensive gutting of the proposition the people passed.

Rep. Green(2), speaking **in support** of the original motion, stated in this eleventh week of the session we are no further along and it is time to get the bill on the floor to find out the will of the body. He said this is a good motion; but, he may not support the bill on the floor.

Jim Baugh, Disability Rights Idaho, was invited to answer a question. Individuals with serious and persistent mental illness who fall within the 100-138% FPL will no longer have access to Medicaid community services. The exchange products only cover anxiety or a single episode for acute and short term mental problems. Without community supports, they are endanger of deterioration, falling into a crisis, and winding up in hospitals, jails, or emergency rooms. Although the intention was for these individuals to have an exemption, the specific language does not include them.

- MOTION:** **Rep. Zollinger** made a motion to call for the previous question. **Motion carried by voice vote.**
- ROLL CALL VOTE ON MOTION:** Roll call vote was requested. **Motion carried by a vote of 10 AYE and 3 NAY.** **Voting in favor** of the motion: **Chairman Wood, Reps. Wagoner, Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley.** **Voting in opposition** to the motion: **Reps. Chew, Rubel, Davis.**
- VOTE ON SUBSTITUTE MOTION:** **Chairman Wood** called for a vote on the substitute motion to **HOLD H 277** in committee. **Motion failed by voice vote.** **Reps. Davis, Rubel, and Chew** requested they be recorded as voting **AYE.**
- VOTE ON ORIGINAL MOTION:** **Chairman Wood** called for a vote on the original motion to send **H 277** to the floor without recommendation. **Motion carried by voice vote.** **Reps. Davis, Rubel, and Chew** requested they be recorded as voting **NAY.** **Rep. Vander Woude** will sponsor the bill on the floor.
- ADJOURN:** There being no further business to come before the committee, the meeting adjourned at 3:13 p.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Friday, March 22, 2019

SUBJECT	DESCRIPTION	PRESENTER
RS27142	Medicaid Expansion Funding	Rep. Fred Wood

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Wagoner
Rep Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Zollinger

Rep Christensen
Rep Green(2)
Rep Lickley
Rep Chew
Rep Rubel
Rep Davis

COMMITTEE SECRETARY

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

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Friday, March 22, 2019

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis

**ABSENT/
EXCUSED:** Representative(s) Davis, Christensen

GUESTS: Jeremy Chew, Givens Pursley; Kelli D. Brassfield, IAC; Maija Baeur, Myself; Barbara Abersold, Self

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

MOTION: **Rep. Lickley** made a motion to approve the minutes of the March 13 and 18, 2019, meetings. **Motion carried by voice vote.**

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

RS 27142: **Chairman Wood**, District 27, presented **RS 27142**. This is the county indigency program portion of the Medicaid expansion funding mechanism. Because an interim committee, to be approved at the next Legislative Council meeting, will continue discussion and work on this issue, this legislation will go no further than introduction.

MOTION: **Rep. Blanksma** made a motion to introduce **RS 27142**. **Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:05 a.m.

Representative Wagoner
Chair

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW42
Wednesday, April 03, 2019

NOTE ROOM CHANGE

SUBJECT	DESCRIPTION	PRESENTER
S 1204aa	Medicaid Expansion	Rep. John Vander Woude

Testimony will be taken for one hour and limited to two minutes per person.

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Wagoner
Rep Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Zollinger

Rep Christensen
Rep Green(2)
Rep Lickley
Rep Chew(Toevs)
Rep Rubel
Rep Davis(Page)

COMMITTEE SECRETARY

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

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

- DATE:** Wednesday, April 03, 2019
- TIME:** 9:00 A.M.
- PLACE:** Room EW42
- MEMBERS:** Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew (Toevs), Rubel, Davis (Page)
- ABSENT/
EXCUSED:** Representative(s) Christensen
- GUESTS:** The sign-in sheets will be retained with the minutes in the committee secretary's office until the end of the session. Following the end of the session, the sign-in sheets will be filed with the minutes in the Legislative Services Library.
- Chairman Wood** called the meeting to order at 9:01 a.m.
- MOTION:** **Rep. Lickley** made a motion to approve the minutes of the February 26, March 19, 20, and 22, 2019, meetings. **Motion carried by voice vote.**
- Chairman Wood** welcomed everyone and reviewed the meeting decorum. He also welcomed substitute **Reps. Page and Toevs** to the committee.
- S 1204aa:** **Rep. Vander Woude**, District 22, presented **S 1204aa**, for Medicaid expansion. This legislation is similar to **H 277**. The differences include the option to go on the health exchange, a six-month work requirement reporting period, and a retroactive time frame increase to ninety days.
- Answering questions, he stated no work training program is included at this time. The confusion regarding the differences between the work reporting requirement and the Supplemental Nutrition Assistance Program (SNAP) may have to be clarified with an amendment. Managed care is not a specific process. He indicated his unfamiliarity with the fiscal note and its development.
- Fred Birnbaum**, Idaho Freedom Foundation, testified **in support** of work requirements, and **in opposition** to **S 1204aa**. Managed Medicaid costs are fee-for-service, a type of cost used sparingly in Idaho. Persons already working meet the work requirements. The exemptions are listed, generous, and have nominal work requirements, which is consistent with Proposition 2 supporters.
- Testifying **in opposition** to **S 1204aa** were **Dr. Martha Lund**, Self, Retired OB-GYN, American Association of University Women; **Dena Duncan**, Self; **Lori Burelle**, South West Idaho Chapter, National Organization for Women; **Tracy Olson**, Self; **Rebecca Schroeder**, Executive Director, Reclaim Idaho; **Caroline Merrit**, Close the Gap Idaho; **Christine Pisani**, Executive Director, The Idaho Council on Developmental Disabilities; **Ceci Thunes**, Idaho Behavioral Health Alliance; **Joyce Witzel**, Self; **Kathie Garrett**, National Alliance on Mental Illness; **Sam Sandmire**, Self; **Maya Buehr**, Self; **Jim Giunre**, Self; **Francoise Cleveland**, Associate State Director, Advocacy, American Association of Retired Persons, Idaho; **Rita Sherman**, Self; **Diane Jensen**, Self; **Stephanie Hanson**, Self; **Mark Andersen**, Self; **John Segar**, Self; **Roberta Damico**, Self; **Sue Reents**, Self, Past Idaho Senator.
- Their statements included concerns regarding the family services referral, which removes a woman's freedom to visit her obstetrician-gynecologist.

They stated Medicaid is not designed as a work program and does not have the SNAP statutory authority. SNAP recognizes the heavy burden finding work is on Idahoans aged fifty to fifty-nine with an exemption age beginning at forty-nine. The committee was asked to decrease the age to mirror the SNAP work requirement. Other ways to help people improve their income would include raising the minimum wage, expanding job training programs, and improving rural school programs. Work training programs would be better than work requirements. Work and transportation opportunities provided as a collaboration between the city of Boise and the Interfaith Sanctuary have shown the success of giving persons a hand up instead of a hand out.

Testifiers expressed their belief that there is no hard evidence or documentation to support the concept of work hour reporting creating incentives. Family caregivers face reduced paid employment due to the amount of time needed to care for their family members. The work requirement costs could better be used to fund a voluntary work promotion program and provide substance abuse support. Retail employers offer only scattered working hours over which the workers have no control. Medical conditions can impact a person's ability to both work and be insured. The assumption regarding Medicaid participants not wanting to work is incorrect. The committee was asked to write a bill, separate from Medicaid expansion, to address work issues. This is not the in-depth study and consideration the voter request deserves. The committee was asked to address the issues keeping persons within the poverty level and form a committee of stakeholders to review issues which may arise after funding a clean expansion.

They shared their point of view that the amendments do not enhance the original bill and add costly provisions and intrusive government bureaucracy, which is contrary to the Idaho way. Good legislation takes time and this is being rushed. The many Senate amendments led to the original sponsor removing his sponsorship. Unproven programs are not an investment. The community and hospital impact is of concern. Other states, having failed with sideboards, have opted to do a clean expansion. This is a non-partisan issue. This and previous legislation have not been in line with the 2019 Executive Order called the Red Tape Reduction Act. The Legislature is choosing to fund other entities while not funding the Medicaid expansion. The fiscal note details and costs are incomprehensible.

Testifiers opined the only legislation needed is to fund Proposition 2 through the existing appropriations bill. Clean expansion is compassionate and economically feasible. Idahoans want people to work if they are physically able; however, Proposition 2 is not a work bill, it is a medical bill. Multiple changes are not the way to write policy, are costly for taxpayers, and are not what was requested by the voters. Proposition 2 was written on one page and funding was found, so these changes are not required for its implementation. The Department of Behavioral Health has lost some of its mental health funding in anticipation of Medicaid expansion. This will impact services. Persons with mental illness are able-bodied but have difficulty working and finding work that does not impact their illness. This group is one of the least likely groups to do well under this program.

MOTION:

Rep. Blanksma made a motion to send **S 1204aa** to General Orders.

Ms. Lori Wolff, Deputy Director, Department of Health & Welfare (DHW) and **Ms. Lisa Hettinger**, Deputy Director, DHW, were invited to answer questions. Ms. Wolff stated they support the Legislative Services Office (LSO) fiscal analysis (See attachment 1). Ms. Hettinger said they had no input in **S 1204aa's** fiscal note and were unaware of how the managed care reference was crafted. The two parts of managed care within the legislation place individuals into programs and provide referrals for family planning services.

Ms. Hettinger stated she was unaware of any waiver requests having been submitted for these types of work requirements and copayments (copays). The recent judicial ruling for work requirements involved two work programs which entirely removed persons from eligibility. This approach moves them to a different part of the Medicaid program.

SUBSTITUTE MOTION:

Rep. Rubel made a substitute motion to **HOLD S 1204aa** in committee.

Speaking to the motion, **Rep. Rubel** said the LSO-prepared fiscal information indicates a \$4.1M work program cost which is not the same amount as the legislation's fiscal note. These funds would be spent for the referrals, work requirements, thirteen additional staff, and additional red tape requirements for copays from \$4 to as high as \$10. No one in any other business, who is in their right mind, would spend this amount of money for such a small end result. This is an important issue which should be discussed thoroughly. Amendments presented just prior to voting on the floor will not have time for proper development and will not allow time to prepare any defense, explanation, or supporting data. The funding legislation already exists and can be approved, ceasing the haphazard continuation of this issue.

VOTE ON SUBSTITUTE MOTION:

Chairman Wood called for a vote on the substitute motion to **HOLD S 1204aa** in committee. **The motion failed by voice vote. Reps. Rubel, Page, and Toevs** requested they be recorded as voting **AYE**.

ORIGINAL MOTION:

Chairman Wood called for a vote on the original motion to send **S 1204aa** to General Orders. **Motion carried by voice vote. Reps. Rubel, Page, and Toevs** requested they be recorded as voting **NAY**.

Chairman Wood put the committee at ease at 10:26 a.m.

While at ease, the committee thanked our page, **Cathleen Wonacott**, for all of her work during the second half of the session.

Chairman Wood called the meeting to order at 10:28 a.m.

ADJOURN:

There being no further business to come before the committee, the meeting adjourned at 10:29 a.m.

Representative Wood
Chair

Irene Moore
Secretary

REQUEST FOR INFORMATION

To: Representative Rubel
 From: Jared Tatro, Principal Analyst
 Date: 04/02/2019
 Re: Fiscal Analysis – S1204aa

On 4/2/2019, you requested information on the fiscal impact of S1204aa.

Work Requirements:

The Department of Health and Welfare is to monitor about 46,500 participants for work requirements and to verify if the requirements/exemptions have been met. This verification would be on a 6-MONTH basis for most members, and weekly/monthly for those that do not meet the work requirements during the 6-month "check in" as is similar to SNAP.

Cost Category	Total Cost (\$)	State Portion (\$)	Federal Portion (\$)
Work Program Costs*	\$1,313,000	\$1,313,000	\$0
Ongoing Staffing Costs (13 FTP)	\$781,404	\$285,101	\$496,303
Waiver Evaluation Ongoing Costs	\$100,000	\$50,000	\$50,000
Waiver Evaluation Onetime Costs	\$240,000	\$120,000	\$120,000
Onetime System Changes	\$925,000	\$92,500	\$832,500
Ongoing Costs Total	\$2,194,404	\$1,648,101	\$546,303
Onetime Costs Total	\$1,165,000	\$212,500	\$952,500
Total Costs**	\$3,359,404	\$1,860,601	\$1,498,803

All other fiscal impacts associated with the waivers in S1204aa

	State	Federal	Total
Health Risk Assessment	\$8,000	\$72,000	\$80,000
Coverage Option (100-138 FPL)	\$201,200	\$281,200	\$482,400
Family Planning (1 FTP)	\$108,200	\$108,200	\$216,400
TOTAL - OTHER ITEMS	\$317,400	\$461,400	\$778,800

GRAND TOTAL

FTP: 14.00 (12.00 in Self-Reliance and 2.00 in Medicaid Administration)
 STATE TOTAL: \$2,178,000
 FEDERAL TOTAL: \$1,960,200
GRAND TOTAL: \$4,138,200
 Of the total: **\$666,500 is onetime**
\$3,471,700 is ongoing

*After reviewing the bill and comparing it to the discussion points made on the Senate Floor – The bill does not appear to require DHW to provide or connect Medicaid participants with a work training program. That requirement was provided on page 4, lines 14-18 of the original S1204 and was removed with the senate amendment regarding work requirements. If requiring DHW to provide this service is no longer a requirement, then the work program costs could be reduced or eliminated. More analysis is needed on this issue.

**Moneys appropriated for waivers/purposes that CMS does not approve, would be reverted as a rescission during the 2020 Legislative Session. Additional funding is possible, depending on the details of the waivers and those actions would also be addressed during the 2020 session.