

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

DATE: Friday, February 12, 2016

TIME: 8:00 AM to 10:00 AM

PLACE: Lincoln Auditorium

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
Chairman Heider, Vice Chairman Nuxoll, Senators Lodge, Hagedorn, Martin, Lee, Harris(32), Schmidt, Jordan(17)

**ABSENT/
EXCUSED:** None

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

Chairman Heider called the meeting to order at 8:03 a.m.

Chairman Heider welcomed everyone, introduced **Co-Chairman Wood**, and described the purpose of the hearing.

Randy Nilsen, testified, as read by **Altha Holstead**, the Medicaid budget barely covers his cost of living, with no allowance for home maintenance or auto insurance. If allowed to keep more income, Medicaid participants could remain in their homes and communities.

Terri Sterling, Executive Director, Idaho Cancer Action Network; **Carrie Hong**, Director, Community Justice Services, Idaho Supreme Court; **Kevin O'Sullivan**, Citizen; **Dena Duncan**, Citizen; **Frank Gallant**, Former School District Superintendent, Professor, University of Idaho, testified **in support** of **S 1204** and **S 1205**.

They commented the Medicaid expansion contained in these bills will assure Idaho tax dollars help people in Idaho. The desire and need is for comprehensive care, not just a doctor visit. Federal assistance would result in \$12.67B in additional sales, rejuvenating the economy. This legislation will also impact the criminal justice offender population, who often self-medicate for chronic and untreated illness, and are not Medicaid eligible.

Liza Long, National Alliance for Mental Health (MH), testified **in support** of the Healthy Idaho Plan. Mental illness treatment leads to self management, recovery, and hope. The Primary Care Access Program (PCAP), without comprehensive coverage, does not go far enough. Individuals with serious MH illness die earlier than the general population. They deserve access to lifesaving quality healthcare. Mental illness is not a character flaw and not a choice.

Ken Olsen, Idaho Falls Resident, Retired Chief Financial Officer, Texas Medicaid Program, on behalf of **Clella Steinke**, Citizen; **Chelle Gluenwith**, Citizen; **Kathy Scott**, Citizen; **Jim Baugh**, Executive Director, Disability Rights Idaho; **Lauren Necochea**, Idaho Voices for Children; **Sylvia Chartan**, Idaho Chapter, American Association of University Women, testified **in support** of help for the GAP population.

They shared stories of personal and family chronic illness struggles without insurance. Although a primary care plan would help, it is not the same as insurance coverage for medication and specialists. Personal and family stress increase with the mounting debt and feelings of helplessness. Persons with chronic illnesses continue to end up in the Emergency Room. These people want to get control of their chronic illness and once again be contributing community members. An emergency hits these families hard, forcing sick parents to choose between healthcare or work, and even leading to medication rationing. Known for fiscal responsibility, it is time to accept the federal funds, save lives, and insure comprehensive health care is available.

Each year over 11,000 individuals enter treatment through the Division of Behavioral Health (BH) and the court system when they are in crisis. They need both a primary care physician along with rehabilitation specialty services and care. Qualifying for federal disability benefits can take two years, pushing them into the GAP population, too.

Women make up 55% of the GAP population and face a greater risk of insurance loss through becoming widowed or divorced.

Nicole Ashford, ResCare HomeCare; **John O'Keefe**, President, Idaho Health Care Association; **Lindsey Dial**, Branch Manager, ResCare HomeCare of Boise, testified **in support** of increased Medicaid reimbursement rates.

They said their needs have increased while rates and overtime exemption changes have reduced their employees to less than forty hours and barely livable incomes. The resulting employee decline means clients are not getting their authorized 56 hours of services. This forces family members to stay home and become caregivers.

Ilene Kingery, MH Advocate, testified **in support** of improved delivery of psychosocial rehabilitation services. Optum claims to provide peer support and family services, but only a small certified group is available and new certification classes are not offered.

Kathleen Zielinski, Idaho Parents Unlimited, and **Rebecca Perrenoud**, A to Z Family Services, Inc., testified the consequences of MH service reductions for dual diagnosis children include regression and rage in home, school, and community. An array of treatment services for children with MH disorders is needed. Suggested solutions include a simple BH package funded by a flat rate. France and Germany use health information smart cards, which may be something to consider. Providers could also choose between accreditation or the proposed IDAPA Rules to provide a high quality of care by all agencies, no matter their size.

Amanda Hundt, Crisis Responder, Idaho Hotline, Board Member, American Suicide Prevention Council; **Sean Nixon**, Licensed Clinical Counselor; **Jennie Rylee**, Idaho Suicide Hotline; **Ardella Percy**, Idaho Suicide Hotline; **Lori Lodge** Licensed Professional Counselor, testified **in support** of funding for the Suicide Prevention Plan to address Idaho suicide rates.

Individuals calling the suicide hotline are homeless, unemployed, working for minimum wage, uninsured, and facing existing stigmas. We check for hearing and sight in schools, why not also check for trauma? Rural commute to healthcare facilities can be lengthy at a time when connecting with someone can make such a difference.

Christie Stephenson, Foster Parent; **Jim McCauley**, Citizen; **Heather Mark**, Previous Foster Parent; **Jodi Fulford**, Licensed Counselor, Foster Parent; **Andrew Serre**, Foster Parent; **Cricket Syes**, Child of the Foster Care System; **Valerie Bish**, Foster Parent, Guardian ad Litem, Court Appointed Special Advocate; **Kathleen Keyes**, Foster Parent, testified **in support** of Foster Care Program reform.

In sharing personal stories, they told of bonding and wanting to adopt their foster children. They expressed frustration when children were removed from their care without any notice or ability to maintain contact. Modification of the current system is needed to eliminate or minimize the children's trauma as a result of the current practices of the foster care system. They were greatly concerned about the consequences of children suddenly being removed from foster homes, schools, communities, and safety, without further contact with siblings, friends, or foster families, and told little to nothing.

Caseworkers experience secondary trauma from heavy case loads. There is no treatment or outlet for them and they are not held accountable to follow their own recommendations.

The Department of Health and Welfare (DHW) decisions do not consider information from judges, guardians, specialists, or foster care parents. When foster parents are working to make sure children make secure attachments, why do they have no ability to challenge the placement decisions? Any appeal from foster parents are reviewed by the same workers who moved the kids. Children who are moved around or left in limbo do not bond easily or at all with their foster family. Creating safe relationships helps the children be successful adults. Other states allow foster parents an emotional parent status and participation in all proceedings.

Rep. Perry requested the written testimony of **Brian (last name withheld)** be entered into the record. (See attachment 1)

Susanne Jamison, Executive Director, Idaho Dental Hygienists Association, testified regarding the need for a dental hygienists mid-level practitioner classification to answer the current oral health crisis and increase the number of patients seen by a doctor.

Brian Pope, CEO, Northwest Children's Home, appeared before the committees. His facility is a treatment center for youth who cannot function in foster care, homes, communities, or schools. Although they contract with the DHW to take up to sixty-eight kids, referrals are going out of state instead of coming to his facility, with better outcomes as the reason. He has questioned what the better outcomes are and how the DHW can go against statute. Additional concerns were expressed about lower rates paid to the Northwest Children's Home and policy not following the process to ensure treatment team assessment.

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

Representative Wood
Chair

Irene Moore
Secretary