AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Tuesday, January 13, 2015

SUBJECT	DESCRIPTION	PRESENTER
	Organizational Meeting	
	Overview of Rules and Regulations Review	Dennis Stevenson Coordinator Dept. of Administration

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Perry
Rep Hixon
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Tuesday, January 13, 2015
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
ABSENT/ EXCUSED:	Representative Rusche
GUESTS:	None

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

Chairman Wood welcomed the committee. He reviewed the rules for conducting business during the session. He recognized **Representatives Rusche** and **Vander Woude** as part of Leadership.

Dennis Stevenson, State Administrator of Rules Coordination, appeared to share the history of the Department of Administration, its function, and its relationship to the Legislature. He described the codification of approved rules along with the nature and negotiated process of rule making. Mr. Stevenson talked about the Legislative Services Office (LSO) analysis that addresses rule changes, trends, interpretation, and agency promulgation authority. He detailed the requests the Committee can make to the agencies, including a finding report.

Mr. Stevenson explained the various types of Rules, their color denotation, and the results of acceptance or rejection of any Rule, whether in part or completely, by the Committee. He clarified the appropriate motions that can be made for any Rule and the resulting resolutions.

Chairman Wood stated he will not keep any Rule from the Committee and there will be no formal subcommittee since the entire Committee is small.

Chairman Wood reminded the members of the necessity to do their homework, decorum during testimony, session deadlines, appropriate motions, and the difference between RS and other legislation hearings.

Chairman Wood announced the proofreaders for the minutes will be himself, **Vice Chairman Packer, Rep. Perry,** and **Rep. Rusche.** He also announced a joint public hearing is scheduled for January 30th in the Lincoln Auditorium.

Chairman Wood introduced the Committee Secretary, **Irene Moore** and Committee Page, **Benjamin Satterlee**.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:06 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Wednesday, January 14, 2015

SUBJECT	DESCRIPTION	PRESENTER
	Idaho Commission for the Blind and Visually Impaired	
15-0202-1401	Vocational Rehabilitation Services	Bruce Christopherson Rehabilitation Services Chief
	Board of Pharmacy	
27-0101-1403	Compounding	Mark Johnston Executive Director
27-0101-1404	Labeling Requirement	
27-0101-1405	Distribution	
27-0101-1402	New Class of Drug Outlet Registration	

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Wednesday, January 14, 2015
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
ABSENT/ EXCUSED:	Representative Vander Woude
GUESTS:	Greg Metsker and Bruce Christopherson, ICBVI; Dennis Stevenson, Rules Coordinator; Elli Braun, Veritas Advisors; Mark Johnston, BOP; DiAnn Butterfield, ISU Student Pharmacist; Stacey Satterlee, ACS CAN; Wood Richards, AHIP.

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

DOCKET NO. 15-0202-1401:

Greg Metsker, ICBVI Assessment and Training Program Manager, presented **Docket No. 15-0202-1401**, requesting the Committee reject the Rule changes. The Workforce Opportunity and Innovation Act (WOIA) has changed all regulations. They are awaiting further information on the changes needed to align with the WOIA.

Responding to a question, **Mr. Metsker** said only the changes would be rejected. The existing Rule would remain in effect.

MOTION:

Rep. Rusche made a motion to reject **Docket No. 15-0202-1401.**

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

VOTE ON MOTION:

Chairman Wood called for a vote on the motion to reject **Docket No. 15-0202-1401. Motion carried by voice vote.**

DOCKET NO. 27-0101-1403:

Mark Johnston, Executive Director, Board of Pharmacy, presented **Docket No. 27-0101-1403**. The New England Compounding Center (NECC) tragedy and resulting Compounding Quality Act (CQA) have led to Rule changes to address Idaho's lack of compounding regulation and align with the CQA.

Dr. Johnston said the changes include labeling requirements for compounded drug product distributed or compounded in anticipation of valid prescription drug orders. Limited exceptions are established to regulate non-sterile compounding. New general compounding standards include active pharmaceutical ingredients, equipment, disposal, and reiteration of federal law. Policy and procedure changes address pertinent pharmacy practice settings, accuracy parameters, and record keeping requirements.

The existing sterile product preparation Rule is enhanced to further define dosage forms, compounder responsibilities, regulation of environmental control devices, and documentation.

The hazardous drug preparations Rule combines and expands existing sections of non-sterile compounding, ventilation, labeling, equipment, supplies, contamination prevention, hazardous waste, policy, procedures, and training.

Responding to a question, **Dr. Johnston** explained that compounding is performed by someone legally able to possess drugs, such as a pharmacist. When a formula is not available from a manufacturer, drugs are mixed to create a specialized product, pursuant to a drug order, to meet a patient's needs.

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 27-0101-1403.**

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. 27-0101-1403. Motion carried by voice vote.**

DOCKET NO. 27-0101-1404: **Mark Johnston**, Executive Director, Board of Pharmacy, presented **Docket No. 27-0101-1404**, which contains various unrelated subjects.

Changes require Canadian pharmacy school graduates, who earn their Doctorate of Pharmacy in the U.S., complete the same experiential hours as other pharmacists.

The two renewals for a technician-in-training registrant are now tied to the individual, instead of the registration, establishing a lifetime limit.

Prescription drug orders for epinephrine auto injectors are now allowed in the school's name, instead of patient's name, with the same labeling for dispensing prescribers as pharmacies, and an exception for dispensing veterinarians.

A new Rule was created to allow a second pharmacy to repackage medication previously dispensed by another pharmacy, letting nursing and assisted living facility patients use unit dose packaged medication with adequate safety.

Annual inventories for controlled substance registrants can be conducted within seven days of the prior year's inventory and their inventory clock reset can occur any time within the year and seven day window.

Pharmacists administering immunizations are required to carry an emergency kit for use in acute allergic reactions. A Rule change allows utilization of vials or ampules of epinephrine, instead of auto injectors, which are expensive and often have short expiration dates.

Regulation of licensed pharmacists practicing into Idaho is changed to match regulation of those practicing in Idaho.

The requirement that pharmacy door hinges be located on the inside have conflicted with state law and are modified to allow tamper proof hinges.

Changes to telepharmacy requirements include training, technology, and security.

MOTION: **Vice Chairman Packer** made a motion to approve **Docket No. 27-0101-1404.**

Responding to a question, **Dr. Johnston** said the pharmacy door Rule change offers a grandfathering clause for long-established buildings.

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. 27-0101-1404. Motion carried by voice vote.**

DOCKET NO. 27-0101-1405: **Mark Johnston**, Executive Director, Board of Pharmacy, presented **Docket No. 27-0101-1405**. As of January 1, 2015, the Federal Drug Quality and Safety Act (DSCSA) preempted state tracking of prescription drug product. This strikes Rule 809, Prescription Drug Pedigrees, in full.

A new Rule was promulgated to collate statutory and Rule requirements between wholesalers, outsourcing facilities, and pharmacies, regardless of the practice setting. It opens service to an area that has been unserved since the CQA was passed.

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

MOTION: **Rep. Romrell** made a motion to approve **Docket No. 27-0101-1405. Motion carried by voice vote.**

DOCKET NO. 27-0101-1402: **Mark Johnston**, Executive Director, Board of Pharmacy, presented **Docket No. 27-0101-1402**. Responding to the NECC tragedy, the CQA resulted in the creation of a new drug outlet type: the outsourcing facility, which compounds and distributes product for practitioner in-office administration. These larger facilities distribute larger product requirements instead of patient-specific product. About one hundred outsourcing facilities are federally registered, none of which are located in Idaho, although they distribute here.

Fees were established at the statutory maximum of $500 for initial registration and $250 for renewal. Registration application requirements include federal registration, the identity of an Idaho registered or licensed pharmacist-in-charge, and a qualified inspection report. As most outsourcing facilities were already registered in Idaho as Mail Service Pharmacies, they may also continue dispensing patient-specific prescription into Idaho, as long as they follow federal and state dispensing and distribution law.

Answering a question, **Dr. Johnston** said operation within Idaho requires a qualified inspection, which may take ninety days. During that time they cannot operate within the state. There are alternative ways to get an inspection, including a request of the Board of Pharmacy.

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

MOTION: **Rep. Chew** made a motion to approve **Docket No. 27-0101-1402. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:34 a.m.

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Representative Wood
Chair

_____

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Thursday, January 15, 2015

SUBJECT	DESCRIPTION	PRESENTER
	Department of Health & Welfare	
16-0310-1401	Medicaid Enhanced Plan Benefits	Matt Wimmer Deputy Administrator
16-0317-1401	Medicare/Medicaid Coordinated Plan Benefits	Beth Kriete Bureau Chief
16-0311-1402	Intermediate Care Facilities - Rewrite	Debby Ransom Bureau Chief
16-0311-1401	Intermediate Care Facilities - Chapter Repeal	Debby Ransom Bureau Chief
16-0322-1401	Residential Care / Assisted Living Facilities	Tamara Prisock Division Administrator
16-0733-1401	Adult Mental Health Services	Casey Moyer Program Manager

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Thursday, January 15, 2015
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
ABSENT/ EXCUSED:	Representative Rusche
GUESTS:	Alexandra Fernandez, Medicaid/IDHW; Art Evans, Beth Kriete, Shiela Pugatch, and Matt Wimmer, Medicaid; Debby Ransom, Nicole Wisenor, and Tamara Prisock, DHW L&C; Bev Batt, DHW Rules; Tracy Warren and Christine Pisam, ICDD - DHW Rules; Elli Brown, Veritas Advisors LLP; Tom Moss and Kristin Buchanan, Aspire Human Services; Seth Schreiber, Sara Fink, and Jami Brooks, Embassy Management.

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

DOCKET NO. 16-0310-1401:

Matt Wimmer, Deputy Administrator, Division of Medicaid, presented **Docket No. 16-0310-1401**, to restore dental services for adult participants with disabilities or special health needs and create a budget modification exception review process for community supported employment.

The General Fund impact estimates are $1.4M for dental and $235,000 for community supported employment benefits. Costs for the dental benefits are expected to be offset by related reductions in hospital and emergency room benefits. The effective date for this Rule is July 1, 2014, which coincides with changes to Idaho Code.

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

MOTION: **Vice Chairman Packer** made a motion to approve **Docket No. 16-0310-1401. Motion carried by voice vote.**

DOCKET NO. 16-0317-1401:

Beth Kriete, Bureau Chief, Bureau of Long Term Care, Division of Medicaid, presented **Docket No. 16-0317-1401**, which provides the option of a single managed care program covering all Medicaid and Medicare benefits. This simplifies coverage and allows participants the option of Medicaid managed care or the state-administered Medicaid plan. These are cost neutral changes.

Responding to questions, **Ms. Kriete** said the single plan coordinates both Medicare and Medicaid services and claims. As of July 01, 2014, the dual eligible program enrollment has doubled to 1,409 participants. Efforts continue to sign up the remaining 24,410 statewide dual eligibles. The one plan administers all benefits afforded under Medicare A, B, and D, including Medicaid services, and participants carry one health care card, instead of two.

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

MOTION: **Rep. Perry** made a motion to approve **Docket No. 16-0317-1401. Motion carried by voice vote.**

DOCKET NO. 16-0311-1402: **Debby Ransom**, Bureau Chief, Department of Health & Welfare (DHW) Facilities Standards, Division of Licensing and Certification, presented **Docket No. 16-0311-1402**, a Rules rewrite for state licensure of Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/ID) to streamline the requirements for both state licensure and federal Medicaid certification.

This federal certification alignment updates terminology, references, and Administrator qualification and experience. It also prohibits the use of painful or noxious stimuli or enclosures to manage client behavior. Updates to environmental and physical facility standards meet and reference current code to ensure the chapter stays current with future updates and revisions.

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

MOTION: **Rep. Romrell** made a motion to approve **Docket No. 16-0311-1402. Motion carried by voice vote.**

DOCKET NO. 16-0311-1401: **Debby Ransom**, Bureau Chief, DHW Facilities Standards, Division of Licensing and Certification, presented **Docket No. 16-0311-1401**, which repeals the chapter of rules governing ICFs/ID.

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 16-0311-1401.**

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. 16-0311-1401. Motion carried by voice vote.**

DOCKET NO. 16-0322-1401: **Tamara Prisock**, Division Administrator, DHW, presented **Docket No. 16-0322-1401**, for Idaho Residential Care and Assisted Living Facilities.

Ms. Prisock detailed the changes, which include the criminal history background check option of an alternative, specified background check and non supervision. Additional changes pertain to documentation of pending actions in or outside of Idaho and surrendering a license.

A Section and Rule are added stipulating the Department will not review an application of an applicant with a current or pending disciplinary action against a license held either in Idaho or any other state.

Resident conditions not allowed in unlicensed or unqualified assisted living facilities are outlined. An exception is added for other types of Continuous Positive Airway Pressure (CPAP) machines. Residents with Methicillin-resistant Staphylococcus Aureus (MRSA) are now allowed. The list of people who cannot be guardians of residents is expanded to include the facility owner.

Administrators must identify and monitor patterns of incidents, accidents, and develop interventions to prevent recurrence. Administrator sharing is clarified to include on-site hours and Administrator Designee.

Clarification is made that physician orders must be followed. Medication blister packs or medi-sets requirements are changed to remove over-the-counter (OTC) medications or vitamins.

Staffing standards are updated to eliminate sleeping staff and clarify specialized training requirement within thirty days of hire or admission of the resident with conditions.

Accrued interest on penalties is better defined and the reason for revocation or denial of a facility license is updated.

Responding to questions, **Ms. Prisock** said some general administration terminology was used to allow for both corporate and smaller facilities. The alternative background checks would be name and Social Security based, could be done on the internet or through another source, and provide basic information until the fingerprint check comes back. The Department background checks are backlogged and this provides a way to have a new employee during the shift without additional staff supervision.

Any denial of a facility license has an appeal process where the facility can describe circumstances. Each application and the circumstances surrounding operation without a license is considered before making a determination.

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

Responding to further questions, **Ms. Prisock** said a couple of smaller facility owners were unhappy about the sleeping staff change. The rest of the rule changes were negotiated, with a consensus reached. Requiring OTC medication in blister packs and medi-sets has been an extra expense that added no additional care to the residents.

MOTION: **Rep. Perry** made a motion to approve **Docket No. 16-0322-1401. Motion carried by voice vote.**

DOCKET NO. 16-0733-1401: **Casey Moyer**, Program Manager, Division of Behavioral Health, presented **Docket No. 16-0733-1401.** He described the Adult Mental Health (AMH) program, statutorily mandated populations, and prioritization method. The Rule updates reflect changing environment and best practices to include reference to the Diagnostics and Statistics Manual Fifth Edition, improve efficiency and access through an ongoing Quality Assurance process, updates terminology, and reflects non-customer internal program process changes. A new subsection affirms the client's right to humane treatment, choice and access in the AMH program care.

Answering a questions, **Mr. Moyer** stated there was no negotiated rule making because these rules are program and staff operational policies. This is a different population than what Optum serves.

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

MOTION: **Rep. Perry** made a motion to approve **Docket No. 16-0733-1401. Motion carried by voice vote.**

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

Representative Wood
Chair

Irene Moore
Secretary

AMENDED AGENDA #1

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Friday, January 16, 2015

SUBJECT	DESCRIPTION	PRESENTER
	Department of Health & Welfare	
16-0102-1401	Emergency Medical Services Definitions	Bruce Cheeseman Program Manager
16-0107-1501	Emergency Medical Services Licensing Requirements	Bruce Cheeseman Program Manager
16-0210-1401	Idaho Reportable Diseases	Dr. Kathryn Turner Bureau Chief
16-0208-1401	Vital Statistics Rules	James Aydelotte Bureau Chief & State Registrar
16-0501-1401	Department Records Use and Disclosure	James Aydelotte Bureau Chief & State Registrar

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Friday, January 16, 2015
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
ABSENT/ EXCUSED:	Representative Rusche
GUESTS:	Dienwke A. Disney-Spence, Elke Shaw-Tulloch, Wayne Denny, and Kathryn Turner, IDHW Div. of Public Health; Stacy Satterlee, ACS CAN; Christine Hahn, James Aydelotte, and Bruce Cheesman, IDHW; Lyn Darrington, Gallatin Public Affairs; Elizabeth Criner, Veritas Advisor; Frank Powell, IDHW Rules Unit.

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

MOTION: **Vice Chairman Packer** made a motion to approve the minutes for January 13, 2015. **Motion carried by voice vote.**

DOCKET NO. 16-0102-1401: **Bruce Cheeseman,** Emergency Medical Services (EMS) Section Manager, Bureau of EMS and Preparedness, presented **Docket No. 16-0102-1401**, which brings Rules into agreement with Idaho Code by changing the definition of EMS and strengthening the ability to protect Idaho citizen health and safety.

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

MOTION: **Vice Chairman Packer** made a motion to approve **Docket No. 16-0101-1401. Motion carried by voice vote.**

DOCKET NO. 16-0107-1501: **Bruce Cheeseman,** EMS Section Manager, Bureau of EMS and Preparedness, presented **Docket No. 16-0107-1501,** for EMS provider license renewal continuing education requirements. Changes modify final renewal dates, add early renewal credit to the next licensure cycle, clarify verification documentation, provide a new model with expanded categories to increase flexibility, add two venues, and reduce the number of required venues. The changes need to be in place prior to March 2015 for the next renewal cycle. Funding is dedicated, with no fiscal impact.

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

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 16-0107-1501. Motion carried by voice vote.**

DOCKET NO. 16-0210-1401: **Dr. Kathryn Turner**, Chief, Bureau of Communicable Disease Prevention, Division of Public Health, presented **Docket No. 16-0210-1401,** which provides language clarification, consistency, and clarification about activities undertaken as part of public health investigations. It adds Echinococcosis to the list of diseases that must be reported to public health agencies and changes some disease-specific control activities, such as a reduction in the reportable children's blood lead level. Additional specific changes clarify necrotizing fasciitis inclusion in the reportable streptococcal disease infections. Entamoeba histolytica is reportable under the condition amebiasis. Work exclusions are simplified during a Norovirus infections.

Responding to questions, **Dr. Turner** said the Rule change provides consistency with Idaho Food Code. National blood lead levels in children have been dropped to five micrograms per deciliter of whole blood. The changes reflect that drop and will allow access for earlier intervention. Idaho is facing an increase in pertussis cases, so some day care and school restrictions are added for illness control. Panhandle tests have indicated an average level of 2.5 micrograms per deciliter of whole blood. An increase of eight to ten cases in that area is a possibility. When a case is reported they work with parents to assure exposures are accounted for and prevented in the future.

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 16-0210-1401**.

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. 16-0210-1401. Motion carried by voice vote.**

DOCKET NO. 16-0208-1401: **James Aydelotte**, State Registrar, Chief, Bureau of Vital Statistics, DHW Public Health, presented **Docket No. 16-0208-1401,** a Fee increase Rule requested to cover expenses of recording and providing certified copies of births, deaths, marriages, divorces, adoptions, and stillbirths. Aggregated data is used in a variety of trend and health risk studies.

Historically, the Bureau meets operational expenses through service fees and some federal funding. The last fee increase was in 2002. Since 2008 they have experienced an overall decrease in revenue receipts and an increase in operating expenses. They have responded by cutting personnel, expenses, and finding help from other sources within the Department. The need to perform in a self-sustained manner has prompted this request for fee increases.

The increases are: vital record certified copy or search fee from $13 to $16 per copy; verification fees from $9 to $10; and legal action from $13 to $20. Other fee changes include a new fee for automated verifications.

Answering questions, **Mr. Aydelotte** said birth or death certificates are paper, with no immediate plans for electronic certification. A transfer of funds from Trustee and Benefits maintains the current operations. The fee increases would eliminate transfers and meet their future expense needs. This would also improve their electronic data system for secure and better record keeping. The National Certification Standard is a paper copy. Concerns about digital certification involve security and confidentiality.

Responding to additional questions, **Mr. Aydelotte** said the fee increase, designed as a long-term solution, will meet their shortfall with temporary excess revenue. Of the current $345,000 operating expense, $235,000 is derived from revenue and grants, with a $110,000 shortfall, which has been an issue for several years. Other Departments have been able to help, but the lack of funds has led to cuts in staff, travel, and training. Additional revenue received would be used toward the shortfall and technology.

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

MOTION: **Vice Chairman Packer** made a motion to approve **Docket No. 16-0208-1401. Motion failed by voice vote. Reps. Hixon, Perry, Romrell, Troy, and Vander Woude** requested they be recorded as voting **Nay**.

Chairman Wood put the committee at ease at 9:42 a.m.

Chairman Wood called the meeting back to order at 9:48 a.m.

MOTION: **Rep. Perry** made a motion to **HOLD Docket No. 16-0208-1401** for time certain, January 29th, 2015.

Jared Tatro, Budget and Policy Analyst, Legislative Services Office, said more information is needed, including shortfall data. He expressed appreciation that the Rule is being heard again and will work with the Department to get additional information to the Committee before January 29th.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to **HOLD Docket No. 16-0208-1401** for time certain, January 29th, 2015. **Motion carried by voice vote.**

DOCKET NO. 16-0501-1401: **James Aydelotte**, State Registrar and Chief, Bureau of Vital Statistics, DHW Public Health, presented **Docket No. 16-0501-1401**. The Bureau provides accuracy verification of data already known by a government agency. This Rule allows them to conduct "Fact of Death" verifications through comparison of state agency administrative data to their data. It is written to limit verifications only to state agencies and entities, such as insurance companies, seeking to determine or protect a person's property right.

Answering questions, **Mr. Aydelotte** said the Social Security Administration limits the information they provide for such verifications.

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

MOTION: **Rep. Perry** made a motion to accept **Docket No. 16-0501-1401. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:56 a.m.

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Representative Wood
Chair

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Irene Moore
Secretary

AMENDED AGENDA #1

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Monday, January 19, 2015

SUBJECT	DESCRIPTION	PRESENTER
	Board of Pharmacy	
27-0101-1401	Biosimilars	Mark Johnston Executive Director
RS23196	Controlled Substances	Mark Johnston Executive Director
RS23197	Pharmacy Licensure	Mark Johnston Executive Director
RS23208	Prescription Drugs	Mark Johnston Executive Director
RS23222	Controlled Substances	Mark Johnston Executive Director
RS23223	Pharmacy Board	Mark Johnston Executive Director
RS23248	Uniform Controlled Substances	Mark Johnston Executive Director

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, January 19, 2015

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

ABSENT/ EXCUSED: Representative(s) Chew

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 Services Library.

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

MOTION: **Rep. Perry** made a motion to approve the minutes of January 14, 2015. **Motion carried by voice vote.**

DOCKET NO. 27-0101-1401: **Mark Johnston**, Executive Director, Idaho Board of Pharmacy (IBOP), presented **Docket No. 27-0101-1401**. New drugs known as biosimilars have been recognized by Congress and the Federal Drug Administration (FDA). Biological products are produced by living cells, with slight batch variations possible. These are complicated molecules, cannot be exactly replicated, and have no generic equivalent. An exact copy is unnecessary since only the part adhering to the receptor site must fit. The FDA can approve biosimilars, after a rigorous process, and stipulates provisions by law. Idaho Rule promulgation is required to allow FDA approved interchangeable biosimilars substitution.

Dr. Johnston described public concerns that biosimilars will not work as well and may cause harmful side effects. He shared the Board's confidence in the FDA process, previous existence of biosimilars on the European market, and the impact of reduced costs over the next decade. The first biosimilar approved by an FDA panel, still to be accepted by the FDA, is not yet determined to be interchangeable. The FDA approval process is taking 15 to 24 months.

Dr. Johnston said rejection of this Pending Rule would mean biosimilar substitution will not be allowed in Idaho and we would be without the ability to realize the savings. He explained opponents desire provisions for prescriber substitution notification.

Eric Cannon, Vice President, Pharmacy Benefit Services, Select Health, Board of Director, Academy of Managed Care Pharmacy, testified **in support** of **Docket No. 27-0101-1401**, stating any notification requirement places an undue burden on pharmacists. If the physician deems any interchange inappropriate, it can be indicated on the prescription.

Responding to questions, **Mr. Cannon** stated the majority of biologic products require prior authorization. After reviewing prescriber information, a notification letter goes to the prescribing physician, patient, and pharmacist. It lists the approved products, approval duration, and any duration requirements.

Dr. Troy Rohn, Professor, Boise State University, Ph.D. Pharmacology, testified **in opposition** to **Docket No. 27-0101-1401**. He is involved in a research program that regularly makes and applies biologics in his study. These are complex molecules, not small chemical generics, are produced in living systems, and cannot be replicated. If a biosimilar substitute caused an adverse event, how would the physician be able to pinpoint the event without knowledge of the change? Eight other states with similar legislation require patient or physician notification when a substitution is made.

Answering questions, **Dr. Rohn** said the process of making the biologic in a living cell can take hundreds of steps, all patent protected. Any company making one will have to start from scratch, leading to a product that will be different from the biologic. Very different results occur with even slight alterations that are perceived as identical. Information, perhaps from the European marketing of the product, helps determine if there is anything to connect an adverse reaction to a patient. He described the FDA drug approval process as the most stringent and safest in the world.

Mark Guimond, Arthritis Foundation, testified **in opposition** to **Docket No. 27-0101-1401**. This Rule provides an opportunity to bring a substantially less expensive medication to market. Biologics will not be found at corner drugstores. For those with crippling illnesses, the biologics give them back their lives.

One hundred percent of the biologics are either intravenous (IV) or injected, requiring special handling and special patient instructions. When something goes wrong, the patient may ruin their adherence, which the physician must know immediately. Twenty-six percent of all biologics are handled by mail. Restrictions put into place now could be removed in the future.

Responding to questions, **Mark Guimond** commented that variations of the same biosimilar could exist, such as version one, two, or three. Without notification, the prescriber would have no way of knowing which version was substituted. When such a fragile patient fails with the substitution, a complete new drug regiment is required. "Dispense as written" notations protect physicians, but do not allow the opportunity for cost reduction.

Chairman Wood commented that Idaho law assures the prescribing community has the authority to allow substitution because they know the most about the patient and can provide prescription safeguards.

Bruce Lott, Vice President, Global Biologics, Mylan Specialty Medicines, testified **in support** of **Docket No. 27-0101-1401**. His company has marketed five biosimilars inside and one outside the United States. Biologics are without competition and have an average daily cost twenty-two times a traditional drug. This Rule is about allowing substitution of interchangeable biosimilars. The biosimilars must work the same way as the referenced product and are expected to produce the same clinical result in any given patient. No applications for interchangeable biologics have been filed with the FDA, so it could be several years before one is on the market. IBOP got the Rule right and will assure patients have access to safe, more affordable products when they are available.

Stacy Satterlee, Director, Government Relations, American Cancer Society - Cancer Action Network, testified **in opposition** to **Docket No. 27-0101-1401**. Interchangeables are not necessarily the same product. Patient safety and transparency of information outweigh concerns about timing and opportunity. Until patient medication and electronic medical health record integration, it is critical that the prescribing physician and patient record be quickly updated and as accurate as possible. Phone or E-mail notification would be sufficient.

In answer to a question, **Ms. Satterlee** said this type of prescription is filled through mail order, not at a corner pharmacy, which makes it harder for a doctor to determine where it came from and what was dispensed.

Shad Priest, Regence Blue Shield, Can Do Health Solutions, testified **in support** of **Docket No. 27-0101-1401**. The past generic introduction addressed sky rocketing costs, with similar notification concerns. States who changed their Rules to include the notification had fewer generic drugs issued at pharmacies, resulting in continued higher customer costs. The FDA requirements are very high, stringent, and the safest in the world. The IBOP negotiated rule making process was excellent, with robust open deliberation, and a unanimous decision not to impose restrictions higher than the federal government.

Answering questions, **Mr. Priest** said access to affordable medication is key to getting the medication. Generics provide cost savings to employers, the public, and taxpayers, since they are paid for by Medicaid, Medicare, and State or Employee health plans. This Rule does not require substitution. The physician can choose to write the "dispense as prescribed" notation.

Pam Eaton, President, Chief Executive Officer, Idaho, Retailers Association, Retail Pharmacy Council, testified **in support** of **Docket No. 27-0101-1401**. The FDA is extremely cautious and conservative. For patients with delicate conditions, physicians can mark "dispense as written."

Angela Richards, American Health Insurance Plan, testified **in support** of **Docket No. 27-0101-1401**, stating interchangeability will be thoroughly studied before anything is approved. Insurance companies and doctors will maintain records. Adoption of this Rule will allow safe and effective interchangeable biosimilars when the FDA has approved them.

Ken McClure, Amgen, testified **in opposition** to **Docket No. 27-0101-1401**. Their request is for notification to assure complete medical records and does not discourage substitution. Problems with biologics and substitutions can take time to appear in a patient. Biologics are infused or injected and usually done in a clinical setting where the doctor knows what was actually dispensed. The doctor is left unaware of a change when out-of-state specialty pharmacies deliver directly to the patient or the insurer changes the formulary. After-the-fact notification will not prohibit uptake of the biosimilars.

Julie Taylor, Pharmacy Benefit Management Company, CVS Caremark, testified **in support** of **Docket No. 27-0101-1401**. She read a letter from **Maral Farsi**, Regional Director, Government Affairs, CVS Health. In her letter, Ms. Farsi stated her **support** of **Docket No. 27-0101-1401** which removes barriers and facilitates the approval of biosimilars, increasing lifesaving medication accessibility and affordability. (See attachment 1)

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

Responding to further comment, **Mark Johnston** said six states have notification requirements and eight states have refused to introduce such communication. Idaho's Health Information Exchange (HIX) could be an electronic source of notification. The counseling statute for all new medications provides patients the opportunity to be informed, consult about cost options, and reject any therapy. He stated the IBOP does not legislate to the fear of a future possibility, reversing it when the need does not mature. They believe communication already exists, with no benefit to go through a process of notification.

Responding to questions, **Dr. Johnston** said rejection of this rule would eliminate the possibility of substitution of any interchangeable drug that becomes available.

MOTION: **Rep. Perry** made a motion to approve **Docket No. 27-0101-1401.**

Rep. Perry said the expressed concern is about notification, which needs to be addressed in a separate rule making process that could occur later.

Responding to further questions, **Dr. Johnston** said pharmacists are a defense and safety valve with corresponding liability and responsibility. A separate rule requires pharmacies keep stipulated information on every patient and prescription. Physician E-mail addresses are not on prescriptions or available to pharmacies. Any electronic notification can become an issue of privacy and Health Insurance Portability and Accountability Act (HIPAA) compliancy.

Rep. Beyeler commented on the importance of communication after the fact and encouraged development in that direction.

Rep. Rusche said the committee is being asked to vote on something that doesn't exist.

Rep. Vander Woude stated his opposition to the motion. Realizing that every medication is different with each patient makes it critical that doctors know if the actual drug or something similar is being used. Such notification seems a simple opposition remedy.

Rep. Perry stated that there is time to determine how notifications happen since the drugs are not on the market. The Rule covers the possible approval of one biosimilar later this year. Concerns can be addressed at a later date.

Chairman Wood commented in support of the motion, stating all the testimony was very true. In his experience with the FDA, they are a most cautious, conservative drug regulation entity that emphasizes patient protection. Since they did not include a notification requirement, we need to look at that extra step very carefully. A physician using the "dispense as written" provision takes responsibility that nothing can be substituted. Idaho's rules and laws make sure the prescribing community is solely in charge of what the patient gets. Because there are no pending interchangeable biosimilars, we have time to decide about notification.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to approve **Docket No. 27-0101-1401. Motion carried by voice vote. Reps. Rusche** and **Vander Woude** asked to be recorded as voting Nay.

Chairman Wood put the committee at ease at 10:56 a.m.

Chairman Wood called the meeting back to order at 11:04 a.m.

RS 23196: **Mark Johnston**, Executive Director, IBOP, presented **RS 23196**, proposed legislation to grant the IBOP authority to restrict controlled substance registrations and enforce stipulated agreements. Other housekeeping changes are included in the legislation.

MOTION: **Rep. Perry** made a motion to introduce **RS 23196. Motion carried by voice vote.**

RS 23197: **Mark Johnston**, Executive Director, IBOP, presented **RS 23197**. Recognizing the public safety issue inherent in the current six-week delay with the Idaho background checking process, this proposed legislation waives the fingerprint requirement for reinstatement of applicants whose licenses have lapsed for less than a year.

MOTION: **Vice Chairman Packer** made a motion to introduce **RS 23197. Motion carried by voice vote.**

RS 23208: **Mark Johnston**, Executive Director, IBOP, presented **RS 23208**, proposed legislation to allow electronic prescription drug transmission from nursing homes to their pharmacy, as is already used by hospitals.

MOTION: **Rep. Hixon** made a motion to introduce **RS 23208. Motion carried by voice vote.**

RS 23222: **Mark Johnston**, Executive Director, IBOP, presented **RS 23222**, proposed legislation requiring a presiding judge to issue a subpoena for Prescription Monitory Program (PMP) data.

MOTION: **Rep. Hixon** made a motion to introduce **RS 23222. Motion carried by voice vote.**

RS 23223: **Mark Johnston**, Executive Director, IBOP, presented **RS 23223**. The proposed legislation is a result of the Drug Quality and Security Act preempting the state tracking of prescription drug product distribution by striking the normal distribution channel definition. Pursuant to the Idaho Wholesale Drug Distribution Act, additional changes have been made to address grey wholesaling and controlled substance wholesale distributor duties.

MOTION: **Rep. Romrell** made a motion to introduce **RS 23223. Motion carried by voice vote.**

RS 23248: **Mark Johnston**, Executive Director, IBOP, presented **RS 23248**, proposed legislation to update Idaho's Schedules of Controlled Substances in accordance with the Drug Enforcement Administration (DEA).

MOTION: **Rep. Redman** made a motion to introduce **RS 23248. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 11:22 a.m.

Representative Wood
Chair

Irene Moore
Secretary

Maral Farsi, MPH
Regional Director, Government Affairs

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January 15, 2015

The Honorable Fred Wood
Chair, House Health and Welfare Committee
Honorable Members of the House Health and Welfare Committee
Idaho State Legislature
Boise, ID 83702

Dear Chair Wood and Honorable Members of the House Health and Welfare Committee:

CVS Health wishes to convey our support of 27-0101-1401, Rules of the Idaho Board of Pharmacy addressing biosimilars. CVS Health is a leading national healthcare provider through our retail pharmacies and retail clinics. In addition, our Pharmacy Services business unit provides a full range of Pharmacy Benefit Management (PBM) services to clients consisting primarily of employers, insurance companies, unions, government employee groups, managed care organizations, and other sponsors of health benefit plans and individuals throughout the United States. We proudly operate as a major pharmacy benefit manager in Idaho, offering our patients and clients integrated pharmacy and health operations statewide including access to our Specialty Pharmacy and Mail-Order Pharmacy. Our businesses provide unparalleled service and capabilities to our clients, customers and patients as we strive to help them on their path to better health.

CVS Health supports efforts to remove barriers and facilitate the approval of biosimilars in order to increase the accessibility to life-saving medications by making them more affordable. The Board of Pharmacy's deference to the federal law and recognition of the Food and Drug Administration's extensive and exhaustive approval pathway for determining interchangeability of biosimilar drugs is crucial for encouraging Idahoans to trust the efficacy of these medications. We appreciate that the rules do not contain unnecessary communication requirements which can result in delays to care and potentially higher healthcare costs.

We thank you for your consideration of our comments and ask you to vote in support of the rules as adopted by the Board of Pharmacy. I am available to answer any questions about our position by email (maral.farsi@cvshealth.com) or phone (916.203.9085).

Sincerely,

Maral Farsi

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Tuesday, January 20, 2015

SUBJECT	DESCRIPTION	PRESENTER
	Department of Health & Welfare	
16-0227-1402	Idaho Radiation Control Rules - Rewrite	Dr. Chris Ball Bureau Chief, Lab Director ID Bureau of Laboratories
16-0227-1401	Idaho Radiation Control Rules - Repeal	Dr. Chris Ball
19-0101-1401	Idaho State Board of Dentistry	Susan Miller Executive Director
23-0101-1401	Idaho Board of Nursing	Sandra Evans Executive Director

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Tuesday, January 20, 2015
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
ABSENT/ EXCUSED:	None
GUESTS:	Bev Barr, DHW Rules; Chistopher Ball, IDHW Bureau of Labs; Sandy Evans and Judy Taylor, Idaho Board of Nursing; Susan Miller, Board of Dentistry; Christine Hahn, IDHW; Stacey Satterlee, ACS CAN.

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

Chairman Wood put the committee at ease at 9:01 a.m. and turned the gavel over to **Vice Chairman Packer**.

Vice Chairman Packer called the meeting back to order at 9:02 a.m.

DOCKET NO. 16-0227-1402: **Dr. Christopher Ball**, Chief, Bureau of Laboratories, presented **Docket No. 16-0227-1402**, a chapter rewrite of the previous lengthy Idaho Radiation Control Rules. The major change is referencing, instead of including, information from the Council of Radiation Control Program Director's Suggested State Regulations, with notation of applicable specific exclusions. This reduces the Rule's size and annual publication costs while improving its organization, readability, and usefulness. Current rule, practice, and statutory mandate inconsistencies have been remedied.

Additional changes apply to the x-ray licensing process, licensing fees, renewal periods, and application requirements. The move from a one-time registration to maintaining a licensure program will increase the Radiation Control Program costs. The proposed reasonable fees offset those costs.

Responding to questions, **Dr. Ball** described the one or more tube required for x-ray machines. The proposed scalable fee can be customized for the instrument. The ongoing licensure program requires an electronic record keeping and licensure system. The existing system will be used, but will require extension of the annual maintenance costs. They will also utilize x-ray evaluation by mail with Diquad LLC. Some funds will be dedicated to sustaining a remote evaluation program so every facility can be visited and evaluated during the licensure period.

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

MOTION: **Rep. Rusche** made a motion to approve **Docket No. 16-0227-1402. Motion carried by voice vote.**

DOCKET NO. 16-0227-1401: **Dr. Christopher Ball**, presented **Docket 16-0227-1401**, requesting the committee approve this chapter repeal.

MOTION: **Rep. Perry** made a motion to approve **Docket No. 16-0227-1401. Motion carried by voice vote.**

DOCKET NO. 19-0101-1401: **Susan Miller**, Executive Director, Board of Dentistry, presented **Docket No. 19-0101-1401**, Rule changes to include administration of sedation to patients with reference to the guidelines by the American Dental Association. Facility requirements, records, and patient monitoring have also been clarified.

In answer to questions, **Ms. Miller** stated they had not reviewed the changes with the Board of Nursing, Nurse Anesthetists, or Board of Medicine since the requirements for deep sedation and basic anesthesia are being pulled from existing referenced items into rule and are limited to oral surgeons with extensive training. These are requirements previously followed by their membership, with no indication of any negative impact on their practices. She described the three permit levels: moderate sedation by oral route; moderate sedation through IV or parenteral route; and general anesthesia. Patient safety is the Board's number one concern.

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

MOTION: **Rep. Redman** made a motion to approve **Docket No. 19-0101-1401. Motion carried by voice vote.**

DOCKET NO. 23-0101-1401: **Sandy Evans**, Executive Director, Idaho Board of Nursing, presented **Docket No. 23-0101-1401**. The 2014 Legislation amended their statute to include as grounds for discipline, sexual conduct or sexual exploitation by a nurse of a current or, in certain situations, a former patient. This Rule provides clarity by identifying what constitutes prohibited conduct by a nurse, defining terms, and implementing provisions of the law. There is no fiscal impact.

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

MOTION: **Rep. Perry** made a motion to approve **Docket No. 23-0101-1401. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:31 a.m.

Representative Packer
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Wednesday, January 21, 2015

SUBJECT	DESCRIPTION	PRESENTER
	Bureau of Occupational Licenses	
24-1001-1401	Board of Optometry	Roger Hales Administrative Attorney
24-1501-1401	Licensing Board of Professional Counsellors and Marriage and Family Therapists	Roger Hales
24-2301-1401	Speech and Hearing Services Licensure Board	Roger Hales
24-2601-1401	Board of Midwifery	Roger Hales
24-2601-1402	Board of Midwifery	Roger Hales
24-2701-1401	Board of Massage Therapy	Roger Hales
RS23241	Massage Therapy	Roger Hales
RS23244	Occupational Therapy	Roger Hales
RS23245	Physical Therapy Practice Exemption	Brian White Board Chairman

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Wednesday, January 21, 2015
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
ABSENT/ EXCUSED:	Representative Vander Woude
GUESTS:	Kristin Guidry, OCC Therapy License Board; Gayla Nickel, Massage Therapy Board; Tana Cory, Bureau of Occupational Licenses; Brian White, IBOL Physical Therapy.

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

DOCKET NO. 24-1001-1401: **Roger Hales**, on behalf of the Board of Optometry, presented **Docket No. 21-1001-1401**, changing the licensee continuing education reporting date to a calendar year, instead of birth date. This change is effective January, 2017.

Responding to a question, **Mr. Hale** said the use of the term "he" is not gender specific, as specified in IDAPA. His copy indicates "their" and he will assure that the text is correct. This is part of a full set of rules, which lists the approved courses.

MOTION: **Vice Chairman Packer** made a motion to approve **Docket No. 24-0101-1401.**

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. 24-0101-1401. Motion carried by voice vote.**

DOCKET NO. 24-1501-1401: **Roger Hales**, on behalf of the Licensing Board of Professional Counsellors and Marriage and Family Therapists, presented **Docket No. 24-1501-1401**, which updates the counselor code of ethics to conform to the 2014 version of the American Counseling Association Code of Ethics.

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 24-1501-1401.**

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. 24-1501-1401. Motion carried by voice vote.**

DOCKET NO. 24-2301-1401: **Roger Hales**, on behalf of the Speech and Hearing Services Licensure Board, presented **Docket No. 24-2301-1401**, to amend the definition of a Board quorum in compliance with 2014 Legislation.

MOTION: **Rep. Rusche** made a motion to approve **Docket No. 24-2301-1401.**

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. 24-2301-1401. Motion carried by voice vote.**

DOCKET NO. 24-2601-1401: **Roger Hales**, on behalf of the Board of Midwifery, presented **Docket No. 24-2601-1401**, which contains various changes in compliance with 2014 Legislation. Included are two new definitions, a formulary change, an additional allowable drug, instructions for use of that drug, conditions when a licensed midwife cannot provide care, facilitation of hospital transfers, and transfer or termination of care.

Mr. Hales said the Board incurred substantial costs from necessary prosecutions. With 44 licensed midwives, the deficit current balance of $58,000 is steadily decreasing.

Molly Steckel, Idaho Medical Association (IMA), testified that physicians are pleased with how well the collaboration with midwives is working.

MOTION: **Rep. Perry** made a motion to approve **Docket No. 24-2601-1401.**

Answering a question, **Mr. Hales** said the wording in the transfer or termination of care section matches that contained in the 2014 Legislation and recognizes the relationship between a provider and patient may be terminated for a personal reason.

Chairman Wood asked **Molly Steckel**, IMA, to further answer the question. She said the referenced IMA language covers situations when a midwife wants to transfer care and the patient may feel strongly against that course of action. This gives the midwife protection to pursue alternate care in the best interest of the patient.

Paul Wiens, Licensed Midwife, Member, Board of Midwifery, said some clients will not seek medical attention, which leaves their midwife in a tough spot for unattended delivery, which may be perceived as abandoning the clients. They continue to improve and develop relationships with the medical community, keeping out-of-hospital birth safe. Recent CDC statistics ranked Idaho in the top five states per capita for the number of attended home births and second for the number of births attended in birth centers. Midwives are moving to Idaho because we have a good law.

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

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to approve **Docket No. 24-2601-1401. Motion carried by voice vote.**

DOCKET NO. 24-2601-1402: **Roger Hales**, on behalf of the Board of Midwifery, presented **Docket No. 24-2601-1402.** He noted the Board's deficit of $79,000 in 2013 was reduced to $65,000 in 2014 and is currently $58,000. This Rule was prepared by a consensus of counsel, IMA, and the Board. It relates to conditions surrounding a midwife facilitating the immediate transfer of a newborn to a hospital or consulting with a provider. Open notice Board meetings provided additional comments and changes, with no opposition to the Rule as presented. The Board keeps data on both mother and infant transfers.

MOTION: **Rep. Beyeler** made a motion to approve **Docket No. 24-2601-1402.**

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. 24-2601-1402. Motion carried by voice vote.**

DOCKET NO. 24-2701-1401: **Roger Hales**, on behalf of the Idaho Board of Massage Therapy, presented **Docket No. 24-2701-1401**. This Rule clarifies continuing education hours and supervision. Reference to light therapy continuing education is eliminated. Supervision is further defined into clinical and field work. Clinical supervision requires direct supervision for on-site direction, while field supervision is not required to be on site, merely available to answer questions. There has been no opposition to the changes.

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

MOTION: **Rep. Redman** made a motion to approve **Docket No. 24-2701-1401. Motion carried by voice vote.**

RS 23241: **Roger Hales**, on behalf of the Board of Massage Therapy, presented **RS 23241**, proposed legislation to add an additional exemption to the law for therapists licensed in other states traveling to Idaho with a team or athlete, as long as they are not in the state for more than sixty calendar days in a year.

MOTION: **Rep. Hixon** made a motion to introduce **RS 23241. Motion carried by voice vote.**

RS 23244: **Roger Hales**, on behalf of the Board of Occupational Therapy, presented **RS 23244**, proposed legislation to eliminate the ten hours of professional development units currently required for license renewal. This type of continuing education is more general training and does not apply directly to occupational therapy, leaving it up to the professional if they attend classes of this nature. There was no opposition to the changes.

MOTION: **Vice Chairman Packer** made a motion to introduce **RS 23244. Motion carried by voice vote.**

RS 23245: **Brian White**, Licensed Physical Therapist, Board Chairman, Board of Physical Therapy, presented **RS 23245**, proposed legislation to add an additional exemption to the law for physical therapists licensed in other states traveling to Idaho with a team or athlete.

MOTION: **Vice Chairman Packer** made a motion to introduce **RS 23245. Motion carried by voice vote.**

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

Representative Wood
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Thursday, January 22, 2015

SUBJECT	DESCRIPTION	PRESENTER
	Department of Health & Welfare	
16-0219-1401	Food Safety and Sanitation Standards	Patrick Guzzle Program Manager
16-0301-1401	Eligibility for Health Care Assistance	Cheri Bourn Program Specialist
16-0303-1401	Child Support Services	Kandee Yearsley Bureau Chief
16-0304-1401	Food Stamp Program	Kristen Matthews Program Manager
16-0305-1401	Eligibility for Aid to the Aged, Blind and Disabled	Camille Schiller Program Manager
16-0612-1401	Idaho Child Care Program	Ericka Rupp Program Manager
RS23304	Health & Safety Substance Abuse Treatment	Casey Moyer Program Manager

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Thursday, January 22, 2015
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
ABSENT/ EXCUSED:	None
GUESTS:	Bev Barr, Rules - DHW; Kathryn Turner, Patrick Guzzle, Kandee Yearsley, and Cheri Bourn, DHW Div. of Public Health; Andrea Sorensen and Cade Hulbert, DHW CSS; Camille Schiller, Kristin Matthews, Ericka Rupp, Julie Hammen, Lori Wolff, Casey Moyer, Jamie Teeter, and Russ Barron, DHW; Kathie Garrett, NAMI Idaho.
	Chairman Wood called the meeting to order at 9:00 a.m.
MOTION:	**Vice Chairman Packer** made a motion to approve the minutes of January 15, 2015. **Motion carried by voice vote.**
DOCKET NO. 16-0219-1401:	**Patrick Guzzle**, Food Protection Program Manager, Department of Health and Welfare (DHW) Division of Public Health, presented **Docket No. 16-0219-1401**, Rule changes allowing the donation of wild game meat to the Idaho Food Bank and their member network.
MOTION:	**Rep. Hixon** made a motion to approve **Docket No. 16-0219-1401.**
	Responding to questions, **Mr. Guzzle** explained the food pantries are unable to process large sides of meat. Idaho Hunters Feeding the Hungry (IHFH) have a program to offset processing costs at approved facilities. All animals are included in this Rule, although there is a higher risk for infectious agents in game birds. Cooking the meat to 165 degrees should eliminate most, if not all, pathogens.
	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. 16-0219-1401. Motion carried by voice vote.**
DOCKET NO. 16-0301-1401:	**Cheri Bourn**, Program Specialist, Medicaid Eligibility, DHW, Division of Welfare, Self Reliance Program, presented **Docket No. 16-0301-1401**, Rule changes to clarify eligibility determination and align with federal regulations. Defined and better described are parent/caretaker relatives and the parent eligibility group to include parents who may be minors. Presumptive eligibility by hospitals is changed to extend through the month after the month of initial application.
	Ms. Bourn, answering a question, said during a medical emergency qualified hospitals determine an individual's Medicaid presumptive eligibility, based on Department standards, with a full determination by the Department afterwards.
MOTION:	**Vice Chairman Packer** made a motion to approve **Docket No. 16-0301-1401.**
	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. 16-0301-1401. Motion carried by voice vote.**

DOCKET NO. 16-0303-1401: **Kandee Yearsley**, Bureau Chief, Child Support Program, DHW, presented **Docket No. 16-0303-1401**, which updates statutory references, clarifies license suspension proceedings, deletes outdated forms, and adds links to current website forms. A limited good cause criteria is established for recreational licenses. The changes increase the Program's ability to provide families the support due from non-custodial parents with financial resources they choose to spend elsewhere.

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 16-0303-1401.**

Responding to questions, **Ms. Yearsley** said, of the 2,100 qualifying cases each month, they only suspend an average of 213 licenses. If there is payment being made, possibly through wage withholding, then license suspension is excluded. Suspension is used as a last effort when payment is not made and resources are determined to be available.

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. 16-0303-1401. Motion carried by voice vote. Rep. Perry** asked to be recorded as voting **NAY.**

DOCKET NO. 16-0304-1401: **Kristen Matthews**, Program Manager, DHW, Division of Welfare, presented **Docket No 16-0304-1401**. The federal definition of trafficking in Food Stamp benefits identifies the buying, selling, or trading of an electronic benefits transfer (EBT) card as a means of committing trafficking. A new provision covers the purchase of return deposit containers returned without the product for the cash deposit. It also expands the definition of purchasing products with food stamp benefits for resale or to obtain cash. The strengthened trafficking definition assists state pursuit of food stamp recipients who intentionally use their benefits for personal gain. There is no fiscal impact as a result of this Rule change.

In answer to a question, **Ms. Matthews** said for occurrences over $500, the penalty is a lifetime program ban and those under $500 face a two-year sanction.

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 16-0304-1401.**

Responding to further questions, **Ms. Matthews** stated the Department's Fraud Unit investigates leads. They do not expect any cost increase. The changes strengthen their pursuit and prosecution of these cases. In 2014 there were over 1,000 cases, with four percent in trafficking or personal gain. Of that four percent, slightly over one percent were prosecuted.

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. 16-0304-1401. Motion carried by voice vote.**

DOCKET NO. 16-0305-1401: **Camille Schiller**, Program manager, Medicaid Eligibility, DHW presented **Docket No. 16-0305-1401**, regarding patient liability for individuals receiving Nursing Home Assistance of Home and Community Based Services through Medicaid and their share of costs. Share of cost calculation deductions are updated to align with the Code of Federal Regulations, clarifying allowed expenses types. The term "medically necessary" is added and defined. Patients entering a nursing home are now allowed to pay for their share of cost only after they have resided there for one full calendar month.

The $161,058 anticipated positive annual fiscal impact to State funding is from alleviated billing and refunding processes.

In response to questions, **Ms. Schiller** said this would apply to persons entering assisted living care after surgery, if they seek Medicaid coverage. The fiscal impact was determined based on 2014 historical amounts refunded.

MOTION: **Rep. Beyeler** made a motion to approve **Docket No. 16-0305-1401**.

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. 16-0305-1401. Motion carried by voice vote.**

DOCKET NO. 16-0612-1401: **Ericka Rupp**, Program Manager, DHW, Division of Welfare, presented **Docket No. 16-0612-1401**, relating to the co-pay calculation policy for the Idaho Child Care Program. Changes align the student co-pay requirements with federal regulations and base co-pays on income instead of the cost of care. Students with less than ten weekly working hours will now have a flat rate co-pay based on their school status.

Responding to questions, **Ms. Rupp** explained the child care assistance is an income eligible assistance for families needing help with child care costs. Students not working ten hours or more will have a flat rate co-pay. Rates for those who work part-time will have a $75 co-pay, those working full time will have a $150 co-pay, and the state will cover the balance of child care costs. There are 239 families currently in the program. The flat rate will allow family budgeting consistency and continuity. Schedules and fees are referenced in other applicable Rules. Eligibility is reevaluated every six months.

MOTION: **Rep. Redman** made a motion to approve **Docket No. 16-0612-1401.**

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. 16-0612–1401. Motion carried by voice vote.**

RS 23304: **Casey Moyer**, Program Manager, Division of Behavioral Health, presented **RS 23304**, proposed legislation to repeal reference to Regional Advisory Committees, now incorporated into the Regional Behavioral Health Boards. Because the federal laws supersede the Rule, also repealed are requirements for records of individuals in treatment.

MOTION: **Rep. Rusche** made a motion to introduce **RS 23304. 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.

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Representative Wood
Chair

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Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Friday, January 23, 2015

SUBJECT	DESCRIPTION	PRESENTER
	Bureau of Occupational Licenses	
24-1901-1401	Board of Examiners of Residential Care Facility Administrators	Tana Cory Bureau Chief
24-1401-1401	Board of Social Work Examiners	Tana Cory
24-0901-1401	Board of Examiners of Nursing Home Administrators	Tana Cory
24-0601-1401	Licensure of Occupational Therapists and Occupational Therapy Assistants	Tana Cory
24-1101-1401	State Board of Podiatry	Tana Cory
24-1701-1401	State Board of Acupuncture	Tana Cory

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Friday, January 23, 2015

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

ABSENT/ EXCUSED: None

GUESTS: Tana Cory, Bureau of Occupational Licenses; Joan Cloonan, Bureau of Social Work Board; Kristin Guidry, OTLB; Robert Payne and Ginny Dickman, Social Work Board; Heidi Brough Nye, Res. Care Board; Kris Ellis, IHCA.

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

MOTION: **Vice Chairman Packer** made a motion to approve the minutes of the January 16 and January 21, 2015, meetings. **Motion carried by voice vote.**

Tana Cory, Chief, Bureau of Occupational Licenses, presented an overview of the Bureau and the Rules to be presented. She noted the Boards are all charged with being self-supporting.

DOCKET NO. 24-1901-1401: **Tana Cory**, Chief, Bureau of Occupational Licenses, presented **Docket No. 24-1901-1401**, a fee increase for the Board of Examiners of Residential Care Facility Administrators. This fee increase stems from an increase in the number of complaints and the related investigatory costs. This change will result in a $24,050 annual increase to their dedicated fund.

Kris Ellis, Idaho Healthcare Association (IHA), testified **in opposition to Docket No. 24-1901-1401**, stating they are concerned about the statutory cap being reached, the Board already using 140% of their budget, and no changes to the Board's operation. Consolidation with another board may be a way to address the issues. They are also concerned the complaints brought by the DHW may be double jeopardy when the DHW is investigating the same complaint. This fee increase will not solve the problem and will not support a statutory increase without changes.

Answering questions, **Ms. Ellis** said complaints may not need investigation by law enforcement, DHW, and the Board. This Board has an $84,000 deficit, which is an increase of $70,000 from year end 2013. If they reach a statutory point of nonexistence, the industry would be seriously affected.

Dr. Heidi Brough Nye, Chairman, Board of Residential Care Administrators, Owner, Park Place Assisted Living, testified **in support of Docket No. 24-1901-1401**, stating the IHA brought no issues at their board meeting or in writing. They service a vulnerable population and inappropriate care can cause significant harm. Investigations are parallel, not duplicate. The DHW reviews the facility structure and they review the administrator's practice. An administrator can move from a facility without DHW tracking or prosecution.

Upon questioning, **Dr. Brough Nye** stated their annual operating budget is $50,000, with $24,000 added from the increase. The Board thought it inappropriate to saddle the administrators with more than a 50% fee increase. Administrators on the Board found the $150 annual fee reasonable.

Tana Cory said one board they serve has reached the statutory cap. Their investigators work with the DHW and review any investigation. They have not discussed a sliding fee since licensed administrators can move from different sized facilities and do the same job. They wanted to balance increases for both small and large facilities. The Board complaint review includes Administrator assistance to assure non recurrence.

MOTION: **Vice Chairman Packer** made a motion to approve **Docket No. 24-1901-1401. Motion carried by voice vote.**

DOCKET NO. 24-1401-1401: **Tana Cory**, Chief, Bureau of Occupational Licenses presented **Docket No. 24-1401-1401**, fee increases for the Board of Social Work Examiners. The Rule increases the application fee from $60 to $70 and the endorsement fee from $60 to $90. Additional renewal fee increases are: Licensed Clinical Social Worker from $70 to $90; Licensed Social Worker and Masters Social Worker from $60 to $80; Inactive Licensed Clinical Social Worker and Masters Social Worker from $30 to $45; and, Inactive Licensed Social Worker from $30 to $40. The increases will raise $77,080 in the Board's dedicated fund.

Robert Payne, Licensed Clinical Social Worker, Member, Board of Social Work Examiners, testified **in support of Docket No. 24-1401-1401**. He gave an historical overview of their Board. The Board takes their charge very seriously.

Joan Cloonen, Public Member, Board of Social Work Examiners, testified **in support of Docket No. 24-1401-1401**. Of the eighty-three complaints received in 2013, forty-seven were closed by Board action without any review or discipline. In 2014 they received fifty-two complaints and have received twenty complaints thus far in 2015.

MOTION: **Rep. Perry** made a motion to approve **Docket No. 24-1401-1401. Motion carried by voice vote.**

DOCKET NO. 24-0901-1401: **Tana Cory**, Chief, Bureau of Occupational Licenses presented **Docket No. 24-0901-1401** for the Board of Examiners of Nursing Home Administrators. This Rule increases the original license fee from $150 to $200, the annual renewal fee from $175 to $200, and the original application and the endorsement fees from $100 to $200. All increases are a result of a rise in complaints.

Keith Holloway, Licensed Nursing Home Administrator, Licensed Assisted Living Administrator, Hospital Administrator, testified **in support of Docket No. 24-0901-1401**. The increases will not cause any serious concerns for present or new providers.

In response to a question, **Mr. Holloway** said a major increase in the nursing home acuity level has required significant operational change.

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

MOTION: **Rep. Redman** made a motion to approve **Docket No. 24-0901-1401. Motion carried by voice vote.**

DOCKET NO. 24-0601-1401: **Tana Cory**, Chief, Bureau of Occupational Licenses presented **Docket No. 24-0601-1401**, fee reductions for licensure of Occupational Therapists and Occupational Therapy Assistants. The reduced fees are: Occupational Therapist initial licensure from $115 to $100; Occupational Therapy Assistants initial licensure from $80 to $75; limited permit or temporary license from $30 to $25; active renewal $70 to $55 for Occupational Therapists; active renewal from $50 to $35 for Occupational Therapy Assistants; and, inactive license renewal from $50 to $25.

MOTION: **Rep. Romrell** made a motion to approve **Docket No. 24-0601-1401.**

Kristen Guidry, Public Member, State Occupational Therapist Licensure Board, testified **in support of Docket No. 24-0601-1401**, stating her appreciation of the Bureau's operation and efforts on behalf of the Board.

John Watts, Idaho Citizen, testified **in support of Docket No. 24-0601-1401**, expressing his pleasure with the fee reduction.

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. 24-0601-1401. Motion carried by voice vote.**

DOCKET NO. 24-1101-1401: **Tana Cory**, Chief, Bureau of Occupational Licenses presented **Docket No. 24-1101-1401**, for the State Board of Podiatry. 2014 legislation added an inactive license status for licensees wishing to take a leave without giving up their license or paying the full renewal fee. The changes allow an inactive license annual fee of $250. Reactivation is possible with payment of the $250 balance, to match the $500 renewal fee, and updated continuing education.

Sherry Simpson, Management Assistant, Bureau of Occupational Licenses, was invited to answer questions. She said a license reinstatement applicant would pay the $250 difference, no matter what month during the year the application was received.

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

MOTION: **Rep. Beyeler** made a motion to approve **Docket No. 24-1101-1401. Motion carried by voice vote.**

DOCKET NO. 24-1701-1401: **Tana Cory**, Chief, Bureau of Occupational Licenses presented **Docket No. 24-1701-1401**, for the State Board of Acupuncture. This Rule reduces the application fee from $100 to $50, original license and original certification fees from $200 to $150, annual licensure renewal and annual certification fees from $125 to $75, and technician certification or acupuncture trainee permit from $75 to $50.

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 24-1701-1401.**

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. 24-1701-1401. Motion carried by voice vote.**

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
Monday, January 26, 2015

SUBJECT	DESCRIPTION	PRESENTER
	Division of Family and Community Services	
16-0601-1401	Child and Family Services	Falen LeBlanc Supervisor
	Bureau of Audits and Investigations	
16-0506-1401	Criminal History and Background Checks	Fernando Castro Supervisor
16-0507-1401	Investigation and Enforcement of Fraud, Abuse, and Misconduct	Lori Stiles Supervisor

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Monday, January 26, 2015
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
ABSENT/ EXCUSED:	Representative Troy
GUESTS:	Fernando Castro, Miren Unsworth, Falen LeBlanc, Lori Stiles, Russ Barron, and Dave Taylor, DHW; Bev Barr, DHW - Rules; Jason Shaw, Administrative Rules.

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

MOTION: **Vice Chairman Packer** made a motion to approve the minutes of the January 20, 2015, meeting. **Motion carried by voice vote.**

Chairman Wood welcomed **Marnie Packard** and the Leadership Boise first year planning class.

Chairman Wood put the committee at ease and turned the gavel over to **Vice Chairman Packer** at 9:04 a.m.

Vice Chairman Packer called the committee back to order at 9:05 a.m.

DOCKET NO. 16-0601-1401: **Falen LeBlanc**, Program Specialist, Department of Health and Welfare (DHW), Division of Family and Community Services, presented **Docket No. 16-0601-1401**. She described Idaho's Chafee Independence Program and Department services for older youth in foster care. When it is part of the child's Independent Living Plan, the Rule changes driver's training, permit, and license payments for a child in the Department's legal custody. It also provides foster parent reimbursement for foster child vehicle insurance. The changes improve recruitment and retention of foster parents, increase placement options for older youth, and encourage life skills and normalization. Costs will be paid from the existing Chafee Independent Living appropriation. Approximately one hundred foster children will be able to access the foster parent reimbursement for an estimated maximum annual cost of $132,000.

Responding to questions, **Ms. LeBlanc** said Independent Living Planning would address accidents and tickets, with appropriate consequences.

MOTION: **Rep. Rusche** made a motion to approve **Docket No. 16-0601-1401.**

Responding to additional questions, **Ms. LeBlanc** explained the funding is specific to the foster youth population. The changes enhance the existing service. Foster parents, for youth aged fifteen to eighteen, receive a monthly reimbursement around $450, depending on the youth's needs. Insurance coverage payments will be negotiated with the foster parent.

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

VOTE ON MOTION: **Vice Chairman Packer** called for a vote on the motion to approve **Docket No. 16-0601-1401. Motion carried by voice vote.**

DOCKET NO. 16-0506-1401: **Fernando Castro**, Supervisor, Criminal History Unit, Bureau of Audits and Investigations, presented **Docket No. 16-0506-1401**, a Pending Fee Rule to support changes that have modified background check requirements. Cross references to other Rules have been replaced or eliminated. Other changes insure their authority for the Behavioral Health Community Crisis Centers staff, providers under the Idaho Behavioral Health Plan managed by Optum, and Medicaid High Risk Providers. Outdated services to Semi Independent Group Residential Care Facilities for the Developmentally Disabled or Mentally Ill and the no show fee are removed.

Answering questions, **Mr. Castro** explained the High Risk Provider designation in the Affordable Care Act is still being defined, but would not include any other category of individuals already listed. Private providers are not served by the DHW and have no requirements for background checks.

Dave Taylor, Department Director, DHW, Support Services, License and Certification, was asked to further answer the question. He said private providers were removed from the required list because their patients are not Medicaid or Medicare recipients.

Responding to further questions, **Mr. Castro** said they are clearing 88% of background checks during the first week, with 12% usually clearing within four to five weeks. Negotiated rule making meetings were not held because the Rules precipitating the changes had gone through the process and they had to get caught up and push the temporary rule, which was approved. Since the Rule changes were published, no comments or opposition have been received.

MOTION: **Rep. Redman** made a motion to approve **Docket No. 16-0506-1401.**

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

VOTE ON MOTION: **Vice Chairman Packer** called for a vote on the motion to approve **Docket No. 16-0506-1401. Motion carried by voice vote.**

DOCKET NO. 16-0507-1401: **Lori Stiles**, Investigations Supervisor, DHW, Medicaid Program Integrity Unit, Bureau of Audits and Investigations, presented **Docket No. 16-0507-1401**. Last fiscal year the unit completed 262 audits, identified $3.2 million in overpayments and penalties, and recovered nearly $2.7 million. This Rule adds a new section to cover reinstatement procedures and timeline for individuals or entities excluded from Idaho's Medicaid program.

Answering questions, **Ms. Stiles** said criminal convictions related to fraud or patient neglect would be cause for exclusion. School districts could fall within the reasons for exclusion. An entity could be excluded if the owner was excluded, not an individual or employee working at the location.

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

MOTION: **Rep. Redman** made a motion to approve **Docket No. 16-0507-1401. Motion carried by voice vote.**

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

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Representative Packer
Chair

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Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Tuesday, January 27, 2015

SUBJECT	DESCRIPTION	PRESENTER
RS23372	Health Benefit Plans	Rep. Kelley Packer
	Your Health Idaho Annual Report	Pat Kelly Executive Director

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
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email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, January 27, 2015

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

ABSENT/ EXCUSED: Representative(s) Rusche

GUESTS: Jody Olson and Pat Kelly, Your Health Idaho; Elizabeth Woodworth, Burson-Marsteller; McKinsey Lyon, Gallatin; Julie Taylor, Blue Cross of Idaho; Lori Wolff, DHW; Bill Roden, Delta Dental; Elizabeth Criner, ACSCAN/ISDA; Tom Donovan, DOI; Colby Cameron, Sullivan & Reberger; Marnie Packard, Select Health; Toni Lawson, Idaho Citizen; Woody Richards, Ins. Companies.

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

MOTION: **Vice Chairman Packer** made a motion to approve the minutes of the January 19, and January 20, 2015, meetings. **Motion carried by voice vote.**

RS 23372 **Rep. Kelley Packer**, District 28, presented **RS 23372**, proposed legislation to define a stand-alone dental plan.

MOTION: **Rep. Perry** made a motion to introduce **RS 23372. Motion carried by voice vote.**

Pat Kelly, Executive Director, Your Health Idaho (YHI), presented the annual YHI report. He explained the reasons for a state-based exchange was created. As opposed to federally controlled exchanges, the YHI Board and Department of Insurance (DOI) assure plans meet set requirements, agents and brokers have major roles, selected consumer assisters represent and help Idahoans, and all Enrollment Counselors undergo a rigorous background check.

At it's inception, the Exchange had a nineteen-member volunteer board, no staff, no funding, no policies, no procedures, no organizational structure, and no office. Federal technology was borrowed for the first year, while maintaining the state-based exchange status and benefits. Keeping agents and brokers in a primary role has been the foundation of their success. Adding the hand picked and partnered In-Person Assister organizations was another important step.

Between October 1, 2013, and March 31, 2014, a total of 76,061 Idahoans have enrolled in plans, for the third highest enrollment per capita in the country. The primary role of agents and brokers provided the right local resources for informed consumer decisions.

YHI is the first Exchange to successfully migrate off of the federal marketplace. This launch came with delays in federal data, changing re-enrollment requirements, and changing grant funding requirements. Because of their direct control, YHI was able to find resolutions quickly, keep assessment fees low, and maintain robust insurance choices. Focusing on technology system design, they partnered with the Idaho Department of Health & Welfare (DHW) to process tax credit eligibility applications.

After moving 76,000 Idahoans from the federal marketplace to YHI, it was discovered the federal system had no accuracy safeguards. The DHW had to reprocess everyone's eligibility to assure accurate tax credits for the 2015 premiums. Notices of eligibility and other tax savings were issued.

Technology challenges have included linking eligibility determinations to accounts and the resulting increased call center wait times. As the open enrollment period continues, they are reconciling issues with duplicate enrollments and terminations.

YHI has maintained and grown their network of over 1,000 agents and brokers. This reflects a 30% agent increase since 2014. As they move toward financial sustainability in 2016, with fewer resources for broad-based outreach, agents and brokers will be vital in customer retention, enrollment, and working with Enrollment Counselors.

As with other start up companies, the federal grant funds have been used as a capital investment. A cash reserve is being established, costs are being kept low, and they are investing in technology and public awareness.

To be eligible to use YHI, Idahoans must live in the U.S., be a citizen or lawfully present, and not be incarcerated. Those with Medicare coverage are not eligible to use YHI to buy a health or dental plan. To get a cost savings, Idahoans must be eligible to shop on the Exchange, be within the family size and income range, and not have other available affordable coverage. YHI outreach efforts have focused on the tax credit eligible population.

Mr. Kelly said the population between the ages of 18 and 34 makes up 27% of their enrollment, is important to balance the risk pool, helps keep premium prices lower, and supports YHI sustainability as long-term clients.

YHI continues to prepare for financial sustainability that starts January 1, 2016, by making prudent financial decisions, maintaining and enhancing their technology system, and working toward retention of 80% or more of their customers each year. Any increase in the 1.5% assessment fee will be a Board decision.

Future technology will include further automation, online change reporting, and a carrier rate review tool. The remaining federal grant funds will be used to invest in enhancements needed to maintain compliance to keep control of costs. Additional educational efforts and tools will be directed at making agents and brokers self-sufficient, reducing the need for YHI assistance resources.

Mr. Kelly, answering questions, said their long and short-term goals center on enhancement of the consumer experience. They are working to improve eligibility, linking accounts, and providing more online change reporting. Whether through agents or directly, the majority of their customers, upon application completion, are transitioned to YHI from the DHW, unless they are eligible for DHW programs.

Answering further questions, **Mr. Kelly**, stated any fee increase would be made by the Board and discussed openly. When changes in income or family makeup are reported, a DHW eligibility change notice is sent to the consumer or their authorized representative.

YHI currently has three start up federal grants. The first grant has been fully expended, they are currently using funds on the second grant, and the third grant, awarded in 2014, has not been used yet. He was unaware of any other available grants.

Subsidy determinations usually take two days, but can take up to ten days, not counting weekends. The 2015 technology enhancements will be geared to shortening that time frame and other consumer experience improvements.

There are nine essential health benefits required for all plans. The Board can approve additional benefits. Depending on each family's composition and income, the rate and subsidy vary.

Of the total $103M federal grant funds, approximately $51M was used as of December 31, 2014, with just over $52M remaining. Of that amount, $12M will cover operating and 2013 expenses. The remaining $40M will be used for technology enhancement, improvements, and saved for the future. Self sustaining operating expenses are expected to be much lower.

Invited to answer a question, **Jody Olson** Director, Communications and Outreach, YHI, assured the committee every county has customer support entities available.

Mr. Kelly responded to further questions, stating the small group enrollment is slight when compared to the individual market. Individuals enrolled last year through the federal site are treated as new enrollees. Carriers have committed to maintaining plans on the Exchange for a minimum of three years, so they have no grandfathered plans.

YHI has a contractual vendor relationship with the DHW. In 2014 YHI paid the DHW $5M for development and approximately $1M for eligibility shared services. Costs for 2015 are expected to be $7M for development and approximately $2.5M for eligibility shared services. YHI's enabling legislation states they cannot use state resources, which the Board continually reviews to assure compliance. In 2016 the DHW costs for services will be lower and centered around eligibility sharing.

Mr. Kelly, in reply to questions, noted that $50M has been expended since YHI's inception and twenty-month operation. Outreach efforts have established their identity and educated the public about their services. A number of different media channels, whether earned or paid advertising, have been used for customer acquisition. Like any business, they need customers to be as self sustaining as possible. Outreach and education expenditures will decline as they move into a maintenance and operation mode.

The increased development costs covered needed technology to add tax credit rules to the eligibility system and stream data between the DHW and YHI. 2014 costs were lower because billed services covered only the later months of the year, instead of the twelve months of service provided in 2015. 2016 will be a twelve-month period and they expect the same $2.5M cost.

Tom Donovan, Acting Director, Department of Insurance, was invited to answer a question. He said the Federal Act specifies catastrophic (CAT) plans have the same out-of-pocket and maximum health benefits plus two or three primary care visits. After that, insureds have to pay very high deductibles. These plans are for individuals under the age of 30 or for persons deemed uncoverable under applicable rules. Individuals over the age of 30 could buy a bronze plan, but different carriers will have different elements and deductibles for similar coverage.

Mr. Kelly responded to additional questions, stating community outreach and education efforts by **Jodi Olson** have been the cornerstone to their success.

Chairman Wood commented that everyone will be watching closely as YHI faces technological challenges and approaches self-sustainability. He suggested the 2016 presentation include a separated five-year projected operational and technology costs breakdown.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:20 A.M.

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Representative Wood
Chair

_____

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Wednesday, January 28, 2015

SUBJECT	DESCRIPTION	PRESENTER
	Optum Idaho Annual Report	Becky diVittorio Executive Director

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, January 28, 2015

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

ABSENT/ EXCUSED: None

GUESTS: Jim Baugh, DRI: Kathie Garrett, NAMI Idaho.

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

MOTION: **Vice Chairman Packer** made a motion to approve the minutes of the January 22, and January 23, 2015, meetings. **Motion carried by voice vote.**

Becky deVittorio, Executive Director, Optum Idaho, presented Optum's annual report. Optum manages outpatient mental health and substance use benefits for Idaho's Medicaid Behavioral Health Care plan, servicing 265,000 members.

There are four system transformation components: ensuring clinical excellence; partnering with members, families and communities; enhancing programs and services to meet Idaho's specific needs; and, collaborating with providers so people have access to the care they need.

Optum has held provider outreach meetings, which support the managed care model shift. Care coordinators work with providers to help over 500 people per month access community services. Web-based authorizations compliment the telephone process. Individuals accessing therapy has increased by 36% and family therapy access has more than tripled.

Improvements include elimination of the primary care physician referral requirement and a new 24/7 member crisis and access line. Recovery and resiliency training development helps members and families understand their role in a recovery model. Working with member and family organizations, unique regional outreach plans have been developed.

Ms. deVittorio said they have partnered with The Speedy Foundation to provide community mental health first aid training, which changes attitudes and gives participants confidence to help those in a mental health crisis.

Provider online tools have been created to access additional training and continuing education credits to maintain licenses. Web authorization submission has eased the provider administrative burden. There has been a reduction in the number of services requiring prior authorization clinical review.

Enhanced programs and services include peer support services, help for treatment system understanding and navigation, and community transition services that provide in-home support, outpatient follow-up appointments, and effective work with treatment providers.

Optum continues to implement evidence-based practices, expand the covered services array, engage consumers in recovery and resilience, enhance the crisis response system, strengthen the role of stakeholders in system design, and build relationships.

Answering questions, **Ms. deVittorio** said Optum started with known national behavioral health (BH) community evidence-based practices and created a number of tools for the care decision. The state BH care system does not require Peer Support Specialists, however, it has been added to improve community transition support services. Since care is through providers, not regional health boards, the changes in the boards provide an opportunity to engage stakeholders in all areas of the system transformation. Comprehensive service agencies help members connect with services known to work for their situation.

Community-Based Rehabilitation Services (CBRS) is a rename of Psychosocial Rehabilitation Services (PSR). Optum found individuals were receiving inappropriate non-supported CBRS. Sometimes what is known to work differs from what CBRS providers determined appropriate. What was usual and customary in the past is not necessarily evidence based. This approach uses taxpayer dollars effectively and appropriately to help individuals recover from mental health and substance use disorders.

Some services were being delivered previously by a team minus an independently licensed clinician, who assures an accurate diagnosis. Optum's clinicians review authorization request information, with possible peer review referral. During a peer review, a psychiatrist works with the provider to get more information and then makes recommendations, which are sent, in writing, to the provider and OPTUM.

Ms. deVittorio stated small rural and frontier communities pose a challenge to provide available resources without traveling to large communities. Telehealth is an approach that may be a viable solution. Optum has a very tight time frame for processing out services and appeals. Providers present written information which then goes through a peer review process and may require additional information.

Lisa Hettinger, Administrator, Department of Health and Welfare (DHW), Medicaid Division, was invited to answer a question. She said preliminary information for Emergency Room (ER) utilization and inpatient admissions for psychiatric diagnosis indicates improvement over historical patterns. A full one-year claim cycle has not ended, so their information is incomplete.

Answering further questions, **Ms. deVittorio** said providers have an administrative burden because they must furnish medical necessity evidence. Work continues to streamline that burden. The Provider Advisory Committee gives input to help the members. Quarterly surveys identify areas that still need improvement.

Chairman Wood turned the gavel over to **Vice Chairman Packer** at 10:01 a.m.

Ms. deVittorio further stated Field Care Coordinators work with both the provider and member, if appropriate, to help build a robust treatment plan, starting with a recovery-oriented system of care.

Dennis Woody, Clinical Director, Optum Idaho, was asked to answer questions. He explained providers may have extensive member history information that, when combined with current information, can lead to a different type of treatment. Optum is mandated to function under Medicaid guidelines for best practice. Collaborative care for dual diagnosis (DD) children is very important.

Ms. deVittorio said they service DD individuals' BH challenges and work with providers for a complete appropriate care plan. "Required benefits" refers to benefits required under their state contract, although they have added more benefits. Optum works with the Behavioral Health Boards to identify system enhancement priorities, challenges, and opportunities. The 24/7 crisis system phone line is toll free for all Idaho BH members. Clinicians at that number can help stabilize and support someone in crisis.

Initial MH first aid training has been focused in rural communities. In conjunction with the Speedy Foundation, they deliver this program around the state through certified trainers. The training helps community members understand mental illness signs and symptoms so they can support and help persons in crisis.

There are studies showing CBRS evidence-based services have worked for adults, not children. One of the biggest state challenges is getting services known to work into small communities, where travel is an obstacle. They are looking at telehealth as a viable, safe, and effective solution. CBRS clinicians exist in some rural areas, but are extremely busy. Optum can provide BH services to children and juveniles who have Medicaid and are in the justice system.

Written recommendations are sent to providers and members. The community needs to improve recommendation follow up to assure services are being accessed. The letters include their appeal rights and the 24/7 member access in crisis line for additional support and information.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:32 a.m.

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Representative Packer
Chair

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Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Thursday, January 29, 2015

SUBJECT	DESCRIPTION	PRESENTER
16-0208-1401	Vital Statistics	James Aydelotte Bureau Chief State Registrar
	Idaho Council on Suicide Prevention	Linda Hatzenbuehler Chairman

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, January 29, 2015

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

ABSENT/ EXCUSED: Representative(s) Rusche, Vander Woude

GUESTS: James Aydelotte, IDHW/Vital Stats; Elke Shaw-Tulloch, IDHW Public Health; Jeni Griffin, SPAN Idaho; John Reusser, Idaho Suicide Hotline; Bev Barr, IDHW/Rules; Norm Varin, Pacific Source Health Plans; Dennis Stevenson, Rules Coordinator.

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

DOCKET NO. 16-0208-1401: **James Aydelotte**, Bureau Chief, State Registrar, Bureau of Vital Statistics, Department of Health and Welfare (DHW), Division of Public Health, presented **Docket No. 16-0208-1401**, a Pending Fee Rule for certificates and verifications issued by the Bureau.

The Bureau's goal is to be self sustaining. They do not receive General Fund support. In the past few years, they have reached their budget through fee receipts, one-time federal funding, other DHW Department fund transfers, and vacant staff positions. Their current computer system is beyond its technical life span.

The Bureau's ongoing shortfall precipitates the need for fee increases. The additional funds will provide a fully functional computer system and fill open staff positions. The staff impact has been increased workloads, lower morale, and vital task delays that impact citizens, leading to increased call volumes.

The current shortfall is $235,000. The fee increases are expected to generate $344,900. This will result in an additional $110,000 to be applied to data base system updates and upgrades, including the electronic birth and death systems, which must meet statutory obligations to maintain state records system.

The last fee increase was thirteen years ago. In determining the new fee amounts, inflation was a consideration, as were certificate prices in surrounding states. The new fees will still be less than those in Nevada, Washington, and Utah.

Answering questions, **Mr. Aydelotte** said updated technology may lead to a drop in costs and an opportunity to decrease fees. Any electronic system has implementation, update, and maintenance costs, with a natural life span that must be anticipated. The $344,900 is an estimate that could fluctuate, depending on the number of requests received.

The Bureau is not statutorily required to be self sustaining. With no savings account, expenditures occur whether or not collected funds are available. This requires additional funding in order to balance.

Jared Tatro, Legislative Services, Budget and Policy Analysis, was invited to answer a question. He said acquiring information beyond the past three years will require data transfer from the previous to the current accounting system and Department analysis. Three years' worth of information has been provided, indicating in-kind support to vital statistics, which receives no direct General Funds.

Answering a question, **Mr. Tatro** explained the proposed $100M State Controller system will be applied to the entire state government, except one system in the State Transportation Department. If approved entirely, it will cover their needs. The number of full time employees (FTE) within the Bureau has remained constant over the last ten years.

Responding to the same question, **Mr. Aydelotte** said their staff consists of 41 FTEs and one state temporary employee. They have lost one FTE due to funding cuts.

MOTION: **Vice Chairman Packer** made a motion to approve **Docket No. 16-0208-1401.**

Mr. Tatro, answering another question, said $6M to $7M in DHW personnel costs was reverted back to the General Fund, with a comparable amount reverted from Medicaid.

SUBSTITUTE MOTION: **Rep. Hixon** made a substitute motion to reject **Docket No. 16-0208-1401.**

Vice Chairman Packer, commenting on the original motion, said the Department has the opportunity to manage their own needs, regardless of the dollars reverted to the General Fund. She would like to see users, rather than taxpayers, cover the Department's needs and expenses.

Rep. Redman stated his agreement with fees maintaining services that are not used by all Idahoans every day.

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

Rep. Perry stated her support of the substitute motion. Since the Bureau is not statutorily required to be self sustaining, federal funding makes sense because they are under the DHW umbrella, which needs to support them. The DHW reverted funds could support the Bureau, with fees as a supplement.

In support of the original motion, **Chairman Wood** said the government, as a general rule of principle, should operate on fees rather than taxes. A mortician in his district said the fee increase was reasonable and he would actually pay more for a good electronic system. The DHW reverted funds run other government agencies, such as education. No one likes increased fees and costs, but expecting the Bureau to go for thirteen years and not be affected by inflation is unreasonable.

ROLL CALL VOTE ON SUBSTITUTE MOTION: **Rep. Hixon** requested a roll call vote on the substitute motion to reject **Docket No. 16-0208-1401. Motion failed by a vote of 2 AYE, 7 NAY, and 2 Absent/Excused. Voting in favor** of the motion: **Reps. Hixon and Perry. Voting in opposition** to the motion: **Reps. Wood, Packer, Romrell, Beyeler, Redman, Troy, and Chew. Absent/Excused: Reps. Vander Woude and Rusche.**

VOTE ON ORIGINAL MOTION: **Chairman Wood** called for a vote on the original motion to approve **Docket No. 16-0208-1401. Motion carried by voice vote. Reps. Hixon** and **Perry** asked to be recorded as voting **NAY**.

Linda Hatzenbuehler, Chairman, Idaho Council on Suicide Prevention, presented their annual report. She described the Council, which includes persons who have attempted suicide and family members of those who have attempted or completed suicide. The Council was developed by Executive Order in 2006. They oversee The Idaho Suicide Prevention Plan, a proponent of suicide prevention efforts, and annually report to both the Legislature and Governor.

The Idaho Suicide Prevention Plan has ten goals: public awareness; anti-stigma; gatekeeper education; behavioral health (BH) professional readiness; community involvement; access to care; survivor support; suicide prevention hotline; leadership; and, data.

In 2013, Idaho was ranked as having the seventh highest suicide rate in the nation, 47% higher than the national average. Suicide is the second leading cause of death for Idahoans age 15 to 34 and for males age 10 to 14. One in seven Idaho youth attending schools reported seriously considering suicide and one in fourteen reported making at least one attempt. Between 2009 and 2013, 85 Idaho school children age 18 and under died by suicide. Fifteen of those were under the age of 14. Suicide attempts result in $36M in annual costs. Suicide completions cost over $850,000 in annual medical care alone and much more in total life time productivity lost. And the rates are increasing.

Jenny Griffen, Executive Director, Suicide Prevention, and Program Director, Suicide Prevention Action Network (SPAN) of Idaho, described the Idaho Lives Project, a partnership between SPAN and the State Department of Education. Their core program, Sources of Strength, acknowledges young people turn to their peers during emotional or suicidal distress. They train young people in suicide prevention with messages of hope, help, and strength. They also train the adults around the youth, including school staff. Last year they trained over five hundred BH providers by bringing the leading expert to Boise. The same expert will hold another training session with video conferencing at three Boise locations next year. Another suicide prevention best practice program, Shield of Care, is being brought to the Idaho juvenile justice facilities.

Sources of Strength is in its fifth quarter. Training has included fourteen schools, and 2,500 youth and professionals, including school staff, medical and mental health providers, law enforcement, and clergy.

John Reusser, Director, Idaho Suicide Prevention Hotline, explained their commitment to the prevention of suicide in Idaho, noting their achievement of a 24/7 phone response in November, 2014.

Over two hundred of their calls have been rescue calls and count as lives saved. Follow-up calls are an integral way to reduce attempts and avoid psychiatric readmissions. They have forty-seven trained volunteer phone workers who receive fifty training hours before their first call. These volunteers have a supervisor silent monitoring each call to help them handle situations as needed.

The program has also provided the State Tax Commission with training, including video training to field offices, because their workers encounter emotionally distressed taxpayer phone calls.

The program has distributed 60,000 wallet cards statewide. They have begun recruiting a separate cohort of non-phone worker volunteers called Hotline Ambassadors to assist with statewide community outreach and support tasks. This program is in partnership with the National Alliance of Mental Illness (NAMI) and SPAN.

Answering questions, **John Reusser** said they have a vibrant social media presence, partnering with school districts to get their information to staff members. iPhones have the national suicide hotline number preloaded. They are adding a 208 area code number to bring into the center. As part of the lifeline network, calls are forwarded based on the caller's area code.

In closing, **Linda Hatzenbuehler** said the trend data shows something must be done. There is a need to increase affordable and available mental health care, provide a place for persons in crisis to go, and a decrease in the mental health stigma.

Responding to questions, **Linda Hatzenbuehler** stated Idaho needs to move forward in developing better access to affordable mental health care. Changes can include training primary care providers, increasing mental health services available at primary care centers, and implementing the patient-centered medical home concept. We have to decrease the number of people without financial access to services. By funding the hotline and developing more crisis centers, individuals have options beyond going to a hospital, which is very costly, especially for the uninsured.

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

JOINT

HOUSE HEALTH & WELFARE COMMITTEE
AND
SENATE HEALTH & WELFARE COMMITTEE

8:00 A.M.
Lincoln Auditorium
Friday, January 30, 2015

SUBJECT	DESCRIPTION	PRESENTER

PUBLIC TESTIMONY
FOR HEALTH AND WELFARE

TESTIMONY WILL BE LIMITED TO 3 MINUTES

If you have written testimony, please place one copy of it in the box next to the podium to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

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, January 30, 2015

TIME: 8:00 A.M.

PLACE: Lincoln Auditorium

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

Chairman Heider, Vice Chairman Martin, Senators Lodge (Johnson), Nuxoll, Hagedorn, Tippets, Lee, Schmidt, Lacey

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 Services Library.

Chairman Heider called the meeting to order at 8:01 a.m. He and **Chairman Wood** thanked everyone for coming.

Jessica Chilcott, Cameron McCown, Randy Shelton, Amanda Harris, Diane Overall, Ali Landers, Ilene Kingery, Karin Schock, Joshua Grade, Mary Syms-Pollot, Veronica Dulany, Marie Milanez, Sathya Shankar, Idaho Citizens; **Brenda Smith**, Madison Memorial Hospital; **Rebeka Casey,** Idaho Council on Developmental Disabilities; **Vanessa Johnson**, Access Community Base Services; **Jeff Marino**, Stellar Mental Health and Mediation; **Greg Dickerson**, Mental Health Providers Association of Idaho; **T.J. Barr** and **Jessica Trent**, Starr Family Behavioral Health; and **Zack Warren**, Pearl Health Clinic, testified regarding Optum.

One set of best practice for all children is ineffective. Many community based rehabilitation services (CBRS) therapies have been discontinued without concern about their impact. Family therapy services have increased. Additional services, such as peer support, have always been available, but were not used.

Optum's denial of service is common and the appeals process is arduous for families and agencies. Denied services result in a lapse that can cause an individual to backslide on their progress, with the possibility of never achieving the same level or ending up in the hospital, which costs Optum nothing. Without community support, these individuals can become homeless, burdening churches and organizations. A transition program would greatly help those who can move away from care. Transportation support services impact persons working and participating in their communities and striving for independence.

Optum doctors never meet the children, while parents know their needs. Support services impact how the children see themselves, building their confidence as goals are reached. Dropping CBRS without any notice is tough to handle, especially when the child views the provider as a friend.

Payment inconsistencies and other provider burdens are decreasing the number of providers, which will impact coverage. Providers face 35 to 40 unbillable weekly hours of paperwork. The application process requires both a school test and a Department of Health and Welfare (DHW) test, which is a wasteful duplication of time and resources.

The ninety-day review process increases the provider administrative load and causes distress for families. Disruptions in routine consistency impact individuals graduating from their services. The state and Optum need to review individuals from services to determine if there is any cost savings.

Oversight is needed to assure the company is providing the contracted services. The state needs to investigate the lack of notices, service denials, and lack of appeal opportunity.

Dave Moreno, Ashley Piakowski, Ali Landers, Liza Long, Kevin O'Sullivan, Carol Augustus, Idaho Citizens; **Terry Sterling,** Idaho Community Action Network; **Aaron White**, President, Idaho AFLCIO; **Niva Santos,** Executive Director, Idaho Academy of Family Physicians; **Dave Decker**, President, Self-Sufficiency Group; **Douglas Alles,** Director, County Charities of Idaho; **Beverly Hines,** Licensed Professional Counselor; **Matthew Johnson,** Glenns Ferry Healthcare Inc.; and **Eric Makrush**, Foundation for Government Accountability, testified regarding Medicaid expansion and redesign.

Medicaid was designed to help a specific population and needs to remain intact. States expanding Medicaid expect a 4.4% growth and states redesigning Medicaid expect a 6.8% growth. Primary care physicians, internists and pediatricians support Medicaid and changes that help over 78,000 Idahoans obtain insurance coverage.

Patients without healthcare live sicker and die younger because health issues go unattended until they become serious and expensive. Preventive service plans greatly reduce costs when compared to emergency room and hospitalization costs. Those without insurance rely on catastrophic and county indigent funds.

Statistical links to poverty include self sufficiency and health care access. Dealing with a life-threatening illness is hard enough without other concerns. People who work hard to put food on their tables and provide for their families are being forced to live with the fear that one medical crisis can bring about financial ruin.

Medicaid problems need to be addressed on the state level, without federal intervention or dependency. The redesign will save lives, create jobs, and lead to new economic activity in our state infrastructure. We need to help close the gap with the Healthy Idaho Plan.

Brandi Hooker, President, Idaho Dental Hygienist Association, urged the exploration of grant programs to fund workforce innovation and pilot new dental alternative practitioners. All dental disease is fully preventable and lack of coverage is unnecessary. With a declining dentist population, alternatives are needed.

Chairman Wood thanked everyone for testifying.

ADJOURN: There being no further business to come before the committees, the meeting was adjourned at 9:59 a.m.

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Representative Wood
Chair

_____
Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Monday, February 02, 2015

SUBJECT	DESCRIPTION	PRESENTER
	Ada County EMS Presentation	Darby Weston Director Shawn Rayne Deputy Director Mark Babson Community Paramedic
	Department of Health & Welfare Integrity Unit Presentation	Steve Bellomy Bureau Chief Audits & Investigations

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
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Phone: 332-1138
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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, February 02, 2015

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

ABSENT/ EXCUSED: Chairman Wood

GUESTS: Steve Bellomy, Lori Stiles, Jerry Massari, Fernando Castro, David Taylor, and Wayne Denny, DHW; Rachel Satterwhite and Hadley Mayes, Ada County Paramedics; Art Evans, Medicaid.

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

Darby Weston, Director, Ada County Paramedics, presented Community Paramedicine, a new care concept. Emergency medical services (EMS) provide site-of-emergency healthcare and transport.

Vice Chairman Packer put the committee at ease at 9:07 a.m.

Vice Chairman Packer called the meeting back to order at 9:08 a.m.

Continuing his presentation, **Mr. Weston** said the Community Paramedicine Project goes further by addressing health care gaps and best patient outcomes. With a variety of Emergency Medical Technician (EMT) and Paramedic skill levels, the EMS vehicle-based medical scope of practice delivers care within one half to one hour of a medical event.

Vice Chairman Packer put the committee at ease at 9:15 a.m.

Vice Chairman Packer called the meeting back to order at 9:16 a.m.

Mr. Weston said each EMS agency has a physician overseeing their scope of practice, quality assurance, and improvement to assure consistent high levels of service. Of the 24,000 incidents in 2014, 5% were transported with lights and siren as a time-critical event, 61% were transported without lights and siren, 34% did not go to a hospital, and 10% of the calls cancelled enroute.

Mark Babson, Community Paramedic, Ada County Paramedics, presented information on Community Health EMS (CHEMS), a test program to deliver services at the point of need. The CHEMS extend the reach of the Emergency Department (ED) physician and other providers to the point of need, often the patient's home.

The CHEMS model is an overall healthcare shift to outpatient services used to transition care, improve health and wellness, assess home environments, and provide a resource for care coordination and education, preventing or decreasing ED visits.

Shawn Rayne, Deputy Director, Operations, Ada County Paramedics, stated the four full-time paramedics split their shifts between field paramedic and community paramedic. Although initial training was outside of Idaho, future education will be handled by Idaho State University's newly developed bachelor's program.

Their established programs include thirty day post discharge follow up for St. Luke's transitioning patients, at-risk field referrals, mental health crisis ED diversions, county vaccination programs, and outside provider vaccine or wellness programs.

By teaming with a social worker and law enforcement officer, community paramedics can respond to suicidal crises and provide on-site medical exams to get patients to the most appropriate level of care. They also provide check-in and observation visits for tuberculosis (TB) patients for the Central District Health Department.

Darby Weston, Director, Ada County Paramedics, said this program has gained attention from the nationwide industry as a way to enhance many communities.

Responding to questions, **Mr. Weston** said reimbursement comes from the Ada county property tax to the ambulance taxing district. Visits assure patients know what to do at home, reconcile medications, and observe their environment for potential issues. Patients in their homes are more relaxed and receptive to changes or improvements in their care, impacting their potential readmission rate.

Mark Babson, Ada Co. Paramedics, was invited to answer a question. He said the CHEMS communicate to the medical team what is going on in the patient's home and how well the patient is relating to the care plan.

Darby Weston answered additional questions, stating they are exploring specific projects and results to assure real value. Primary health care is not a part of the pilot yet, although other states are using Community Paramedics and Physician Assistants for similar care.

Responding further, **Mr. Weston** said 70% of their funding is fee-for-service payments. The model teams the community paramedic, Mobile Crisis Unit Counselor, and a police officer for mental health crisis situations. At a crisis scene, the police officer can place someone on hold, the counselor establishes the persons state of mind and need, and the paramedic does a physical evaluation for the end result determination. They all meet at the emergency scene.

Shawn Rayne, Deputy Director, Operations, Ada County Paramedics, was invited to answer a question. He said the current program cost is $240,000 per year. A substantial cost savings is noted when reviewing the dropping number of readmissions and ED mental holds.

Mr. Weston explained the Department of Health and Welfare (DHW) has contracted with Community Paramedics to follow up with TB patients because they have the infrastructure to deliver to the patients, who are often homeless. Community Paramedics use a sports utility vehicle loaded with the same equipment as an ambulance.

Responding to questions, **Mr. Weston** said their goal is to have the EMT take an additional training module, but this could burden volunteer EMT systems. The current staffing model uses two full-time teams of two, who rotate between the 911 frontline and the community paramedic program.

Steve Bellomy, Bureau Chief, Audits and Investigations, presented an overview of the Department of Health and Welfare (DHW) Integrity Units. The four units are Internal Audit, Criminal History, Welfare Fraud, and Medicaid Program Integrity.

The Internal Audit Unit provides independent, objective assurance and consulting services for the Department's compliance, internal controls, operations, and financial reporting. Their staff consists of two auditors and 2,800 staff in forty offices. They also have expenditures of $2.5B, 150 grants, fifteen major systems, 1,000 contracts exceeding $1.5B, and 50 sub-recipients. The Unit continues to develop process improvement techniques, expand information technology audits, and help the DHW address critical grant compliance issues.

The Criminal History Unit performs a fingerprint-based background check on individuals working in DHW programs serving children and vulnerable adults. The Unit's staff of thirteen process 22,000 background checks annually, preventing 300 individuals from gaining access to our vulnerable citizens. They use a web-based application processing system. In 2014, 27,000 applications resulted in 21,315 individuals fingerprinted. Of those fingerprinted, 2% were rejected, 277 were denied, and the no-show rate was 20%.

They are currently processing fingerprint applications at a rate of 88% with no background history in the first week, up 7% from last year, and 82% with a criminal past within two weeks, up 46% from last year. The Unit, by law, covers the cost of background checks through fees, except for adoption, foster care, employees, and volunteers, which are paid with general and federal funds.

Continuing goals include improving productivity, developing a better website interface, improving appointment availability, and improved background completion process speed for those with criminal records.

The Welfare Fraud Unit investigates recipients and audits non-Medicaid welfare providers. It has eleven full and two part time positions. They investigate cases referred by complaint and also develop case leads through data analysis.

Mr. Bellomy said the County Jail Match Project identifies inmates receiving food stamps through a data analysis extraction method. This has resulted in a Food Stamp Program monthly reduction of 2,800 inmates, significantly decreasing improper payments. Their goal is to become financially self sufficient. Having reached a break-even point, they expect a modest general fund surplus in 2015.

The Medicaid Program Integrity Unit audits Medicaid providers. Their 18 member staff is located in three offices around the state. Annual leads have increased to 20,000 per year due to claim data and utilization reports that became available December of 2013. Through the second quarter, the unit has recovered 56% more than in 2013, with over $4M in pending cases.

They continue to work with Medicaid and other partners to better align rules and statutes for Managed Care oversight. Long-range goals include improving provider communication and processes.

Answering questions, **Mr. Bellomy** said Idaho is one of the two top states for welfare fraud investigation productivity.

Medicaid cases revolve around investigating and analyzing medical records, taking substantial time. Data leads tend to be administrative in nature and are hard to use in determining criminal intent. Sanctions range from recovering overpayments, eliminating benefits for a variety of time, complete removal from programs, and prosecution.

Dave Taylor, Deputy Director, DHW Support Services, was invited to answer a question. Results of welfare recipient drug testing in other states show those on welfare programs are a small percentage and the same as in the community at large.

Mr. Bellomy answered additional questions, stating food stamps issued to a household or individual are allocated by portion for each member in that household. The degree of welfare fraud for providers impacts larger dollar amounts than those for recipients. So, the real recovery profits are with providers.

Three additional Welfare Fraud Unit staff positions were filled and two turned over within thirty days, so they are refilling those positions. Eligibility determination is the frontline to preventing fraud.

The Criminal History Unit charges $65 for a criminal background check. Half of that amount covers the Federal Bureau of Investigation (FBI) processing costs. Any program paying to a recipient is subject to audit. They are working with the Women, Infants, and Children (WIC) Program to develop an auditing process to address illegal sale of formula. The integrity efforts for many programs rest with the state as the first line of defense. The federal government has audit, not recipient, administrative oversight. Schools, as providers of Medicaid services, are included in audits.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:40 a.m.

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Representative Packer
Chair

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Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Tuesday, February 03, 2015

SUBJECT	DESCRIPTION	PRESENTER
	Board of Pharmacy	
H 4	Controlled Substances	Mark Johnston Executive Director
H 5	Pharmacy Licensure Requirements	Mark Johnston
H 6	Prescription Drugs	Mark Johnston
H 7	Controlled Substances	Mark Johnston
H 8	Pharmacy Board	Mark Johnston
H 9	Uniform Controlled Substances	Mark Johnston

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Tuesday, February 03, 2015
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
ABSENT/ EXCUSED:	Representative(s) Vander Woude
GUESTS:	DiAnn Butterfield, ISU Student, BOP Intern.

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

MOTION: **Vice Chairman Packer** made a motion to approve the minutes of the January 26 and January 27, 2015, meetings. **Motion carried by voice vote.**

H 4: **Mark Johnston**, Executive Director, Board of Pharmacy (BOP), presented **H 4**, which provides other disciplinary avenues for the BOP beyond suspending or revoking controlled substances (CS) renewal registrations. Stipulated orders and alternative penalties have been used as lesser disciplinary methods. The BOP action does not preclude any licensing board action. The legislation also provides the option of a fine up to $2,000. The BOP does not need to collect fines to survive.

Other changes reflect CS registration for each administering or dispensing location. The terms dispense, prescribing, and administration have been separately defined and utilized. Other definitions have been updated to conform with the Idaho Pharmacy Act. Statutory term updates were made for consistency. Outdated activities and instructions were removed. Some provisions were moved to flow more consistently.

Answering questions, **Dr. Johnston** said BOP investigators and practitioner licensing boards communicate during the process and the licensing board is notified of any stipulation. The goal is elimination of the activity and the BOP tries to determine the best penalty to reach that goal. The BOP has the ability to recoup costs, which is better done through a fine. This is not seen as a money making opportunity, rather a penalty to stop recurring activity.

All board disciplinary action is published in their newsletter, using initials to identify the individuals, and is sent to other licensing boards. The BOP has an average of $2M, or one year's budget, in the bank. Renewal fees are bi-annual, so their balance does fluctuate.

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

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

H 5: **Mark Johnston**, Executive Director, BOP, presented **H 5**, legislation that waives the fingerprint requirement for reinstatement applicants who have had their license or registration lapse by less than a year. These applicants have already been fingerprinted and waiting the six weeks for processing becomes a burden to pharmacies working shorthanded.

MOTION: **Rep. Hixon** 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. Troy** will sponsor the bill on the floor.

H 6: **Mark Johnston**, Executive Director, BOP, presented **H 6.** This legislation allows electronic transmission of a prescription drug order by a licensed practical or professional nurse in an institutional facility for a patient of that facility to a pharmacy via a secure interoperable information technology system. These systems already exist in hospitals.

Updates include separation of the validity of prescription drug orders sections from those pertaining to transmission of prescription drug orders. The list of specific professionals outside the state has been changed to the term "prescriber," and other terms have been changed for statute consistency.

Kris Ellis, Idaho Healthcare Association, testified **in support** of **H 6**. She thanked the BOP for acting quickly on legislative changes brought to them right before the session started.

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

MOTION: **Rep. Hixon** made a motion to send **H 6** to the floor with a **DO PASS** recommendation.

Responding to a question, **Dr. Johnston** explained a legend drug and prescription drug are the same definition and are used interchangeably.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **H 6** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Chew** will sponsor the bill on the floor.

H 7: **Mark Johnston**, Executive Director, BOP, presented **H 7**. Release of PMP data is being requested by attorney subpoenas seeking possible information to use in civil law suits, such as custody or divorce. This legislation requires a presiding judge issue any subpoena for PMP data. The Administration Director of the Courts indicated their support of this bill.

MOTION: **Vice Chairman Packer** made a motion to send **H 7** to the floor with a **DO PASS** recommendation.

Dr. Johnston stated, in response to questions, the PMP data can be provided to authorized users. Pharmacists and physicians have 24/7 online access. Hospital administrators do not have direct access to the data.

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. Redman** will sponsor the bill on the floor.

H 8: **Mark Johnston**, Executive Director, BOP, presented **H 8**. The 2013 Drug Quality and Security Act has provisions that become effective at different times over the next decade. The first provision, effective January 1, 2015, preempts states tracking the distribution of prescription drug product. **H 8** strikes the definition of normal distribution channel and several lines that require and regulate pedigrees, which are transaction information statements that accompany certain drug distribution.

Most of the changes align with the Idaho Wholesale Drug Distribution Act. Updates were made to the definitions for compounding and wholesale distribution. The fingerprinting language is changed to match the Idaho prototype. Numbering of all sections has been updated. Additions include an outsourcing facility definition, new exceptions to wholesale distributor licensure, and federal security requirements.

Deletions include certain Veterinary Drug Order (VDO) parameters that exist in other Rules. a cumbersome administrative renewal process, a statutory conflict with Idaho's Public Records Act, and federally preempted language.

Exceptions were made to allow pharmacies to legally distribute prescription drugs under certain circumstances. Other changes describe who can possess drugs without a valid prescription drug order and address grey wholesaling.

MOTION: **Rep. Beyeler** 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.

Answering a question, **Dr. Johnston** explained the California requirement for electronic pedigrees for pharmacy inventory control, which brought about the 2013 Drug Quality and Security Act. This Act mandates everything in the California bill, providing rule making and legislation over the next decade. Although the FDA does a good job, there's a mass counterfeit problem outside of the country.

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. Chew** will sponsor the bill on the floor.

H 9: **Mark Johnston**, Executive Director, BOP, presented **H 9**. This legislation updates Idaho's CS schedule, pursuant to Drug Enforcement Administration released information. A new prescription depressant, Perampanel, is added to Schedule III. Suvorexant, a new depressant, is added to Schedule IV. Tramado, a narcotic pain reliever, is added to Schedule IV. "Hydrocodone containing products" is moved from Schedule III to Schedule II.

MOTION: **Rep. Redman** made a motion to send **H 9** 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 9** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Beyeler** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:54 a.m.

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Representative Wood
Chair

_____

Irene Moore
Secretary

AMENDED AGENDA #1

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Wednesday, February 04, 2015

SUBJECT	DESCRIPTION	PRESENTER
16-0202-1401	EMS Physician Commission	Dr. Curtis Sandy Chairman
H 23	Massage Therapy	Roger Hales Bureau of Occupational Licenses Administrative Attorney
H 24	Occupational Therapy	Roger Hales
H 25	Physical Therapy	Brian White Chairman Physical Therapy Licensure Board

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Wednesday, February 04, 2015
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
ABSENT/ EXCUSED:	Representative(s) Vander Woude, and Rusche
GUESTS:	Curtis Sandy and Bruce Cheeseman, EMSPC; Brad Hunt, O.A.R.C.; Brian White, PT DPT, IBOL-PT; Tana Cory, Occupational Licenses; Frank Powell, IDHW-Rules Unit.

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

MOTION: **Rep. Perry** made a motion to approve the minutes for the January 28, 2015, meeting. **Motion carried by voice vote.**

DOCKET NO. 16-0202-1401: **Dr. Curtis Sandy**, Emergency Department and Emergency Medical Services (EMS) Physician, Portsmouth Medical Center, Chairman, EMS Physician Commission, presented **Docket No. 16-0202-1401**, Rule changes to update the EMS definition, alphabetize all definitions, reference the new EMS Standards Manual version, and align with code.

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

MOTION: **Rep. Redman** made a motion to approve **Docket No. 16-0202-1401. Motion carried by voice vote.**

H 23: **Roger Hales**, on behalf of the Idaho Board of Massage Therapy, presented **H 23**. This Legislation adds an exemption for those licensed in another state or country to travel to Idaho and provide massage therapy for an athletic event, team, or athlete competing in Idaho. This exemption is limited to sixty days a year. There is no opposition to this bill.

MOTION: **Vice Chairman Packer** made a motion to send **H 23** 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 23** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Vice Chairman Packer** will sponsor the bill on the floor

H 24: **Roger Hales**, on behalf of the Occupational Therapist Licensure Board, presented **H 24.** This legislation eliminates the professional development units required for occupational therapist license renewal. This type of development is more personal, not professional. The twenty-hour continuing education every other year requirement remains in effect. There was no opposition to this change.

MOTION: **Rep. Romrell** made a motion to send **H 24** 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 24** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Romrell** will sponsor the bill on the floor.

H 25: **Brian White**, Physical Therapist, Chairman Physical Therapy Board, presented **H 25**, which mirrors the massage therapy bill whereby others licensed in other states can enter the state and practice physical therapy for their athletes.

MOTION: **Rep. Beyeler** made a motion to send **H 25** 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 25** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Hixon** 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.

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Representative Wood
Chair

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Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Thursday, February 05, 2015

SUBJECT	DESCRIPTION	PRESENTER
	Governor's Medicaid Redesign Work Group	Richard Armstrong Director Idaho Department of Health & Welfare

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, February 05, 2015

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

ABSENT/ EXCUSED: Representative(s) Perry

GUESTS: Corey Surhar, Saint Alphonsus; Lisa Hrobsky, IHA; Jim Baugh, DRI; Christine Pisani, DD Council; Toni Brinegar, ICDD; Ellie Brown, Veritas Advisors; Russ Baron and Dave Taylor, DHW; Toni Lawson, IHA.

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

Dick Armstrong, Director, Department of Health & Welfare (DHW), presented the findings summary of the Idaho Workgroup on Medicaid Redesign. The state's healthcare initiatives are: the State Healthcare Innovation Plan (SHIP); traditional Medicaid reform; and, plugging the uninsured Gap in healthcare coverage.

Dr. Ted Epperley, Family Physician, President, Chief Executive Officer, Family Residency of Idaho, Chairman, The Idaho Healthcare Coalition Board (IHC), said SHIP transforms the existing healthcare delivery system to a patient-centered medical home (PCMH) model, where a team focuses on the patient's overall health, not their disease. It replaces the current fee-for-service payment method with a value-based multi-payer model. Participant and provider incentives encourage chronic condition management, wellness exams, and preventive care. Although PCMH and direct primary care offer the same models of care, their reimbursement methodology differs.

After Medicaid's review of the model, Idaho has been awarded a $40M transformation grant. The reward was based on the plan's soundness, cost savings, delivery, and PCMH model design. The Medicaid redesign for 274,000 participants is also a part of SHIP, providing an integrated preventive and wellness healthcare system with a team of providers. The Gap population would be brought into the system through the Medicaid redesign/expansion, while SHIP improves their outcomes.

The redesign creates seven regional community health agencies with Boards of Directors. They will work with the IHC to transform practices, design quality outcome metrics, and compare incentive-based outcomes. The IHC will oversee the entire transformation project.

Director Armstrong reported the state began moving to care management principles in 2007, with further direction as part of **H 260**. Four major Medicaid delivery systems have been moved to care management.

In evaluating everyone's insurance ability, the work group focused on the 78,000 (5%) Gap population that falls within the 25% to 100% federal poverty level (FPL). Their crisis care is handled through hospital EDs, and the payment is often through county indigent services, the state catastrophic (CAT) fund, and other charity care. With care management continuity, their chronic diseases often progress to become very expensive indigent costs.

More than half of these adults have children and at least one full-time worker in their households. Their professions include food service workers, construction laborers, farming, forestry, home health aides, childcare workers, retail sales, transportation, janitorial, and office or administrative support. Canyon County (7.30%) has the highest Gap population, Power County (6.93%) came in second, and Payette County (6.41%) was third. Indigent provider payments in 2014 totaled $51,528,726. The three highest counties for those payments were Ada ($16,842,323), Kootenai ($5,448,018), and Twin Falls ($4,730,457).

Director Armstrong presented the Healthy Idaho Plan, a unique hybrid model for care management and private market solutions. The plan assures premiums are charged and the maximum allowable co-pays are collected from participants. Medically fragile assessments are required, with a core principal to eliminate the state and county indigent programs. This would save Idaho taxpayers more than $173M over ten years, freeing money for use toward education or other state priorities. It would bring the $25M to $50M Affordable Care Act (ACA) taxes back to Idaho citizens per year .

Gap adults would be assigned to a primary care physician or direct primary care provider, enhancing the existing Medicaid Healthy Link program. The payment model would shift from fee-for-service to value, subject to approval from the Center for Medicare and Medicaid Services (CMS). Participants and providers would be offered incentives to enhance their working relationship. Cost-sharing would be maximized and co-pays would be required for non-emergent ED utilization. Participants would be automatically referred to work search and job training, as is already done in other programs.

Approximately 25,000 adults fall within the 100% to 138% FPL. The Health Insurance Exchange (HIX) would be used to deliver the same products used by the general public. Children on Medicaid would be able to join their parents' plans.

The federal government pays 70% claims costs for traditional Idaho Medicaid. The federal match rate for Healthy Idaho claims costs would begin at 100% (2015-2016) and annually decrease to 90% (2021 and beyond).

With the increasing state and county indigent costs, Healthy Idaho saves both county property taxes and state General Funds. County and state medical indigency programs would be eliminated. The resulting savings could be used as a tax break, education funding, or applied to other state/county priorities. The ten-year projected state and local savings is $173.4M.

Director Armstrong explained the next steps require legislation to change insurance eligibility to include the Gap population and provide the hybrid delivery model. The Healthy Idaho Plan uses federal funds targeted for traditional Medicaid expansion in a uniquely Idaho way. It incorporates unprecedented federal government concessions to support Idaho's values of personal responsibility and accountability. If the proposed three-year pilot program is not working or the promised federal funding is not delivered, Idaho can opt out at any time.

Answering questions, **Director Armstrong** said continued use of a private contractor for job training and work search is proposed. Without a plan to access funding that became available in 2014, the state has had to pass on millions of dollars paid at 100% for claim costs.

The Healthy Idaho Plan focuses on the 78,000 Gap population. The DHW will continue to move ahead with all Medicaid enrollees and the SHIP Program, compressing efforts during the transformation, taking advantage of early high federal percentages, and putting the minimum cost amount on the health care providers. With the help of Meridian, a Medicare contract payor, Medicare's work group participation has begun.

Dr. Epperley answered questions, stating physician cooperation starts with education and incentives for more preventive care. Current procedure technology (CPT) reform begins within Medicare, decreasing procedural payments while improving integration and coordination payments.

Dave Taylor, Deputy Director, Support Services, DHW, was invited to answer a question. He said the ten-year swing costs for counties total $367.8M. The state swing costs total $194.4M, with a savings in 2016 of $33.9M that migrates to $45.9M in 2025, through the 90% federal and 10% state funding. The state costs include $110.6M offsets from the CAT fund, behavioral health program, and other DHW programs. Total federal funds for the same ten years is $7.4B, which migrates from $653M in 2016 to $874M in 2025.

Director Armstrong said the issue with children being put on the Medicaid system instead of the same coverage as their parents is recent and, as yet, has no resolution. Free or sliding-scale clinics will become a major Medicaid primary care deliverer and continue to serve those not enrolling in Healthy Idaho.

The Healthy Idaho Plan includes health reimbursement account earned incentive credits that offset co-pays. Medicaid co-pays range from $3 to $15 and payment would be enforced.

The DHW and Idaho Hospital Association are analyzing ten-year projected uncompensated hospital care costs. The transformation impact on clinics, although not included in the study, will become evident as claims are reviewed.

If we continue with the status quo, the DHW, as a safety net agency, will make sure some fashion of care is delivered to everyone. The proposed approach is the least expensive direction for our local tax dollars, giving the broadest coverage and solving the Gap issue.

Answering further questions, **Director Armstrong** said, when forecasting, a fairly narrow focus was maintained, with consideration of the low estimate errors made by other states. If the estimates are off by 10%, the General Fund impact would be manageable, due to the federal government payment amount.

Dr. Epperley, responding to questions, said physicians, reluctant to take Medicaid patients under the current payment system, view the new payment model as sustainable. The delivery and payment system must change at the same time. With lack of coverage, 75 to 179 Idahoans die annually. A direct primary care model with a smaller patient panel, although not scalable to our state, needs to be a portion of the redesign. More primary care physicians and providers must be trained and added to amplify the community integrated team care.

Director Armstrong explained the PCMH pilot program had 3,700 chronically ill volunteers. A fixed monthly fee was advanced to the volunteer medical homes. Reviewing six months' worth of claims from the two-year pilot period has revealed the annualized advance amount of $755k resulted in an annualized savings of $8M. Inpatient care decreased by 26% and hospital readmissions decreased by 41%. He acknowledged the severe chronic illnesses of the pilot volunteers offered the highest savings potential. It was rewarding to see how thirty Idaho clinics delivered the integrated care to the participants.

Health savings accounts have not produced the assistance expected to the average Idaho wage earner. Incentives effectively bring patients and providers together to assure the right care is delivered at the right time.

The Gap population moves from job-to-job to improve their lives. By offering them the tools to secure better paying jobs, their self reliance is increased and encouraged. Individuals unwilling to improve make up less than 10% of the population

Community walk-in clinics handle patients needing appointments the same day. This is an important community method needing expansion to decrease ED visits.

Lisa Hettinger, Administrator, Medicaid Program, DHW, was invited to answer questions. The state has a shortage of primary care physicians for all payers. Medicaid has seen no decline in Medicaid physician assignments or care access through the Healthy Connections Program. Medicaid participant ED utilization does not appear greater than the general population.

Answering further questions, **Director Armstrong** said the justice reinvestment process is being analyzed. The current probation and parole treatment costs are estimated at $5.7M, with eligibility after completed incarceration. Those with medical and behavioral health issues are expected to merge into the PCMH for fully integrated recovery and would be a part of the Gap population.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:43 a.m.

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Representative Wood
Chair

_____

Irene Moore
Secretary

AMENDED AGENDA #1

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Monday, February 09, 2015

SUBJECT	DESCRIPTION	PRESENTER
16-0201-1401	Time Sensitive Emergency System Council	Dr. Bill Morgan Chairman
RS23453	Diabetes Month	Rep. Janet Trujillo
RS23477C3	Telemedicine & Telehealth	Rep. John Rusche
H 46	Stand-Alone Dental Plan	Rep. Kelley Packer
	Fun Facts and Myths	Richard Armstrong Director Dept. of Health & Welfare

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
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Phone: 332-1138
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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Monday, February 09, 2015
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
ABSENT/ EXCUSED:	None
GUESTS:	Kris Ellis and Tony Smith, Eiguren, Fisher, Ellis; Bev Barr, IDHW-Rules; Toni Lawson, Idaho Hospital Assoc.; Elizabeth Criner, ISDA; Wayne Denny, Bill Morgan, and Christian Surjan, ID-TSE; Dieuwke A. Dizney-Spence and Elke Shaw-Tulloch, IDHW-Division of Public Health; Brad Hunt, O.A.R.C.; Dennis Stevenson, Rules Coordinator; Angela Richards and Woody Richards, AHIP.

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

MOTION: **Vice Chairman Packer** made a motion to approve the minutes for the January 29 and January 30, 2015, meetings. **Motion carried by voice vote.**

DOCKET NO. 16-0201-1401: **Bill Morgan**, Trauma Surgeon, St. Alphonsus Regional Medical Center, Chairman, Idaho Time Sensitive Emergency (TSE) Council, presented **Docket No. 16-0201-1401**, a new Rule to establish the TSE Council authority, membership, duties, regions, regional TSE committees, standards, criteria, fees, and the designation of voluntary trauma centers. The stroke and heart attack designations continue negotiations and will be added to the Rules at a later date. The TSE System Standards Manual is incorporated in the Rules by reference. The American College of Surgeons is listed under definitions without specific manual edition because the most recent manual version was considered less comprehensive.

The fees for hospitals choosing to become a TSE designated trauma center, are payable on an annual or triennial basis. Fees are also charged for required on-site surveys, based on designation levels. The general fund fiscal impact is $225,800 for operating expenses. In the next two years the TSE system maturation will eliminate national accreditation reliance.

Dr. Morgan noted the definitions include those facilities located more than thirty-five miles from a hospital and a separate listing for rural clinics, which may be well beyond that limit.

The twelve designation levels mirror the national accreditation levels. The designations will be for three years, as opposed to the two year national designation. Applicants with a national accrediting board verification pay only the designation fee, while those without national verification require a TSE on-site review prior to designation and paying a survey and designation fee. On-site reviews will be conducted at least once every three years, unless the center becomes verified.

The two-member review teams will consist of a physician and nurse, or two physicians. For Level II and III trauma centers, physicians from outside of Idaho will be brought in to assure fairness. The maximum survey fee will not exceed $3,000, Levels I through III, and $1,500, Levels IV through V. The remainder of the Rules cover waivers, application denial, modification, revocation, suspension, and designations to a lesser level.

Responding to questions, **Dr. Morgan** said the intention is to include hospitals in a system that gets patients timely care. The region would review each transfer and death to help the facilities improve. Facilities have the option to be designated by the state and through a national accrediting board. Some designated centers may not meet all the requirements for their level, although they may offer something to offset what they don't have. In those cases a waiver would be a tool to maintain their designation and recognize what they offer.

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

MOTION: **Rep. Rusche** made a motion to accept **Docket No. 16-0201-1401. Motion carried by voice vote.**

RS 23453: **Rep. Janet Trujillo**, District 33, presented **RS 23453.** It is estimated that 100,000 individuals, or 8.4% of our population, live with diabetes, 7.5% live with pre-diabetes, and 1,500 mothers experience gestational diabetes. This proposed Resolution shows Legislative support for the goals and ideals of the American Diabetes Month in November, including encouraging individuals to fight diabetes through public awareness, prevention, education, and treatment options.

MOTION: **Vice Chairman Packer** made a motion to introduce **RS 23453. Motion carried by voice vote.**

RS 23477C3: **Rep. John Rusche**, District 6, presented **RS 23477C3**, proposed Legislation to improve the healthcare of Idaho citizens through telecommunications technology, to be known as the Idaho Telehealth Access Act. It identifies benefits and outlines the use of telemedicine and telehealth, including reliance on the boards of the healthcare professions. Non face-to-face patient-provider relationships are addressed and limits on authorized prescriptions are placed. Informed consent, provisions for continuity of care, and the availability of records are also covered.

MOTION: **Rep. Beyeler** made a motion to introduce **RS 23477C3. Motion carried by voice vote.**

H 46: **Rep. Kelley Packer**, District 28, presented **H 46**, Legislation defining a stand alone dental policy and clarifying those offered on the Idaho Health Insurance Exchange (HIX). The stand alone plans are designed for persons with health insurance, perhaps through their employer, without dental coverage and allows them to shop on the HIX for dental plans to cover their family.

MOTION: **Rep. Redman** made a motion to send **H 46** 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 46** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Packer** will sponsor the bill on the floor.

Dick Armstrong, Director, Department of Health and Welfare (DHW), presented Fun Facts and Myths, an open discussion about perceptions that become reality without education to the contrary. Welfare is steeped in myth started in truth that changed over time.

The myth that most welfare recipients are drug users was dispelled when Florida began testing and found only 2% of their recipients tested positive, which is the same rate as the general public. Idaho uses random drug screening and pursues treatment for those adults testing positive.

Child support myths are dying because the DHW either acts as a transfer accountant or takes special enforcement action. License suspension has resulted in about 50% performance increase. Many of the individuals would like to make payment, but do not have the money. The DHW works with them to get to the point where they can support their families.

Director Armstrong clarified drug use, not addiction, is voluntary. Brain scans of methamphetamine users show dead spots in the brain that will never recover, so they are no longer the same person they were before using. Prescription pain medication abuse is an epidemic, exceeding heroine and cocaine deaths. He said we need to monitor our medicine cabinets and protect our children. One in eleven people using marijuana will become addicted. For states who have legalized its use, the far-reaching social and health impact can be costly. Universal drug testing for those applying for Medicaid or temporary assistance for needy families (TANF) is costly and inefficient.

The idea that a foster parent must be married or make a lot of money is untrue. Anyone with compassion, patience, and a willingness to help a child and their family during a difficult time can be a foster parent. There is a required criminal background check, they insure the home is safe, and references are required. A foster parent is paid from $366 to $487 a month, with certain provisions for children with disabilities, since they are more complex cases.

The myth of the welfare queen was a composite created by **Ronald Reagan** during his 1976 presidential campaign. The 1996 national welfare reform required work and work services for food stamp and TANF recipients. Idaho is one of the highest performing states, with 88% of our adults taking part in work or job search activities.

Director Armstrong explained the monthly TANF maximum is $309, no matter how many children are in a family, and any income is subtracted from that amount. There is a two-year lifetime limit for TANF and participants are required to be working or in job training. Out of 578,000 households, 204 are TANF recipients.

Medicaid is not available for working age adults. It is only available for low income pregnant women, children from low income families, low income elderly, people with disabilities and low income adults with children in the home. Medicaid pays for 44% of Idaho deliveries, which is a concern since children in low income households have greater risks. The largest portion of the DHW budget is Medicaid, which only uses 3% of its $2.6M budget for administrative costs and personnel.

Only legal immigrants can receive food stamps, after five years in the country and other requirements are met. The DHW finds those here legally are reluctant to apply due to language barriers or distrust based on government abuse in the country they lived in before.

Eighty-two percent of all Special Needs Assistance Program (SNAP) benefits go to households with children, elderly, or people with a disability. The average monthly payment of $115 is used for food products, with restrictions. Beginning in 2016, benefits will be distributed more than once a month. The program requires job training or employment. The rate is declining with single adults as they gain employment after the recession and leave the program.

Vaccines will not overwhelm a child's immune system. In fact, there are more bacteria in a child's mouth than there are people in the world. Idaho buys a single supply of immunization agents, which is then provided to all physicians and clinics in the state. The insurance companies are assessed for their portion of use. We also have the second highest immunization exemption rate in the nation, which results in a high vulnerability for disease in schools and in their siblings at home.

Director Armstrong described herd immunity, which is a threshold for certain diseases to get a foothold. The immunization threshold percentage for measles is 95%. With higher opt-out rates, the threshold across the country has dropped lower, hence the spread of the disease. Idaho is currently at a measles threshold of 91%, although some communities in the state are much lower.

Measles, once thought to be eradicated, can have serious side effects. The DHW is working to increase vaccinations through more education and public awareness. Immunizations are available and the herd immunity level, when high enough, protects those not immunized because the disease isn't going to go anywhere.

Answering questions, **Director Armstrong** explained the measles outbreak site study revealed 84% of the individuals had no immunization. The majority were adults and some were too young to be immunized. Once infected, they traveled to other sites, unaware that they were carrying this airborne disease.

With the decrease in single adults on SNAP, the enrollment has declined. The HIX requires, for ineligible adults, any children in their family are placed on Medicaid, increasing those numbers. SNAP benefits are from the Department of Agriculture and apply directly to recipient cards. The state pays half of the program administrative costs, which is the only portion of this program included in the DHW appropriation.

In the event of any disease outbreak, Idaho has a refined preparedness network with communications to hospitals, clinics, and public health districts. During an outbreak some schools in areas with higher exemptions could be shut down for the disease incubation period, twenty-one days in the case of measles.

Answering another question, **Director Armstrong** agreed the Medicaid costs are higher with the aged population. In 1963 most U.S. kids had the measles by 11 years of age, one or two in every thousand died. Other possible measles side effects were brain damage, loss of sight, or loss hearing.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:19 a.m.

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Representative Wood
Chair

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Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Tuesday, February 10, 2015

SUBJECT	DESCRIPTION	PRESENTER
RS23476	Food Safety, Home Kitchen Operations	Rep. Clark Kauffman
RS23464	Pharmacy, Opioid Antagonists	Rep. Christy Perry
RS23486	Immunization Board, Sunset Date	Rep. John Rusche
H 33	Health & Safety / Substance Abuse Treatment	Casey Moyer Program Manager Division of Behavioral Health

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Tuesday, February 10, 2015
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
ABSENT/ EXCUSED:	Vice Chairman Packer
GUESTS:	Kathryn Turner, IDHW Division of Public Health; Patrick Guzzle, IDHW Food Protection; Tom Donovan, Dept. of Insurance; Jim Low and Mitch Royer, Food Producers of ID; Julie Taylor, Blue Cross of ID; Jamie Teeter and Casey Moyer, IDHW; Dan Bockson and Tony Poinelli, IAC/Public Health District; Woody Richards and Angela Richards, AHIP; Colby Cameron, Sullivan & Reberger.

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

RS 23476: **Rep. Clark Kauffman**, representing the Cottage Food Industry, presented **RS 23476**. Health districts have allowed cottage foods sales, although district regulation has been inconsistent. This proposed legislation adds a new Idaho Code section to allow those in the cottage food industry to produce, process, and sell from unlicensed home kitchens. A concise definition of the cottage food industry is provided, along with appropriate standards. It ensures public sales, online and in person, are direct from the producer. Maximum flexibility is given to the producer, while the health districts are given clear standards already defined in the Idaho Food Code.

Answering a question, **Rep. Kauffman** said the Department of Health and Welfare has been vetted in this proposed legislation from the beginning.

MOTION: **Rep. Troy** made a motion to introduce **RS 23476. Motion carried by voice vote.**

RS 23464: **Rep. Christy Perry**, District 11, presented **RS 23464**, proposed legislation developed by a prescription drug work group and the Office of Drug Policy. It allows for possession of an opioid antagonist. This is a component of prescription pain relief medicine and is present in illegal drugs. Access provides product use to reverse, at least temporarily, an illegal opioid overdose and get help to that person.

MOTION: **Rep. Chew** made a motion to introduce **RS 23464. Motion carried by voice vote.**

RS 23486: **Rep. John Rusche**, District 6, presented **RS 23486.** The state has a universal vaccine program, where the state buys all the vaccines, at the lower government price, and distributes them to providers. The carriers and third party administrators are then assessed for their cost share of the dispensed childhood vaccines. When the program began, it was given a sunset date to review its effectiveness. Because the full impact of the Affordable Care Act on this program is unclear, the board is requesting the sunset date be extended for two more years.

MOTION: **Rep. Beyeler** made a motion to introduce **RS 23486. Motion carried by voice vote.**

H 33: **Casey Moyer**, Program Manager, Division of Behavioral Health, presented **H 33**. This legislation repeals two Idaho Code (I.C.) Regional Behavioral Health Services Act and federal regulations sections. The section establishing the Regional Advisory Committees is being removed pursuant to their merge with the mental health boards to form Regional Behavioral Health Boards, already in statute. I.C. 39-308, relating to the records of those in treatment, is removed because it is superseded by Federal laws and the Health Insurance Portability and Accountability Act.

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

MOTION: **Rep. Redman** made a motion to send **H 33** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Hixon** will sponsor the bill on the floor.

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

Representative Wood
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Wednesday, February 11, 2015

SUBJECT	DESCRIPTION	PRESENTER
	Adult Services - Collaborative Work Group	Christine Pisani Executive Director
	CAT Fund Annual Report	Kathryn Mooney Program Director

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, February 11, 2015

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

ABSENT/ EXCUSED: None

GUESTS: Art Evans, Medicaid; Marsha Bracs, CWG-Facilitator; Christine Pisani, DD Council; Kristyn Herbert and Mary Arndy, Idaho Citizens; Todd G. Craplicki and Tracy Warren, Idaho Council on Development Disabilities; Jim Baugh, DRI; Dan Blocksom, IAC; Roger Howard, LINC; Kathryn Mooney, CAT Fund; Joanne Anderson, CMAID; Bill Benkula, IRSLA.

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

Christine Pisani, Executive Director, Idaho Council on Developmental Disabilities (DD), presented the redesign of the Adults with DD Work Group. She said the collaborative work group (CWG) represents a range of people with DD, service providers, advocates, agencies, and policy makers. The CWG vision is for Idaho adults with DD to enjoy the same opportunities, freedoms, and rights as their neighbors. They seek to influence the entire system, the core of which is Medicaid-paid services, to provide supports and opportunity for productive living.

Occurring at birth, DD are lifelong and affect other abilities, like speech, problem solving, and daily skills. Idaho supports 28,000 individuals with DD. An estimated 30% to 35% also have a psychiatric disability. Although the vast majority of adults do not qualify for the DD waiver, they receive Medicaid support services. The CWG has focused on Medicaid services and additional service systems to provide housing, employment, and transportation.

The DD waiver self-direction option provides a wide array of services. The new managed care model offers long-term support that is individualized and flexible.

Individuals with DD want to mirror the lives of other individuals accessing support services. The Centers for Medicaid and Medicare Services' home and community based rules are implemented with monthly updates. Data collection tools are needed to measure utilization, quality outcomes, and assist in future-need decisions.

Through studies, and national experts such as **Dr. Robin Greenfield**, Director, Associate University Centers for Excellence in DD Education, Research, and Service Director, University of Idaho, a wealth of information by those served will evaluate service provider compliance.

Responding to questions, **Ms. Pisani** stated the Division of Medicaid has a project team implementing the new federal rules, which will take five years to implement. The Council helps assure parents and people with DD are informed about the rules and compliance. At this time housing is not allowed under Medicaid and, in conjunction with employment and transportation, is a necessary service system.

Art Evans, Bureau Chief, DD Services, DHW, Medicaid, having been invited to respond to the question, said federal regulations stipulate use of Medicaid for housing is not allowed and it is not a part of the waiver program.

Ms. Pisani said other states have purchased a national data base system for regional data comparison. They do not recommend purchase of the system due to the high cost and increased staffing hours. There are new assessment tools to capture the same information.

The Work Group supports the development of quality DD managed care that is not a medical model and is flexible for each individual. Dual diagnosis individuals require a very specific expertise with different modalities.

Jim Baugh, Executive Director, Disability Rights of Idaho, was invited to answer a question. He said intellectual disabilities and co-occurring mental health diagnosis have been ignored nationwide. Professionals in one area lack expertise and treatment knowledge in the other. Negotiations are underway to integrate the two service systems, with adjustments for better mental health care for individuals with dual diagnoses.

The Work Group, said **Ms. Pisani**, would like preventative services and coping strategies to help people overcome living in crisis. There is also a need to develop state expertise for those with dual diagnoses. This could be done with a review of the service delivery systems and provider training programs.

Kathryn Mooney, Program Director, Catastrophic Healthcare Cost Program (CAT Fund). She said the CAT Fund is not a part of the Department of Health & Welfare (DHW) and does not have federal matching funds. It is funded by the General Fund and reimbursements from participants. It was created in the 1980's as a reinsurance program to protect the counties from expenses for medical care. Idaho's structure is unique. State funding was added in the 1990's along with non-emergent care coverage.

A major shift in 2009 added legislators and a DHW representative to the CAT Fund Board. This created a situation where the DHW was perceived as having management and oversight of the program. To counteract this notion, the CAT Fund Administrative Board contracts annually with the Idaho Association of Counties (IAC) to serve as program administrator and handle the daily affairs through a program director. The contract has provided medical indigency staff stability and has been an effective cost mitigating tool.

In 2011 a program was implemented to provide case medical reviews during the determination process. This program was expanded this year to allow reviews of all preauthorized services. Prior to any CAT Fund Board consideration, the physician team reviews the medical necessity and appropriateness of charges for all cases exceeding $75,000.

Participants are ineligible for Medicaid or other government assistance programs and do not qualify for health insurance through the Health Insurance Exchange (HIX). From July 1, 2013, through June 30, 2014, the fund received $2,525,675 in reimbursing payments. In the first six months of fiscal year 2015, the CAT Fund has received reimbursement payments of approximately $1,216,245.

Idaho Code requires the CAT Fund Board request information from hospitals for legislative reporting. With no penalty to the providers for failing to respond, cooperation is tenuous at best. Additionally, administration and legal cost breakdown are questionable and subjective, so numbers arrive out of context and may not correspond evenly for comparison. The information received indicates just under 5,000 individuals were diverted by hospitals to the HIX, contributing to a decrease in applications.

The number of mental health cases has increased 60% in case load and 50% in dollars spent by the counties. Patient holds and involuntary commitments are handled by the DHW.

Beginning in 2004, the Catastrophic Health Care Cost Program began receiving $5.00 for every seat belt fine collected from violations. This county revenue source began showing a decline in 2013 and totaled $91,915 for 2014, a 28% continued decline.

Rep. Rusche stated the CAT Fund is a reimbursement program, not a health plan. To qualify as indigent, there have to be medically necessary services with a large enough cost to prevent a five-year payback. If those criteria are met, they pay the bill. Anyone applying has to go through Medicaid eligibility and other financing sources, although Cobra insurance continuation cannot be required. Claims for 2014 totaled $52M. County and state costs are 15% of the claims cost, making it the least efficient way to provide compensation to hospitals and physicians.

Responding to questions, **Ms. Mooney** said claims are based on a defined reimbursement rate that is 95% of the Medicaid interim rate. The application investigatory period gleans other available resources that may divert the applicant to other programs. The CAT Fund is a payor of last resort. Cases may not be forwarded as a result of the medical review.

The CAT Fund receives its appropriated monies as a quarterly payment from the Treasurer. The balance is referred to as the "investment fund" and held in an interest bearing account.

In the case of law suits, the specific county indigent program, not the CAT Fund, is the correspondent and handles all the adjudication, hearings, and petitions. The CAT Fund has been removed from the Attorney General's list and now uses private counsel. Patients experiencing a positive financial change are worked with to get the debt paid. Liens are placed by the county at the time of application, unless the provider directly contracts with the patient. Liens are placed and then removed if another resource comes into play or the person is deemed indigent. Recouped funds below $11,000 go to the county and over $11,000 goes to the CAT Fund.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:07 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Thursday, February 12, 2015

SUBJECT	DESCRIPTION	PRESENTER
	Department of Health & Welfare Budget	Richard Armstrong Director

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, February 12, 2015

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

ABSENT/ EXCUSED: Representative Perry

GUESTS: Russ Baron and Elke Shaw-Tulloch, DHW

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

MOTION: **Vice Chairman Packer** made a motion to approve the minutes of the February 3, 2015, meeting. **Motion carried by voice vote.**

MOTION: **Rep. Rusche** made a motion to approve the minutes of the February 10, 2015, meeting. **Motion carried by voice vote.**

Dick Armstrong, Director, Department of Health and Welfare (DHW), presented the DHW 2016 budget request. The recommendation is to approve a maintenance budget with a few opportunities to improve the lives of citizens.

The total budget request is $2.61B. Of that amount, Federal Funds decrease by 1.1%, Receipts increase by 31.8%, Dedicated Funds decrease by 3.6%, and General Funds increase by 2.8%. Of the total funds requested, Medicaid is 80.8%, Welfare is 5.6%, Public Health is 4.3%, Family & Community Services is 3.8%, Behavioral Health is 3.4%, Support Services is 1.6%, Healthcare Policy Initiatives is 0.3%, and Licensing and Certification is 0.2%. Trustee & Benefits expenses are 85.8% ($2,238.3M), Personnel expenses are 7.5% ($196.2M), and Operating expenses are 6.7% ($174.3M).

A change is proposed for the State Healthcare Innovation Plan (SHIP) to rename it Healthcare Policy Initiatives, with transitioning of Medicaid indigent programs included to improve healthcare and lower costs.

Director Armstrong described the healthcare system evolution that began in 2007 and has advanced to the SHIP $39.6M system reform grant.

The SHIP patient-centered medical home (PCMH) model uses a primary care provider team to coordinate a patient's care. The current fee-for-service system changes to a per-member per-month fee for managing cases.

A PCMH pilot program ran from January to June, 2014, and included 3,740 Medicaid adults, with chronic illnesses, assigned to health homes. Initial findings show the average monthly member costs were reduced by over 20%, with a preliminary ten-to-one return on investment. Hospital admissions were reduced by 25.8% and readmissions were reduced by 41%. This indicates an improvement trend that will still be evident when applied to the general Medicaid population.

The SHIP grant is funded over four years and is administered by the Healthcare Policy Initiative Program. The 2016 funding ($8.9M) will cover seven new, limited service full time personnel (FTP) and 1 permanent FTP. Beginning with 55 primary care practices transitioning to PCMH, it will connect electronic health records to the Idaho Health Data Exchange and develop regional collaboratives with the seven Health Districts to support local, coordinated care.

Supplemental budget requests include $615k for plaintiff attorney fees for the 1980 Jeff D lawsuit which is nearing settlement. A General Fund request of $1,885M will be combined with $4,615M federal funds for hepatitis C drugs to cure the disease.

In 2014, $7.87M was awarded over three years as part of the Access to Recovery Grant IV. It targeted veterans in the criminal justice system, families involved with child protection, and the homeless population. The grant is expected to serve over 3,400 Idahoans with substance use disorders in 2016.

A second Community Crisis Center is requested at a General Fund cost of $1.52M and federal funding of $200k. The behavioral health crisis centers provide a safe, voluntary, effective, and efficient alternative to Emergency Departments (ED) and jails. The existing center's contract with Bonneville County requires a plan development to cover 50% of the center's operating costs in two years. Future crisis centers will have the same contract requirement.

Food stamp distribution will be changed from a one-day issuance system to issuance the first ten days of the month. This requires a six-month recommendation for $39.5k in General Funds to be added to federal funding of $628.8k that includes $589.4k in one-time programming costs. The first year costs will include computer mailings and new card embossing machines, which are paid for by federal funds.

There is a current backlog that includes eleven health facilities awaiting initial licensing, 275 overdue facility surveys, and 135 complaints requiring investigation. To address the backlog, the DHW is requesting four additional FTP and General Funds of $72.5k to add to the $274.7k in federal funds. The Department continues working to improve productivity and efficiency.

The 2016 community hospitalization request includes a rate increase of 10%. Hospitals are not renewing their contracts at the current rate, but have agreed to extensions with the possibility of the requested increase.

While successful adoptions are increasing, with more children in adoption situations, federal funding support is declining. For these reasons the General Fund Adoption Subsidy request is $456.2k that will be matched with federal funding of $776.7k.

There has been a 19% state lab scientist turnover due, primarily, to a pay rate that is lower than surrounding states and the private sector. The General Fund request of $111.2k will target salaries for mid-level scientists.

Idaho has an insurance company assessment program for purchasing immunizations for children. Tricare, a federal insurer for military personnel and families, refuses to pay its share of the assessment. The $596k General Fund request covers the Tricare children so they are not put at risk.

The DHW workforce voluntary turnover rate is 13.6%, with salary identified as the main or contributing factor in 54% of the cases. A 3% increase is requested to bring salaries into a more competitive line with the private sector.

Director Armstrong described the eligibility services shared with Your Health Idaho (YHI). There are no General Funds involved and all activities are cost-allocated to YHI. Through YHI and food stamp data, 53,000 Idahoans have already been identified as the gap population that remains uninsured because of ineligibility.

Overall, the DHW is experiencing continued high assistance demands, even as unemployment falls. Single adult households that joined the food stamp program during the recession have transitioned out of the program. Households that include children have not shown a change in their income, so their enrollment continues to rise.

Asked to respond to a question, **Dave Taylor**, Deputy Director, Support Services, DHW, said the $7M reverted personnel funds came from the Southwest Treatment Center staff reductions after moving patients into community based settings. The Optum contract has expanded the mental health service delivery system into rural areas. Healthcare reform will integrate behavioral health with physical medicine without adding to the workforce.

Answering questions, **Director Armstrong** said the gap population is a symptom of the federal poverty level (FPL) based eligibility. The DHW will continue providing survival services through training supports for better paying jobs. He noted that the low end jobs do not go away, they just get filled by someone else. Idaho is medically under served, especially in mental health services and rural areas. Under the SHIP umbrella citizens will be engaged in their own healthcare and the system will move away from episodic services.

Jared Tatro, Legislative Services, was invited to answer questions. The 2016 employer share of health benefits for a full time employee is $11,200, an increase of $650. For part time employees the employer share is $9,240, an increase of $695. Some budgeting amounts provide a cushion for anticipated grant funds, which may have different funding time frames.

Director Armstrong, answering additional questions, stated the YHI will reimburse the DHW for development costs. Over the next four years, the SHIP grant will provide all payers with a value-based system. It is important to move together since it would be difficult for an individual provider to change their system for some and not all of their patients.

The initial 3,100 voluntary patients in the pilot program grew to 3,700 because the patients liked this type of healthcare. SHIP will help clinics transition through education, improved technologies, and healthcare community preparedness.

The children's mental health services continues it's process refinement. The Jeff D settlement includes support for the DHW improvements and direction. The DHW will continue to be diligent about protecting taxpayers and budgets from legal challenges.

The age wave impact on facilities is stimulating the increase in the number of nursing home and assisted living center surveys, which is straining the Department's employee workload limits.

The budget process restricts transferring funds. The Crisis Center development goal is seven facilities. Statistics from the new center will be forthcoming, but not in time for the 2016 budget deadline.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:18 a.m.

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Representative Wood
Chair

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Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
8:00 A.M.
Room EW20
Monday, February 16, 2015

SUBJECT	DESCRIPTION	PRESENTER
	Nutritionists and Dieticians Update	Dr. Samantha Ramsay President Idaho Academy of Nutrition and Dietetics
	SHIP Update	Dr. Ted Epperley Chairman Board of Idaho Healthcare Coalition

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, February 16, 2015

TIME: 8:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

ABSENT/ EXCUSED: None

GUESTS: Linda Leeuwrik, Dena Duncan, Donna Looze, Bonnie M. Pfaff, and Gayle Wilde, AAUW; Jeremiah Dubre, CPP U Idaho; Samantha Ramsey, PhDRD, SeAnne Safaii, PhDRD, Sue Linja, Mauree Sykes, Laura McKnight, Lisa Mays, Natalie Grant, Amber Hill, Erin Green, and Sandy Kipp, Id. Academy of Nutrition & Dietetics; Dagmar Salmon, Blaine County.

Chairman Wood called the meeting to order at 8:05 a.m.

MOTION: **Rep. Rusche** made a motion to approve the minutes of the February 2, and February 9, 2015, meetings. **Motion carried by voice vote.**

MOTION: **Vice Chairman Packer** made a motion to approve the minutes of the February 4, 2015, meeting. **Motion carried by voice vote.**

Dr. Samantha Ramsey, President, Idaho Academy of Nutrition and Dietetics, presented to the committee. She said there are over 500 licensed Registered Dietician Nutritionists (RDN) and dietician students in Idaho, with representation in all districts.

Dr. SeAnne Safaii, Registered Dietician, said proper chronic disease management reduces the cost of healthcare. The majority of cases have nutritional implications in either prevention or treatment.

Idaho's 30% obesity rate parallels the national rate. Until there is understanding and focus on obesity, it will continue impacting rising health care costs and attributed health problems. A 5% reduction in the body mass index (BMI) for this population would result in a ten-year health care savings of $1B, or $3B in twenty years.

Based on statewide interviews, physicians want to offer RDN services and expertise to make individual recommendations for their patients. The challenge is getting insurance reimbursement for RDN services.

During 2014 they participated in the Outreach Idaho Hunger Summit, Cooking Matters, education in schools, and provided information through a variety of statewide media. They also participated in two Grow Healthy Idaho meetings, and have ongoing community conversations.

Dr. Ramsey said a new ruling from the Centers for Medicare and Medicaid Services (CMS) allows RDNs to independently order diets, lab tests, and supplemental snacks, providing a more efficient nutrition services system. An RDN committee is working with providers to find the best implementation approach to the ruling and assure regulations are correctly followed.

The RDN diet manual, a resource for urban and rural long-term statewide facilities, is being updated. They also continue work on patient-centered medical homes (PCMH) evidence of nutrition expertise on patients and state cost savings.

Answering questions, **Dr. Ramsey** stated insurance companies have agreed to explore the CMS allowances and the RDN service model. The Health District is helping them develop a service model and a sustainable services toolkit for primary care settings. RDNs have been included in the State Healthcare Innovation Plan (SHIP) discussions.

Answering a question, **Dr. Safii** said when patients are given an obesity diagnosis code, their care must be returned to the physician and the RDN must discontinue service.

Dr. Ramsey, responding to questions, explained physicians are using nutritional services with diabetes, renal, or kidney disease, which are all clearly defined as reimbursable services. Dieticians need to be included in patient health discussions for a wholistic support and development of a patient relationship.

Dr. Ted Epperley, Family Physician, President, Chief Executive Officer, Family Residency of Idaho, Chairman, Idaho Healthcare Coalition, presented the SHIP update. The new SHIP four-year grant will transform health care from fee-for-service to better integrated care for better health outcomes. The triple aim of the plan is better health for citizens, better healthcare experiences for people in the system, and lower costs for all Idahoans.

The healthcare transformation affects 1.6M people as the process of care is changing. Included in this change is the Medicaid system redesign and expansion to include the 78,000 gap uninsured population.

There are seven SHIP goals. Goal one: transform primary care practices to PCMH. Goal two: develop virtual PCMH's for rural and frontier areas, including emergency medical services (EMS) and paramedics community care. Goal three: build out the PCMH neighborhood through integration and coordination with sub-specialists. Goal four: develop seven regional collaboratives to oversee delivery and quality integration. The collaboratives will mirror health department locations. Goal five: build a statewide data gathering and analytics system within the Health Insurance Portability and Accountability Act (HIPAA) parameters. Goal six: change how payments work to align mechanisms to first take care of Idahoans' health. Goal seven: reduce healthcare costs.

Over 40% of deaths are directly attributed to nutrition and exercise behaviors. Telehealth will provide access to specialists and nutritionists in rural and small communities. RDNs need to be a part of the regional collaboratives and the coalition.

Using a $3M CMS grant, the coalition worked for a year and a half on the SHIP. After federal review, the State was awarded a $40M implementation grant.

The Idaho medical home pilot has, for the last two years, performed extremely well. Preliminary six month data shows reductions of 33% in hospitalization, 27% emergency room (ER) utilization, 19% in medication over use, and 26% per member per month medical system costs. The return on investment ratio is ten to one.

Answering questions, **Dr. Epperley** said the primary care physician, knowledgeable in the patient's needs, would assure only the appropriate exams or tests are conducted. This would eliminate the gatekeeper concept so the patient could stay with the right caregiver, once that determination is made. Shared data becomes important to keep the primary care physician aware of what is happening.

Although the pilot program patients had chronic conditions, the same model will reduce costs and improve outcomes in healthier populations.

End of life care costs are approximately 40% of an individual's lifetime healthcare expenditure. When a primary care physician, who knows the patient and patient's family, engages in an end-of-life discussion unwanted procedures can be prevented and the event improved.

Dr. Epperley explained the Medicaid redesign will be and the 78,000 people who fall into the coverage gap will be integrated into the system. Our citizens are not looking for handouts, just the assurance of coverage for themselves and their families.

The old fee-for-service model did not include RDNs. The SHIP model's payment realignment allows RDN integration in partnership with primary care physicians. The right diet and exercise program will improve other patient health aspects.

Statistics show most insurance is carried for two years, thus removing insurance company incentives to prevent health issues beyond that time frame. Realignment acknowledges the value of up-front costs to promote health and wellness, leaving the two-years-at-a-time mentality.

Software or telecommunications can engage patients in their home and be used to maintain health or alert the physician to a problem. Employer plans can use incentives to decrease their costs and address basic health issues to promote better employee health.

Dr. Epperley stated that the CMS is now involved, thanks to Noridian, and is part of the multi-payor committee. Recently, **Secretary Burwell**, at the Health & Human Services (HHS) Department, said Medicare, in 2016, will have transitioned to 30% bundled payments, increasing to 50% by 2018. This major payment shift will stimulate insurance companies to consider the global payment mechanism.

Insurance companies, said **Dr. Epperley**, have dictated managed care and created usage barriers. In the patient centered care approach, decisions are shared and practices expedite referrals, as part of the payment system.

Chairman Wood commented managed care and the old health maintenance organization (HMO) model managed finances without managing health care. The new model manages health care and changes the financing to be the provider community's responsibility.

Answering questions, **Dr. Epperley** said better health behavior incentives, the next challenge, are essential, along with PCMH, expanded clinic access hours, and telehealth.

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

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Representative Wood
Chair

_____

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

8:00 A.M.
Room EW20
Tuesday, February 17, 2015

SUBJECT	DESCRIPTION	PRESENTER
RS23577	Sign Language Interpreters	Rep. Kelley Packer
RS23518	Contact Lenses, Prohibited Acts	Rep. Kelley Packer
RS23613	Social Worker Recognition	Rep. John Rusche
RS23557	Medical Licensure Compact	Rep. John Rusche
RS23562	Health Insurance Exchange Transparency	Rep. Christy Perry
RS23588	Emergency Medical Services	Rep. Luke Malek

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Tuesday, February 17, 2015
TIME:	8:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
ABSENT/ EXCUSED:	None
GUESTS:	Julie Taylor, Blue Cross; Jim Baugh, DRI; Elizabeth Criner, ACSCAN; Dan Blocksom, Idaho Ass'n Counties; Dave Taylor, IDHW.

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

RS 23588:	**Rep. Luke Malek**, presented **RS 23588**, proposed legislation that creates a platform for diverse communities to fill existing healthcare access gaps and extend healthcare provider reach using the emergency medical services (EMS) and Community Health EMS (CHEMS) programs.
MOTION:	**Rep. Redman** made a motion to introduce **RS 23588. Motion carried by voice vote.**
RS 23518:	**Vice Chairman Kelley Packer**, District 28, presented **RS 23518**. Recently, four major contact lens manufacturers set a minimum retailer price, creating a retail price floor. Some of the retail prices have increased dramatically. This proposed legislation prohibits that price floor in Idaho.
MOTION:	**Rep. Perry** made a motion to introduce **RS 23518. Motion carried by voice vote.**
RS 23613:	**Rep. John Rusche**, District 6, presented **RS 23613**, proposed legislation to recognize social workers and proclaim March Social Worker Recognition Month.
MOTION:	**Rep. Chew** made a motion to introduce **RS 23613.**
SUBSTITUTE MOTION:	**Vice Chairman Packer** made a substitute motion to introduce **RS 23613** and recommended it be sent directly to the Second Reading Calendar. **Motion carried by voice vote. Rep. Rusche** will sponsor the bill on the floor.
RS 23557:	**Rep. John Rusche**, District 6, presented **RS 23557**. This proposed legislation allows participation in the Interstate Medical Licensure Compact, developed by statewide medical board representatives. Each state has their own standards for physician licensure. Physicians work across state lines through telemedicine, locum tenens positions, large practices in multiple states, and traveling medical teams. The Compact provides adherence to common rules, accepts the home state's licensing, and expedites licensing applications in a non-home state. Answering questions, **Rep. Rusche** said approximately thirteen states are considering Compact participation legislation. This supports telehealth and telemedicine.
MOTION:	**Rep. Romrell** made a motion to introduce **RS 23557. Motion carried by voice vote.**

RS 23562: **Rep. Christy Perry**, District 11, presented **RS 23562**, proposed legislation requesting the Your Health Idaho (YHI) Health Insurance Exchange provide certain information regarding health benefit plans to its online users. It also requests the information be provided to consumers prior to the 2016 open enrollment date. There is no expense to the General Fund and the cost to YHI appears minimal.

MOTION: **Rep. Redman** made a motion to introduce **RS 23562. Motion carried by voice vote.**

RS 23577: **Rep. Kelley Packer**, District 28, presented **RS 23577**. Many Idaho citizens rely on sign language interpreting services. Currently there are no quality controls in place for this component. This proposed legislation assures the sign language service providers are licensed and sets qualification standards, ensuring consumers receive appropriate interpreting services.

MOTION: **Rep. Beyeler** made a motion to introduce **RS 23577. Motion carried by voice vote.**

The committee then discussed the upcoming germane committee presentation to the Joint Finance and Appropriations Committee (JFAC).

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:09 a.m.

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Representative Wood
Chair

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Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Wednesday, February 18, 2015

SUBJECT	DESCRIPTION	PRESENTER
HCR 5	Diabetes Month	Rep. Janet Trujillo
H 72	Veterinarian Technicians	Jodie Ellis Executive Director Idaho Board of Veterinary Medicine
H 98	Telehealth Access Act	Rep. John Rusche
H 107	Immunization Board, Sunset Date	Rep. John Rusche
H 108	Pharmacy, Opioid Antagonists	Rep. Christy Perry

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, February 18, 2015

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

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 Services Library.

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

HCR 5: **Rep. Janet Trujillo**, District 33, presented **HCR 5**, legislation that recognizes the American Diabetes Awareness Month of November. A distinct condition for 3,500 years, the causal relationship to the pancreatic gland was discovered in the early 1900's. Through **HCR 5** Idaho supports the goals and ideals of American Diabetes Month, including encouraging public awareness of the prevention, treatment options, and enhancing diabetes education. This is in alignment with the Department of Health & Welfare (DHW) efforts to strengthen statewide diabetes awareness.

Elke Shaw-Tulloch, Administrator, DHW, testified **in support** of **HCR 5**. The DHW maintains a diabetes prevention and control program for statewide self-management education programs. This legislation is in line with the DHW activities, and participation will be encouraged through the Department's marketing efforts.

MOTION: **Rep. Redman** made a motion to send **HCR 5** 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 **HCR 5** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Trujillo** will sponsor the bill on the floor.

H 72: **Jodie Ellis**, Executive Director, Idaho Board of Veterinary Medicine, presented **H 72**, which gives certified veterinary technicians (CVTs) the ability to have their certification placed on inactive status, preventing lapse and reapplication. Reactivation requires a written application to the Board, payment of the appropriate fees, and proof of continuing education credits. The CVT fee schedule reflects the lower inactive fees.

Responding to questions, **Ms. Ellis** said all licenses and certifications lapse on August 1, with a technical end on June 30. The Board meets in January and June to review applications. Between the Board meeting dates, the office staff can issue temporary certifications for reinstatements that meet requirements. The inactive status can be indefinite. When reapplying for an active status, the twelve CVT continuing education credits during the year prior to reactivation must be proven.

MOTION: **Rep. Beyeler** made a motion to send **H 72** to the floor with a **DO PASS** recommendation

Answering an additional question, **Ms. Ellis** stated all CVTs are required to attend American Veterinary Medical Association (AMVA) certified educational programs.

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 72** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Beyeler** will sponsor the bill on the floor.

H 98: **Rep. John Rusche,** District 6, presented **H 98**, the Idaho Telehealth Access Act, which separates the practice from the technology use. The telehealth services must be within the scope of licensure, with reliance on the standards defined by the state licensing boards. This unified approach provides the boards regulation ability and authority to define the telehealth use within their profession. Other components clarify basal standards such as the provider-patient relationship, prescriptions, consent, follow up care, referrals, and record keeping.

There are some concerns that this bill is too restrictive when pertaining to peer counselors using teleconferencing. The Council asks for a small amendment to add "by a provider" to the definition of telehealth services in order to clarify the bill only refers to those licensed under Title 54.

Stacey Carson, Idaho Hospital Association, Department of Operations, Chairman, Telehealth Council, testified **in support** of **H 98**. The use of technology offers ways to improve healthcare access into clinical and nonclinical settings, keeping care closer to home, and removing access barriers.

Answering questions, **Rep. Rusche** said the physician-patient relationship has historically been face-to-face. This allows consideration of another manner of relationship, telecommunication.

Ken McClure, Idaho Medical Association, testified **in support** of **H 98**. They participated in the Telehealth Council and have two additional amendments to clear up a loop hole. He will speak with the legislation's sponsor regarding other changes.

Tim Olson, Pinnacle Business Group, Teladoc, testified **in support** of **H 98**. Teladoc is the first and largest U.S. telemedicine service. Their physicians are subject to recertification every three years. Mr. Olsen agreed with the previous supporting testimony and has no objections to the Council's suggested amendment.

Dr. Po Huang, Emergency Physician, St. Alphonsus, testified **in support** of **H 98**. Telemedicine involvement is an important tool for rural health care access and education. Through telecommunication, prominent physicians in other parts of the country can consult directly with families, help in prognosis, and assist with next step determinations. This communication is also valuable for mock disaster training and other service lines, such as child psychiatry, in rural areas. Answering a question, Dr. Huang said outreach to rural practitioners will provide in-office training.

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

In closing, **Rep. Rusche** asked the committee to follow the Council suggestion to approve **H 98** and make the three word amendment to allow those not licensed to continue their telephonic work.

MOTION: **Rep. Redman** made a motion to send **H 98** to the floor with a **DO PASS** recommendation.

SUBSTITUTE MOTION: **Rep. Perry** made a substitute motion to send **H 98** to General Orders. **Motion carried by voice vote. Rep. Rusche** will sponsor the bill on the floor.

H 107: **Rep. Rusche**, District 6, presented **H 107,** a request to extend the 2015 sunset date of the Idaho Immunization Act oversight Assessment Board and enabling legislation two years to 2017.

The federal vaccine purchase program pays for childhood vaccines, assessing insurers and third party providers for their share of vaccine costs. Over the next two years the impact and viability of the Affordable Care Act impact and the single vaccine purchasing program are expected to become clear.

MOTION: **Rep. Romrell** made a motion to send **H 107** to the floor with a **DO PASS** recommendation.

Dr. Christine Hahn, Medical Director, DHW, testified **in support** of **H 107**, stating this program increases state immunizations.

Tom Patterson, General Pediatrician, Nampa, testified **in support** of **H 107**. Having seen the devastation caused by the lack of vaccines, he appreciates the state's continued support and the great headway as a result of the Board's efforts.

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

Answering questions, **Rep. Rusche** explained the original sunset date was added because the Board was unsure about assessment division and if the federal government mandatory vaccine program would continue.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **H 107** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Rusche** will sponsor the bill on the floor.

H 108: **Rep. Christy Perry**, District 11, presented **H 108**. Pharmaceutical drug abuse has escalated the number of overdose deaths to epidemic proportions. Opioid antagonists are used as a temporary overdose reversal that can allow time for other lifesaving procedures. This legislation, similar to that enacted in twenty-eight other states, removes legal barriers and increases opioid access by family members.

This legislation gives opioid antagonist prescribing authority to pharmacists and allows the individual's possession of a prescription in someone else's name. A new section outlines receipt, use, and good samaritan law parameters. The Department of Health and Welfare (DHW) will create and maintain an online education program for laypersons and the general public.

The product directions stipulate a required call to 911. This product would be kept by families of drug addicted persons for use during an episode. This legislation does not mandate that anyone have this product on hand.

Opioid antagonists are not controlled substances and there is no abuse potential. They are not harmful if used accidently or in a misdiagnosed situation. Naloxone is the common brand and can be given as an injection, inhalant, or EpiPen. The opioid provides thirty minutes of coverage, when administered, allowing time for emergency services to arrive and take over the patient's care. Overdose deaths, especially in rural areas without easy access to services, can be prevented through this method. Answering a question, **Rep. Perry** said a second dose can be administered, if necessary.

Elisha Figueroa, Administrator, Office of Drug Policy, Chairman, Prescription Drug Workgroup, testified **in support** of **H 108**. She said the increase in pain medication abuse has ranked Idaho fourth in the nation in 2012. The only function of Naloxone is to reverse the effects of opioids on the brain and physical functions. One in 453 persons brought out of an overdose state could show aggressive or violent behavior which lasts for only ten minutes after the Naloxone administration.

Answering questions, **Ms. Figueroa** explained Naloxone is mostly administered through a needle, which is the cheapest way. It can also be administered as a nasal atomizer, which is a bit more expensive, and an auto injector like an EpiPen, which is very expensive and most often used by law enforcement agencies who have special grants to cover the cost. The product shelf life is two years.

Dr. Todd Palmer, Family Medicine Residency, St. Alphonsus Admissions, testified **in support** of **H 108**. Naloxone can be given repeatedly, not just twice, and can also be a given as a continuous drip. Five percent of the population uses 80% of the world's opiates. Drug overdose is more common than car accident deaths. The administration of life saving drugs by family members is not a new concept. This gives families and first responders a life saving tool in a dire situation.

Responding to questions, **Dr. Palmer** said not all patient are addicts. Some, being treated for pain syndromes, have accidental overdoses. Methadone takes a week for the patient to feel the full pain relieving benefit, although side effects occur quickly. This could lead to a methadone patient increasing their dose and dying from respiratory arrest.

MOTION: **Rep. Hixon** made a motion to send **H 108** to the floor with a **DO PASS** recommendation.

In answer to questions, **Ms. Figueroa** said, after reviewing other state legislation, the work group saw the need to assure a call is made to involve emergency services to secure the necessary long term care and really save the person's life. The Naloxone is a bridge to keep the individual alive until more care is delivered. The actual package does not have instructions to call 911. Pharmacists give the delivery and further instructions when filling the prescription. If the prescription is in the recipient's name, it would have Medicaid or insurance coverage. If it is in the name of the administrator's name, it would not have any coverage.

Teri Oltens, Idaho Social Worker, Health Systems Pharmacists, testified **in support** of **H 108**. This legislation provides frontline care and access to the medications patients need. Training, as with EpiPens, educates patients on the correct use of the kit.

Mark Johnston, Executive Director, Board of Pharmacy, testified **in support** of **H 108**. He said the nasal spray works on someone who is unconscious. The cheaper injectable syringe delivery method comes with a screw-on atomizer. In the case of an inter-muscular injectable, nasal atomizer, or auto injector medication, pharmacists counsel on the medication use. This act covers only additional online training, since the other types of training are already covered in law.

Answering questions, **Dr. Johnston** said the Board of Pharmacy recommendation to include calling 911 during pharmacist counseling can be communicated through their newsletter and inspectors. The decision to obtain the product and the type of delivery system lies with the public members, not the pharmacist.

Charlotte Mixon Lanier, Licensed Clinical Social Worker, testified **in support** of **H 108**. She shared her son's overdose story, adding he could have been saved if this had been available. At the time of his overdose, the people in the house were afraid to call 911 for fear of arrest. This helps individuals struggling to get sober and shows society is supporting them as people with serious medical conditions.

Julie Taylor, Director, Government Affairs, Blue Cross of Idaho, testified **in opposition** to **H 108**. Payers, not part of the workgroup, are concerned with this opening of the pharmacist prescribing scope. Any member could give their card to someone else to get the medication, pay in cash, and the insurance company would have to cover the cost.

There is also concern with administration of the medication during a highly charged situation. There could be additional damage if the person is not well trained to give the injection. The least expensive injection method costs $23, and the EpiPen injectable is hundreds of dollars.

Melanie Curtis, Executive Director, Supportive Housing and Innovative Partnerships, testified **in support** of **H 108**. She told the story of her son's death from an overdose prescription of hydrocodone. With this medication and training, he could have been saved. Every life matters.

Norm Varin, Manager, Government Affairs, Pacific Source Health Plans, testified **in opposition** to **H 108**, presenting concerns that without a training requirement, there could be a delay in activation of emergency medical services due to a false sense of security.

Ryan Buzzini, Idaho Citizen, Pharmaceutical Fraud Police Investigator, testified **in support** of **H 108**. It is a very short jump from a narcotic analgesic addiction to heroine addiction. There are many people who may become addicted after medical procedures or other use of pain medications. Narcan (Naloxone) can be given for an overdose of heroine and pain pills.

Michele McTiernan-Gleason, Director, Connect the Pieces, Fed Up Coalition to End the Drug Epidemic, testified **in support** of **H 108**. Abuse of prescriptions is not safer than taking street drugs. If given as an injection or nasal spray to someone who is unconscious, that person will be sitting up and talking in one to three minutes. It is not addictive and has no black market value.

Vice Chairman Packer and **Rep. Beyeler** shared their concerns regarding the lack of required training to insure users know what they are doing.

SUBSTITUTE MOTION: **Rep. Beyeler** made a substitute motion to **HOLD H 108** for time certain, February 25, 2015.

In closing comments, **Rep. Perry** said calling 911 is voluntary, as is the prescription. Training is necessary and has been included to the extent the DHW was comfortable. This method assures the information and training are available, without placing an undue burden on the pharmacists. Insurance fraud happens already in the form of prescription drug abuse. This method, even if considered fraud, can save a life.

Rep. Rusche, Rep. Vander Woude, and **Rep. Redman** commented **in support** of the original motion. The legislation improves the overall health of Idaho citizens. The drug has no value beyond saving a life. A 3x5 card given at dispensing can instruct on usage and calling 911. An insurance card is not a purchase requirement.

SUBSTITUTE MOTION WITHDRAWN: **Rep. Beyeler** withdrew his substitute motion to **HOLD H 108** until time certain, February 25, 2015.

VOTE ON ORIGINAL MOTION: **Chairman Wood** called for a vote on the original motion to send **H 108** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Perry** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 11:44 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Thursday, February 19, 2015

SUBJECT	DESCRIPTION	PRESENTER
	Idaho Criminal Justice Commission Annual Report	Sara Thomas Chairman
	Community Care Advisory Council Report	Keith Fletcher Council Member

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
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Phone: 332-1138
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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, February 19, 2015

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

ABSENT/ EXCUSED: None

GUESTS: Keith Fletcher, Community Care Advisory Council; Sara Thomas and Sharon Harrigfeld, Criminal Justice Commission; Kathy Baird, SOMB.

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

Sara Thomas, State Appellate Public Defender, Chairman, Idaho Criminal Justice Commission (ICJC), began the presentation of the ICJC 2015 Legislative Update. Established in 2011, the ICJC members are from the executive, judicial, and legislative branches of government. The membership expands further into the community with members from the counties, cities, other stakeholder groups, and two public citizens.

Sharon Harrigfeld, Director, Department of Juvenile Corrections, continued the presentation. She said the community and system strategic plan provides a full continuum of care. To reduce victimization and recidivism, the ICJC is focusing on children of incarcerated parents, reentry, and prevention.

Ongoing assessments of problem solving courts and other community based sentencing alternatives, along with emerging issues examination, will provide solutions that are balanced, cost effective, and best practices.

To achieve well informed policy decisions, they have four objectives. First, identify strategies to promote efficiencies and effectiveness. Second, continue presentations and training on trends, best practices, and priority issues. Third, create and implement data sharing mechanisms and agreements among stakeholder agencies. Fourth, maintain awareness of substance abuse trends and priority issues.

Ross Mason, Regional Director, Department of Health and Welfare (DHW), Chairman, Children of Incarcerated Parents Committee, discussed the program. He said the ICJC is interested in improving the lives of children with parents in long-term incarceration. The committee has completed a toolkit to assist counselors, teachers, parents, and other adults when answering questions from the children. Parent/teacher conferences have been established with inmates. A pilot program school curriculum provides life skills and socialization.

In its third year, the pilot program has a total of 38 kids and a number of schools participating. Preliminary data from the previous two years indicates overall improvements in grades, homework completion, behavior, and ease of making friends. Homework completion, although improved, and attendance remain issues.

The pilot group was compared to a control group of 81 children with regular childhood experiences and non-incarcerated parents. Over the same period of time, the control group had equal grades, a slight decline in homework completion, unchanged behavior, and unchanged self esteem. The pilot group showed improved grades, increased homework completion, slight behavior improvement, and slightly improved self esteem.

The program will fine tune the curriculum and make it available, at no cost, to all Idaho schools. The Mott Foundation grant will fund after school program participation. A longitudinal study, supported by Boise State University, will be developed to follow some of the children as they graduate from high school.

Ms. Thomas described the five-level sex offender registration system being presented in **S 1095**. The current system is based only on conviction and does not address the actual reoccurrence risk level posed by the offenders. The new system identifies those offenders with the highest risk to re-offend. The risk and registration requirement level can be reduced by the offender engaging in treatment, providing attendance incentives. It identifies the re-offend level of risk for approximately 78% of the registered sex offenders living in the community who are not under supervision by the Department of Correction.

Answering questions, **Ms. Thomas** said each sex crime has an initial registration point based on national dynamic and static risk factors. Having done something that changes risk factors, the individual can request a reduced level. Prosecutors and law enforcement can also ask for a reassessment. Actively engaging in treatment reduces an offender's risk level and time on the registry. Everyone currently registered would start at a risk level 4 and would have one automatic level assessment review.

Upon questioning, **Mr. Mason** responded the Department of Education will develop a system, calendar, and mechanism for statewide after school programs for the children. The activities will occur at schools or community centers of some nature, but not at boys and girls clubs.

Ms. Thomas, answering questions, said the tiered registration system combined with the Reentry Council will address transition issues, including housing and medications. The current child protection, juvenile justice, and adult system information is kept in separate pods. Using available grants, the new judicial case management system will make it easier to track data for juveniles exiting the system to determine what is and is not working, still protecting their anonymity.

Keith Fletcher, Member, Community Care Advisory Council (CCAC), presented the Council's 2015 update. Formed in 2005, the CCAC advises the DHW on policy and rules for assisted living and certified family homes (CFH). The twenty CCAC members represent a variety of stakeholders. The 2015 residential assisted living trends show a 5.3% growth in licensed beds and a 1.7% growth in buildings, with the new facilities being large and many small home-like facilities closing. Initial facility surveys have decreased by 10%, and complaint investigations have decreased by 33%. This decline indicates the industry is doing a good job following the rules and regulations. Seven statewide provisional licenses were issued in 2015, with no license revocations

CFH deficiency areas of concern are safety fire equipment and fire drills. The CCAC and DHW have submitted rule changes for sharing administrators between small residential care facilities. Additional rule changes have addressed the extra supervision needed for new staff while awaiting background check results.

The CCAC, Drug Enforcement Administration, and the Board of Pharmacy have published a best practices guide to curb drug diversion within the facilities. The Veterans Affairs Medical Foster Home Program's stringent federal regulations created a state certification exemption.

Future issues and challenges include the aging population growth beyond the capacity of new beds and facilities. Medicaid pays at a rate that is 50% of the private pay rate, so businesses are closing their doors to Medicaid residents.

The CCAC recommends a fresh look at operating environments to assure all funding adequately cares for the residents. The skilled nursing facilities housed a variety of clients, including sex offenders and the mentally ill. It is recommended that Idaho consider adapting Oregon's specialty licensing method to address behavioral and safety issues. This would separate populations, disorders, and may provide the solution to appropriate placement roadblocks for individuals with behavioral issues. Incentives could offer premiums above the Medicaid rates and grants for specialized equipment or facility modifications. Public safety needs to be taken into account when locating the specialized homes.

Also recommended is a review and update of the CFH governing rules. This has not been done for quite a long time.

Answering questions, **Mr. Fletcher** said facility surveys can vary, depending on the surveyor. Sometimes they are more punitive than helpful. In his experience, the surveyors have helped fix and solve problems. Assisting families providing home care is not part of the CCAC purview. This is a very helpful option, although it can prove to be more expensive.

Chairman Wood recognized the service of Legislative Page **Ben Satterlee**, who has been assigned to the committee for the first half of the session.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:55 p.m.

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Representative Wood
Chair

_____

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Friday, February 20, 2015

SUBJECT	DESCRIPTION	PRESENTER
RS23639	Rule Rejection	Rep. Fred Wood
RS23633	Tanning Devices - Minors	Rep. John Vander Woude
RS23635	Education Debt, Rural Physicians	Rep. Kelley Packer
RS23605C2	Medications, Communication	Rep. Christy Perry
RS23616	Medication Synchronization, Fee Standard	Rep. Christy Perry
RS23487	Council, Endowment Assets Study	Rep. John Vander Woude
RS23545	Idaho Code, Domain, Section Repeal	Rep. Luke Malek
RS23659	Health Insurance Exchange, Grace Period	Ken McClure Idaho Medical Association
RS23662	Cottage Foods Industry	Rep. Clark Kauffman
RS23660	Naturopathic Physicians Licensing	Kris Ellis Idaho Chapter American Association of Naturopathic Physicians
RS23651C1	Hospital District Treasurers	Jeremy Pisca Kootenai Health

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Friday, February 20, 2015
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
ABSENT/ EXCUSED:	None
GUESTS:	Jennifer Aumeier, Idaho Citizen; Caitlin Rusche, IAC / Health Districts; Elizabeth Criner, ISDA / ACSCAN / NWFPA; Emily McClure, IMA; Kathryn Turner and Patrick Guzzle, DHW - Div. of Public Health; Cassy Solmarger, Gallatin PA; Diana Crumrine and Emily Dickerson, IDAANP; Mary Sheridan, Public Health; Jeremy Pisca, Kootenai Health; Marnie Packard, Select Health; Ryan Fizgerald, IACP; Dennis Stevenson, Rules Coordinator.
	Chairman Wood called the meeting to order at 9:00 a.m.
MOTION:	**Rep. Rusche** made a motion to approve the minutes of the February 5, 2015, meeting. **Motion carried by voice vote.**
MOTION:	**Rep. Rusche** made a motion to approve the minutes of the February 17, 2015, meeting. **Motion carried by voice vote.**
UNANIMOUS CONSENT REQUEST:	**Chairman Wood** made a unanimous consent request to remove **RS 23662** from the agenda, as requested by the sponsor, and allow the presenter of **RS 23660** to present, instead, **RS 23660C1**, with an explanation of the change. There being no objection, the request was granted.
	Chairman Wood turned the gavel over to **Vice Chairman Packer.**
RS 23639:	**Rep. Fred Wood**, District 27, presented **RS 23639**. This is the Rules Resolution for the committee's rejection of one rule, as requested by the presenter, The Idaho Commission for the Blind and Visually Impaired. The conflict causing this request is between state and federal regulations and will be resolved in Rules presented during the next Legislative Session.
MOTION:	**Rep. Rusche** made a motion to introduce **RS 23639** and recommend it be sent directly to the Second Reading Calendar. **Motion carried by voice vote. Rep. Wood** will sponsor the bill on the floor.
	Vice Chairman Packer turned the gavel over to **Chairman Wood.**
RS 23635:	**Rep. Kelley Packer,** District 28, presented **RS 23635**, proposed legislation to increase the amount and number of loan repayment awards through the Rural Physician Incentive Program (RPIP). This is a valuable repayment tool to bring physicians to under-served Idaho communities. It is funded through medical student fees and is currently one of lowest in the area, competing with higher national and other states' programs. Being able to accept only one repayment program, physicians hesitate to take Idaho's RPIP because it is so low. These changes will improve the Idaho physician pool.
MOTION:	**Rep. Beyeler** made a motion to introduce **RS 23635. Motion carried by voice vote.**

RS 23633: **Rep. Vander Woude**, District 22, presented **RS 23633,** proposed legislation amending the required parental consent for tattooing, branding, and body piercing to include tanning devices. This applies to teenagers between fourteen and eighteen years of age.

MOTION: **Rep. Hixon** made motion to introduce **RS 23633. Motion carried by voice vote.**

RS 23605C2: **Rep. Christy Perry**, District 11, presented **RS 23605C2.** This proposed legislation allows notification to a prescriber in the event a pharmacist makes a substitution of a biosimilar medication. It also requires the Board of Pharmacy maintain a website link to the current list of biological interchangeable products.

MOTION: **Rep. Hixon** made a motion to introduce **RS 23605C2. Motion carried by voice vote.**

RS 23616: **Rep. Christy Perry,** District 11, presented **RS 23616**, proposed legislation for insurers with health care policies providing coverage for prescription drugs. It authorizes medication synchronization and dispensing fee standardization, similar to the Medicare program. The requirement will begin January 1, 2017, to allow adequate adjustment time for insurers.

MOTION: **Rep. Redman** made a motion to introduce **RS 23616. Motion carried by voice vote.**

RS 23487: **Rep. John Vander Woude,** District 22, presented **RS 23487**. This Concurrent Resolution requests continuation of the Endowment Asset Issues Interim Committee.

MOTION: **Rep. Hixon** made a motion to introduce **RS 23487. Motion carried by voice vote.**

RS 23545: **Rep. Luke Malek**, District 4, presented **RS 23545**, proposed legislation allowing public access to Idaho Code by striking a section of copyright law.

MOTION: **Rep. Rusche** made a motion to introduce **RS 23545. Motion carried by voice vote.**

RS 23659: **Ken McClure**, Attorney, Idaho Medical Association, presented **RS 23659**. The Affordable Care Act (ACA) has caused a problem determining patient coverage. Health Insurance Exchange (HIX) policies with a tax credit require a 90-day notice of non-payment cancellation. Claims submitted during this time are held in abeyance until the premium is or is not paid. Healthcare providers scheduling procedures during the grace period have no way of knowing if their claim will be paid. This proposed legislation states any HIX policy with a tax credit needs to have a mechanism to let a provider know if there is a likelihood of payment.

Answering questions, **Mr. McClure** said a physician knowing their claims may not be paid can have a conversation with their patient. This does not restrict the physician's decision to provide service. Carriers have been included in discussions regarding this legislation and have expressed their intention to provide this information. Plans not receiving the tax credit do not have the grace period.

MOTION: **Rep. Troy** made a motion to introduce **RS 23659. Motion carried by voice vote.**

RS 23660C1: **Kris Ellis**, Idaho Chapter American Association of Naturopathic Physicians, presented **RS 23660C1**. The naturopathic practice was recognized in Idaho in 1959 by a Supreme Court Decision. Ms. Ellis described the difference between Naturopaths and Naturopathic Physicians. The proposed legislation establishes a Board of Naturopathic Physicians, and framework to allow Naturopathic Physicians the ability to practice to the scope of their training. The original **RS 23660** was changed to correct a statute reference number.

MOTION: **Rep. Romrell** made a motion to introduce **RS 23660C1. Motion carried by voice vote.**

RS 23651C1: **Jeremy Pisca**, Kootenai Health, Attorney, Risch Pisca Law Firm, presented **RS 23651C1**. Through the proposed legislation, a public hospital district or county hospital Treasurer would be given the new duty to invest idle funds the same as the Idaho State Treasurer. Those investments would have an "A" or better rating.

MOTION: **Rep. Hixon** made a motion to introduce **RS 23651C1. Motion carried by voice vote.**

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

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Representative Wood
Chair

_____

Irene Moore
Secretary

AMENDED AGENDA #2

HOUSE HEALTH & WELFARE COMMITTEE

8:30 A.M.
Room EW20
Tuesday, February 24, 2015
Note Earlier Time

SUBJECT	DESCRIPTION	PRESENTER
SCR 104	Suicide Prevention	Sen. Dan Schmidt
RS23678	Pharmacy Audits, Benefit Managers	Pam Eaton ID Retailers Assoc. ID State Pharmacy Assoc.
RS23697	Telehealth Access Act	Rep. John Rusche
RS23662C2	Cottage Food Industry	Rep. Clark Kauffman
S 1036	Dentistry, Licensees, Notice	Susan Miller Executive Director Board of Dentistry
S 1037	Dentistry, License Renewal	Susan Miller
S 1042	Residential Care	Tamara Prisock Division Administrator Dept. of Health & Welfare
S 1043	Certified Family Homes	Tamara Prisock

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 Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Tuesday, February 24, 2015
TIME:	8:30 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
ABSENT/ EXCUSED:	None
GUESTS:	Tamara Prisock, DHW; Cindy Bahora, VA; Jennifer Aumeier, Idaho Citizen; Elizabeth Criner, ISDA / NWFPA; Susan Miller, Bd. of Dentistry; Stacey Carson and Toni Lawson, Idaho Hospital Association; Woody Richards, AHIP.

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

MOTION: **Vice Chairman Packer** made a motion to approve the minutes of the February 20, 2015, meeting. **Motion carried by voice vote.**

SCR 104: **Sen. Dan Schmidt**, Idaho Citizen, presented **SCR 104**, a suicide prevention resolution requesting the Health Quality Planning Council and the Idaho Council on Suicide Prevention work together and give direction to the Legislature. This commitment from the Legislature recognizes the need to address Idaho's rising suicide rate and asks for help with the problem.

MOTION: **Rep. Rusche** made a motion to send **SCR 104** to the floor with a **DO PASS** recommendation.

Responding to a question, **Sen. Schmidt** said the Health Quality Planning Commission has knowledge of the available medical education, professional training and community resources necessary for the best direction for the Legislature to pursue.

Kim Kane, Program Director, Idaho Lives Project, Former Executive Director, Suicide Action Network, Member, Governor's Council on Suicide Prevention, testified **in support** of **SCR 104**. A prevention plan and council are already in place. There is also evidence of what works for prevention. An effective, comprehensive system-wide implementation strategy is needed to move forward and include more partners at the discussion table.

Dr. Bob Polk, Chairman, Health Quality Planning Commission, testified **in support** of **SCR 104**, stating, as the eighth highest suicide rated state in the country, our system can be improved. This resolution brings all statewide stakeholders together to develop a plan, policy, and budget to bring back to the Legislature.

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 **SCR 104** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Romrell** will sponsor the bill on the floor.

RS 23678: **Pam Eaton**, President, CEO, Idaho Retailers Association and Idaho State Pharmacy Association, presented **RS 23678**. The proposed legislation addresses three issues pertaining to Pharmacy Benefit Managers (PBMs). First, it provides a fair and uniform Pharmacy Audit Integrity Act for PBM pharmacy audit consistency. Second, the PBM Transparency Act would require registration with the Department of Insurance and business practice transparency, with a confidentiality clause. Third, standardization for cost methodology, determination, change, and update. Also included in **RS 23678** are an appeals process, product list standardization, and mail order products clarification. This legislation starts the discussion to pursue the issues further and create something good for the state, pharmacies, and consumers.

MOTION: **Rep. Hixon** made a motion to introduce **RS 23678**.

Answering a question, **Ms. Eaton** said the insurance companies and PBMs were given drafts of this legislation, which, when printed, will be a tool for the negotiating process during the interim.

Chairman Wood explained the three sections may be presented next session as stand alone pieces of legislation, to be debated on their own merit. **RS 23678** combines them as a discussion piece.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to introduce **RS 23678. Motion carried by voice vote.**

RS 23697: **Chairman Wood** advised the committee that **RS 23697** replaces legislation already sent to General Orders with amendments.

Rep. John Rusche, District 6, presented **RS 23697**, a reprint of **H 98**, which was sent to General Orders with amendments. Because there will be a delay in debating General Orders on the House Floor, the amendments were included in **RS 23697** to quickly move it forward.

MOTION: **Vice Chairman Packer** made a motion to introduce **RS 23697.**

MOTION WITHDRAWN: **Vice Chairman Packer** withdrew her motion to introduce **RS 23697.**

MOTION: **Vice Chairman Packer** made a motion to introduce **RS 23697** and recommend it be sent directly to the Second Reading Calendar. **Motion carried by voice vote. Rep. Rusche** will sponsor the bill on the floor.

RS 23662C2: **Rep. Caroline Troy**, District 5, presented **RS 23662C2**, proposed legislation to allow those in the cottage food industry to produce and sell food products from unlicensed home kitchens. It provides industry standards, definitions, and insures in-person and online sales are direct from the producer. Definitions use terms already defined in the Idaho Food Code. Title 37 Health Department authority is retained to remove foods that can cause an illness outbreak. Provision is made for consumer producer contact. The proposed legislation affects only the Health Districts' regulatory approach. Sellers must obtain a cottage food handlers permit and sales have a $30,000 cap.

MOTION: **Rep. Redman** made a motion to introduce **RS 23662C2. Motion carried by voice vote.**

S 1036: **Susan Miller**, Executive Director, Board of Dentistry, presented **S 1036**, legislation to require licensees notify the Board of Dentistry within thirty days of any felony conviction. Currently they only receive notice through renewal application. The grounds for license revocation have not changed. Discipline is on a case-by-case basis.

MOTION: **Rep. Hixon** made a motion to send **S 1036** 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 1036** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Troy** will sponsor the bill on the floor.

S 1037: **Susan Miller**, Executive Director, Board of Dentistry, presented **S 1037**. This legislation clarifies licenses not renewed in a timely basis will expire, licenses having expired will be cancelled if not renewed in thirty days, and defines the process to reinstate a cancelled license.

MOTION: **Rep. Redman** made a motion to send **S 1037** to the floor with a **DO PASS** recommendation.

Answering a question, **Ms. Miller** said these requirements are similar to those of other licensing boards, although their new application requirement after the thirty-day grace period is more restrictive.

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 1037** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Redman** will sponsor the bill on the floor.

S 1042: **Tamara Prisock**, Administrator, Division of Licensing and Certification, Department of Health & Welfare (DHW), presented **S 1042**. This legislation removes a change of lease as grounds for re-licensing a residential care or assisted living facility. Because a change in the property lease does not impact the actual operation of the facility or the delivery of care, it should not require re-licensure. This will result in application cost savings for facilities and the department. Answering a question, Ms. Prisock, said re-licensure would not prohibit any recertification survey or investigation appropriate for the facility.

MOTION: **Rep. Hixon** made a motion to send **S 1042** 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 1042** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Hixon** will sponsor the bill on the floor.

S 1043: **Tamara Prisock**, Administrator, Division of Licensing and Certification, DHW, presented **S 1043**, legislation to exempt Department of Veteran's Affairs (VA) approved Medical Foster Homes (MFHs) from state certification. These facilities provide long-term care of dependent veterans who are not receiving Medicaid. Homes that care for non-veterans and veterans would still require state certification. The MFHs are inspected by the VA and have stricter requirements.

MOTION: **Rep. Romrell** made a motion to send **S 1043** to the floor with a **DO PASS** recommendation.

Responding to a question, **Ms. Prisock** said the MFH is a new program being introduced to Idaho and, initially, the Treasure Valley. Staff recruitment is underway.

Cindy Bahora, Social Worker, Boise VA Medical Center, Coordinator, MFH Program, was invited to answer committee questions. She said the veterans in the MFHs have chronic obstructive pulmonary disease (COPD), congestive heart failure, and other functional deficits that require daily care. There are five VA staff members for initial and annual inspections. The VA program has been in existence for about ten years. A primary home care team makes regular visits to the homes. Increasing the home-based primary care team capacity will increase the area serviced.

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 1043** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Chew** will sponsor the bill on the floor.

Chairman Wood welcomed Legislative Page **Nathan Johnston**, who has been assigned to the committee for the second half of the session.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:20 a.m.

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Representative Wood
Chair

_____

Irene Moore
Secretary

AMENDED AGENDA #2

HOUSE HEALTH & WELFARE COMMITTEE

8:00 A.M.
Room EW20
Wednesday, February 25, 2015

SUBJECT	DESCRIPTION	PRESENTER
H 177	Tanning Devices, Minors	Rep. John Vander Woude
H 152	Sign Language Interpreters	Rep. Kelley Packer

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 Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, February 25, 2015

TIME: 8:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

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 Services Library.

Chairman Wood called the meeting to order at 8:01 a.m.

H 177: **Emily McClure**, Attorney, on behalf of the Idaho Medical Association, presented **H 177** regarding children and artificial tanning. This legislation adds tanning beds to the already prohibited minor use of tattooing, branding, and body piercing. The age specifications remain the same.

Ms. McClure said many statistics have shown the link between indoor tanning bed use and melanoma, especially for those who begin use at early ages. The recent Federal Drug Administration (FDA) regulation change recognizes this link, strengthens oversight, and requires a visible black box warning that the machines are not to be used on people under 18 years of age. This legislation would not apply to spray-on tans or in-home tanning beds. It allows prescription use and dermatologist office equipment.

Dr. Steven Mings, Board Certified Dermatologist, was invited to further present **H 177**. He said normal cells reach a point when they stop growing. Malignant or cancerous cells lose that ability, continuing to multiply. Metastatic cancerous cells spread outside their original location to other organ systems, initially through the blood or lymphatic system. This is done by inactivating tumor suppressor genes and DNA repair genes that our bodies use to stop the cells from growing. Research and studies have shown that ultra violet (UV) light and tobacco smoke are agents that encourage this growth.

UV light is defined by its wavelength. UVA and UVB are influential on the skin and come from natural sunlight. UVB was recognized to cause immediate burning, so UVA, contained in tanning booths, was considered safer for the skin. However, UVA has also been found to cause cell mutations. **Dr. Mings** noted that exposure doesn't always cause cancer, based on a body's ability to eradicate early cell mutations and errors.

Forty-one states have, in some way, restricted tanning for minors. Small business owners, concerned about the negative impact, admit minors constitute a small portion of their business. Children, unable to make accurate risk decisions, have to be protected until they can make their own informed decisions.

The Federal Trade Commission (FTC) banned the Indoor Tanning Association (ITA) from claiming that tanning does not increase the risk of skin cancer, poses no danger, is approved by the government, and is safer than tanning outdoors because the UV light is monitored and controlled.

H 177 does not impact the rights of adults and is not a mission to prevent teens from working outdoors. This is part of a comprehensive educational plan about the dangers of UV light and provides a discussion starting point for parents and teens.

Wayne Hoffman, President, Idaho Freedom Foundation, testified in **opposition** to **H 177**, stating if the government has a compelling reason to protect anyone from UV light, then they must protect them from all UV exposure, wherever it is found. This legislation substitutes the judgement of parents, making the Legislature the parent. The marketplace, if left alone, might conclude the need to regulate themselves. This further diminishes the exposure parents have to their kids, decreasing the need for parents to discuss reckless behavior with their children.

Julie Trounson, Financial Advisor, Two-time Melanoma Survivor, testified **in support** of **H 177**. Growing up in Nebraska she was used to staying in the shade. As a young adult, she visited a tanning bed a couple of times to get a summer glow and believes her melanoma is a direct result of that exposure. Additional side effects have been premature aging, blotches, and bumps. Skin doesn't know if the UV is from direct sun or a tanning booth. This government intervention is needed to protect our children, who don't understand the long-term impact of a short-term tan.

Bruce Newcomb, Boise State University, Health Sciences, on behalf of himself, and **Kathy Kustra**, testified **in support** of **H 177**. He said anyone saying this type of tanning needs no cautions has not watched someone die from melanoma. The compromises involved in this legislation have made this a good bill.

Stacy Satterlee, American Cancer Society - Cancer Action Network, testified in **opposition** to **H 177**, stating it is not an aggressive enough approach. Young people are more susceptible because their skin is still developing. Various carcinomas are increased dramatically when a tanning device is used before the age of 25.

Joel Robinson, Father, Grandfather, testified **in opposition** to **H 177**. Agreeing with the harmful effects issue, he expressed concern that it is parental responsibility to regulate their children and the state should not assert itself in this direction. He recommended private enterprise regulate their industry.

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

MOTION: **Rep. Rusche** made a motion to send **H 177** to the floor with a **DO PASS** recommendation.

In support of the motion, **Rep. Rusche** expressed disappointment that it was not more rigorous, although most parents and all Idaho physicians will stand behind the compromise. **Rep. Vander Woude** stated the bill educates the public and opens the discussion about the dangers of tanning beds. **Rep. Perry** commented the concern for regulation needs to be balanced with the costs paid by society as a consequence of melanoma treatment. **Chairman Wood** said the required permission allows parents to become educated on the issue and discuss it with their children.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **H 177** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Vander Woude** and **Chairman Wood** will sponsor the bill on the floor.

H 152: **Rep. Kelley Packer**, District 28, on behalf of the Idaho Council for the Deaf and Hard of Hearing (CDHH), presented **H 152**. This legislation addresses repeated incidences of inaccurate and poor communication, some of which have ended in loss of employment, health issues, and incarceration. This population deserves the reassurance that those interpreting information to and for them are certified and accurate.

Answering questions, **Rep. Packer** said this population does not have a language barrier that can be removed by learning another language. They are reliant on this form of communication. The Americans with Disabilities Act (ADA) requires the services are provided. This legislation assures they are provided accurately.

Steve Snow, Executive Director, CDHH, was invited to answer a question. Through an interpreter, Director Snow said there are many interpreters in Spokane who provide services in Northern Idaho, which would be considered occasional interpreting.

Rep. Packer, answering further questions, explained not passing this legislation would mean the deaf community would continue to experience inaccurate and incomplete conversation interpretations. If the interpreter cannot accurately explain concerns in life threatening situations, there can be misdiagnoses or a patient unaware of problems and needed actions. ADA exceptions and requirements will be explained in the promulgated rules. It is not intended to increase the use requirement, but assure provided use is accurate.

Steve Snow, Executive Director, CDHH, testified, through an interpreter, **in support** of **H 152**. He said the ADA does not exempt family members because they do not meet the interpreter requirements, are not impartial as they are interpreting, and may relay incorrect or incomplete information to protect themselves or another person. The need is for information conveyed without omission and emotional impact.

H 152 would establish a quality control mechanism for the health and safety of Idaho's 200,000 deaf children and hard of hearing adults. Of those individuals, roughly 2.2% have profound hearing loss, which equates to 34,000 Idahoans, and about 4,000 of those individuals rely exclusively on interpreters for information. The CDHH has received complaints and concerns about unqualified interpreters, with terrifying stories that can happen every day and in every aspect of their lives. This population deserves a good quality of life. **H 152** provides equal access and opportunity for them to be contributing citizens.

Children, family members, and friends are being used to interpret in critical situations. Without a complaint mechanism, even community word of mouth does not stop the fraud. This legislation, although appearing robust, is actually very flexible when compared to other states with narrower categories for acceptable interpreters. This will also help many businesses who don't know how to find resources.

If passed, this legislation will cause a temporary interpreter shortage, as those who are incompetent are no longer practicing. This natural dip will have an immediate rebound as a greater number of qualified interpreters are recruited or return to the field. Accurate interpreters will be there when job situations arise, during medical meetings, and when dealing with law enforcement. The correct information can maintain jobs, decrease the number of medical visits, and help inmates be released on time. There has been overwhelming support of licensure from interpreters and other stakeholders.

Answering questions through an interpreter, **Director Snow** said businesses are unable to determine an interpreter's ability. Most interpreters are certified through the National Registry for Interpreters of the Deaf (RID). Some states offer certification, but they have decided not to pursue this because a state certification test would be too expensive to develop and manage. A provisional license will be available for those persons with excellent skills and no certification. This will allow them the opportunity to further improve their skills to get certified and pass the screening. License applications will require proof of credentials.

He further answered, businesses repeatedly subverting the law with an unqualified interpreter would be reminded several times before any law suit is filed. The Video Remote Interpreting (VRI) program is classified as an ADA approved general setting, as long as the national certification for an external screening is accepted. Certification measures skill level, while licensure insures skill continuation and ethical standards compliance. **H 152** has a clause that allows out-of-state interpreters to work in Idaho for up to thirty days before requiring a license, whether VRI or in person.

Sometimes family members are unable to communicate medical information because of the emotional impact. Interpreting takes more than the ability to sign. The level of possible harm during a medical crisis becomes a facility issue and is addressed in the ADA.

Tracy Warren, Program Specialist, Idaho Council on Developmental Disabilities (DD), testified **in support** of **H 152**, which provides those individuals dependant on a visual mode of communication necessary access to accurate information in many different situations. Without the accurate information, the individual can experience developmental delays and need additional supporting services. Qualified interpreters lead to positive education, employment, and independent living outcomes.

Jim Baugh, Disability Rights of Idaho, testified **in support** of **H 152.** Conversations between people who are deaf and lawyers cannot reliably take place when a friend or family member is interpreting. Relatives filter the information to assure the person finds out only what the interpreter wants them to know. Ethics is a serious issue by interpreters who appoint themselves as advocates, often injecting themselves into the conversations. Members of the deaf community have indicated their willingness to experience a shortage in order to feel secure with interpreters who are licensed professionals and act in an ethical manner.

Answering questions, **Mr. Baugh** said American Sign Language (ASL) is not English and there is no one-to-one English correspondence for the order of words and grammar. ASL is not the only sign language used in the U.S. Modifications include Signed Exact English, which is English and is not the same letters or words as ASL.

LaVona Andrew, National Board of Directors Member, RID, Interpreter, ASL Teacher, testified **in support** of **H 152**, saying interpreters want this regulation to protect their work integrity and improve their work quality. Qualified interpreters are not increasing their rates. Any shortage will be short term, as experienced in other states where similar legislation has been enacted.

Responding to questions, **Ms. Andrew** explained rates are established by the individual interpreter and vary by the type of work assignment. When basic skills are required, the cost is less than one requiring a specialty certification. Medicaid covers all or part of the interpreter cost.

Cliff Hanks, Owner, President, Network Interpreting Service, testified **in support** of **H 152**. Interpreters make or break a situation by their skill level. Licensing the interpreters supports and demonstrates not only their value, but also that of the deaf and hard of hearing community.

Fred Burnbaum, Idaho Freedom Foundation, testified **in opposition** to **H 152**, stating the lack of carve out for friends or family members assisting during common activities is a concern. Also of concern is the steep fee structure. Adding to that the costs of attorney fees and continuing education, there could be cost stacking. Additionally, no carve out is made for anyone volunteering or working part time. He queried if this occupation carries enough risk to license. Perhaps the medical harm could be handled within the profession without this legislation.

Director Snow, through an interpreter, responded to further questions. He said casual settings, when friends are interpreting, would not fall under the law. This legislation does not require anything beyond what is stipulated by the ADA. The initial fee language is consistent with other occupational bureaus and is expected to be greatly reduced as the rules are promulgated.

Alan Wilding, President, Idaho Association of the Deaf (IAD), testified **in support** of **H 152**. Through an interpreter, he shared his story of arrest and various attempts to secure qualified interpreters. Those he was given ranged from a person who could do the alphabet to someone who casually communicated with deaf friends. At his twelfth hearing, with a qualified interpreter provided, he learned that previous miscommunication had lead him to a felony conviction. Tired of fighting to be heard, he accepted the option. As a result, he can no longer use his four college degrees, two master degrees, and extensive background to teach. Had he had a qualified interpreter, none of this would have happened. Exigent circumstances during an emergency allows a special provision for family member interpreting until a qualified interpreter arrives.

Stefanie Saltern, IAD, Secretary, Board of the ASL Teachers Association, Professor, Languages Department, Boise State University, testified, through an interpreter, **in support** of **H 152**. She shared how her school interpreter crossed ethical boundaries that led to difficulty focusing in classrooms and presentations. In college she learned how to interact with interpreters, but found it difficult due to the previous interpreter's actions.

Marcus John, President, Idaho Chapter of American Sign Language Teachers Association (ASLTA), Director of Deaf Services, Inclusion, Inc., testified **in support** of **H 152**. Communication struggles with family and community have led him to waive his rights to an interpreter on several occasions. Interpreter continuing education will keep their skills top notch.

Brian Darcy, Idaho Education Services for the Deaf and Blind (IESDB), testified **in support** of **H 152**. The Idaho Education Interpreter Act addresses the need for school interpreters. Of the 55 interpreters in his company, 10 have not met the Educational Interpreter Performance Assessment (EIPA) standards, which require the interpreter be able to convey 60% of the teacher's information to the student. **H 152** encourages licensing without changing those requirements. This would encourage more interpreters to work in Idaho.

Holly Thomas Mowrey, Immediate Past President, RID, testified **in support** of **H 152**, stating businesses concerned with liability ask how to identify qualified interpreters. Often interpretation is assumed to be correct because the person is taking on the role. Health care money is spent without question for deaf persons needing multiple doctor visits just to communicate and understand what the medical need is or address medication directions. With licensing, these state costs would be saved.

David Wildey, Idaho Citizen, Retired Teacher, Museum Curator, testified, through an interpreter, **in support** of **H 152**. People do not understand deafness and subsequent interpreting needs. He shared the slogan "nothing about us without us." Because some deaf people can lip read, there is a perception that they don't need an interpreter, which is incorrect because many words look exactly the same.

Joel Robinson, Idaho Citizen, testified **in opposition** to **H 152**. Specific misdemeanor provisions are extreme. There is no provision for judicial review, provided by other occupational licenses. It is overly broad in nature. It does not exclude non profits, private organizations, and family gatherings.

Due to time constraints, **Michael Miller**, Idaho Citizen, was not able to give his testimony **in support** of **H 152**. (See Attachment 1)

MOTION: **Rep. Rusche** made a motion to send **H 152** to the floor with a **DO PASS** recommendation.

Answering further questions, **Director Snow**, through an interpreter, said **H 152** is consistent with the other licensing boards administered by the Bureau of Occupational Licensing. The ADA clearly stipulates non-profits fall under their auspices of providing access. Individual groups, such as family reunions, private weddings, and boy scout meetings, do not fall under the ADA and this legislation. Religious and worship services are exempt, as stated in the bill.

In support of the motion, **Rep. Beyeler** commented the testimony shows the importance of clear and accurate information. **Rep. Perry** said it is important to include and protect this group of people. **Rep. Hixon** stated the need for qualified translations is evident along with the consideration of family members as part of the communication team. **Rep. Troy** observed other professions are licensed to provide the right information and this population deserves the same thing. **Vice Chairman Packer** said this need is real. **Rep. Redman** explained his first concern regarding over regulation has been explained well. **Chairman Wood** stated interpreters are asking for regulation and have made a compelling case for the need.

Rep. Vander Woude commented **in opposition** to the motion, explaining his struggle with licensing that has to be ADA compliant, which is further regulation.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **H 152** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Packer** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:40 a.m.

_____

Representative Wood
Chair

_____

Irene Moore
Secretary

Hi Mr. Chairman and committee members.
my name is Michael Miller
I am deaf
I live in gooding
I work as voteleeter at Signs of all trades in gooding

I have many stories I can tell you, but it would take all day to tell ya this. I will tell some of my experience. I took hunters ed first time and had not good quality interpreter. I went hard time through the class and I failed. I was upset I always want to be able to hunt. year later I sign up and I request the better quality interpreter for this class and when I went to class 2nd time it was good I learn a lot and understand what they were talking about. and I passed with 100% .

The police show up to my home and demanded my son to interpreter because my son can sign. My son is 11 yr old at that moment when happened. I told him no the police decided that my son is qualified without my input. He decided that my son is qualified just because he can sign. End up they force my son to interpreter issue about suicide. after that my son had upset feeling and afraid because he had to interpreter. That wasn't fair to my son and me. That why we need to pass that law to protect people like me and my son.

Certified interpreter is very important to us all because it will help us and the hearings too better communicate between deaf and hearing.

I support this bill and it will help us all.

Thank you.

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

8:00 A.M.
Room EW20
Thursday, February 26, 2015

SUBJECT	DESCRIPTION	PRESENTER
H 149	Contact Lenses, Prohibited Acts	Rep. Kelley Packer
H 150	Medical Licensure Compact	Rep. John Rusche

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 Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, February 26, 2015

TIME: 8:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

ABSENT/ EXCUSED: Representative Hixon

GUESTS: Nancy Kerr, IDBOM; Shawn Sorenson and Dr. Randy Andregg, Kris Ellis, and Dr. Jennifer Holman, Idaho Optometric Physicians; Eric Helms, Jeff Buel, and Dr. Carol Alexander, Johnson & Johnson; Chase Everton and Jay Maguiry,1 800 Contacts; John Watts, Northwest Grocery Assn.; Pam Eaton, Idaho Retailers Assn.; Don Stecher, ALCON; Susie Pouliot, ID Med. Assn.

Chairman Wood called the meeting to order at 8:01 a.m.

H 149: **Rep. Kelley Packer**, District 28, presented **H 149**, a protection against unilateral pricing policies (UPP) recently implemented by all four major contact lens manufacturers. Contact lens prescriptions specify the brand and cannot be legally changed. This legislation protects the consumers by prohibiting contact lens manufacturers fixing of retail prices.

MOTION: **Rep. Redman** made a motion to send **H 149** to the floor with a **DO PASS** recommendation.

Shawn Sorenson, Doctor of Optometry, Eagle, Idaho, President-Elect, Idaho Optometric Physicians, testified **in opposition** to **H 149**, stating contact lenses require a current and valid prescription, which can be released to a patient or chosen retailer for purchase wherever the consumer wishes. Proper fit and care avoids serious illnesses and is a result of the patient/physician relationship, which includes the discussion of the lens cost. Online purchases without a valid prescription and a substituted product cause a variety of issues, including long-term state health costs. Retailers can base product choice on their profit margin, diverting the doctor's intent, as discussed with the patient.

Answering questions, **Dr. Sorenson** said retailers are to dispense prescriptions as written, including the brand. Discrepancies are reported to the American Optometric Association and the state board. With patient health a top priority, prescriptions are not renewed without seeing the issuing physician. The UPP pricing has not impacted his practice.

Eric Helms, Senior Manager, Johnson & Johnson Vision Care, testified **in opposition** to **H 149**, stating UPP has reduced consumer costs and was only implemented on existing, price-established brands. UPP is usually used for new products, so this approach and results have differed from the "norm." Online increased costs result from shipping costs. This legislation violates the Dormant Commerce Clause that says a state law is preempted when it conflicts with a federal law. Idaho cannot regulate commerce outside the state, which is the case with these manufacturers, whose headquarters are in other states. UPP is legal in every other economic segment and is reducing contact lens prices.

Answering questions, **Mr. Helms** explained the UPP is a manufacturer's statement of the minimum price for their product. It has been confirmed as a legal policy since 1919. In their case, it was used, along with rebate removal, to successfully decrease prices. They do not use retailer contracts. Retailers selling below their minimum price would not be given product. This is a competitive marketplace with multiple large and small contact lens manufacturers and thousands of products.

UPP protects brand equity while introducing and supporting new and existing product. In order to impact consumer prices, wholesale prices were lowered, the price minimum was implemented, rebates were removed, and pricing marketing was removed.

The four main manufacturers provide over 90% of the U.S. contact lens volume. Other manufacturer brands offer specialty lenses. All four manufacturers implemented the pricing policy. Less than half the contact lens marketplace is covered by the UPP. Johnson & Johnson was not represented in the settlement conversations.

Dr. Carol Alexander, Optometrist, Director, Medical Affairs, VISTAKON, a Division of Johnson & Johnson Vision Care, Inc., testified **in opposition** to **H 149**. Their decision to pursue UPP has lowered prices and improved doctor/patient practices. To single out one product and suggest the pricing policy is not permissible is contrary to business practices. The Federal Drug Administration (FDA) lists contact lenses as a Class 2 or Class 3 medical device because they carry a moderate medical risk. The sponsors of this legislation want intervention in a business decision to the advantage of their business model, making them the top choice in the marketplace. Answering a question, Dr. Alexander said two Supreme Court decisions, Colgate (1919) and Leegin (2007), supported UPP for U.S. manufacturers.

Dr. Randy Andregg, Retired Optometrist, Idaho Citizen, Executive Director, Optometric Physicians Association, testified **in opposition** to **H 149**. Unlike medical prescriptions, contact lens prescriptions do not have a strong regulatory body, although the Fairness Consumer Act and Rule have helped. Complaints are now surfacing about online retailers switching prescribed products. The intricate fitting process culminates in a prescription that must use the defined brand.

Answering questions, **Dr. Andregg** said their only complaint reporting option is the State Board of Optometry. With a minimal budget and staff, the Board is not equipped to protect the consumer in this area. The prescription detail includes an expiration date, which, when ignored, puts patient eye health at risk. He expressed concern that pricing in **H 149** was being put ahead of the safety issues.

John Watts, Veritas Advisors, Northwest Grocery Association, testified **in support** of **H 149**. He said their retail members offer optical services. The dictated retail prices are artificially high, determine consumer choice, and are harmful.

Jay Maguiry, 1-800-Contacts, Government Relations, testified **in support** of **H 149**. The previous anti-competitive action against the same participants had a settlement that expired in 2007. That settlement language is in **H 149**, which will not expire. The 2003 Fairness to Contact Lens Consumers Act (FCLCA) established what is in a prescription, with no seller alteration allowed. The Federal Trade Commission (FTC) is the enforcement agency, there is an $11,000 per occurrence violation fine, and a complaint phone number.

Purchasing annual amounts at one time is the healthiest way to assure patients change their lenses. However, the new pricing has significantly increased the cost of this type of purchase. Vision insurance covers a fixed amount, so the increase comes out of the consumer's pocket.

A UPP, although legal in 2007 with the Leegin case, has the stipulation that it must be proven under the rule of reason. Legality triggers would be a concentrated marketplace and contagion with major vendors following suit. Europe and China have banned UPP and this has been the U.S. law of the land for ten years.

Kris Ellis, on behalf of the Idaho Optometric Physicians Association, testified **in opposition** to **H 149**, stating the Board oversees optometrists and has a $55,000 budget. This legislation would make them the enforcing body and have to pursue the manufacturers outside the state. The members would not be able to support the legal costs.

Brett Delange, Deputy Attorney General, Attorney General's Office, was invited to answer a question. In the 2007 case, Idaho joined other states in a lawsuit against Johnson & Johnson, Bausche & Lomb, and other manufacturers alleging that the agreements and practices they were engaging in were suppressing competition and violating the contact lens anti trust laws. The case ultimately settled. If the Attorney General's office pursues litigation or legal concerns, the agency is not billed.

Brian Kane, Attorney General's Office, was invited to answer a question. He declared a conflict since his father-in-law is an optometrist. Answering the question, **Mr. Kane** stated there is no fee if statute assigns the legal pursuit as a duty of the Attorney General. If any suit is optional, with the board determination to select the Attorney General, then there may be associated fees.

Pam Eaton, President, Idaho Retailers Association, testified **in support** of **H 149**. She said retailers don't like to be told what price to sell something and want the free market on every item. Price fixing usually harms businesses and consumers. This is not a patient safety issue. If something illegal is happening with filling prescriptions, it will continue, whether this bill is passed or not.

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

Answering a question, **Kris Ellis** said the fact that the Board of Optometry will not have to enforce this legislation is comforting. Their concerns remain strong about patient safety.

Rep. Redman, Rep. Beyeler and **Rep. Perry** commented **in support** of **H 149**, stating a UPP is profit maximizing when the competitive forces are strong, allowing control over pricing by limiting the autonomy of other businesses. With four manufacturers setting the pricing, concerns about monopolization arise. If this legislation passes and the manufacturers then refuse to do business with Idaho retailers, an anti trust case may be appropriate.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **H 149** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Packer** will sponsor the bill on the floor.

H 150: **Rep. John Rusche**, District 6, presented **H 150**, legislation to provide comprehensive but expedited medically licensed procedure while preserving the autonomy of the state boards.

Nancy Kerr, Executive Director, Board of Medicine (BOM), further presented **H 150**. A compact is a contract between states and includes an oversight body or commission. The BOM currently participates in 26 compacts. With changing health care that includes telehealth services, the use of physicians across state boundaries requires licensure in more than one state. Through telehealth conferencing, a critical physician in Chicago can help a patient in rural Idaho, improving our statewide healthcare system. Additionally, there is a federal government push to tie federal programs to federal licensure and this compact helps states retain their authority.

Participation is voluntary and does not override state licensure regulations. It affirms healthcare occurs where the patient is located and complies with all state statutes. Disciplinary information is shared between state boards and allows license revocation by any member state.

When applying, the original licensure state would vet the physician, which would shorten the remaining application steps considerably. Fees would go to the commission, who would then send them to the compact states. Each state would then issue a state license. The commission establishes and shares database information. Investigations are pursued in a joint manner, including subpoena issuance. Boards retain licensing authority, while the commission coordinates education and training. Each state will have two votes in the commission. The commission's budget is not envisioned to be substantial, with possible initial funding grants added to user fees. Each state board retains license fee rights.

The compact is voluntary and does not apply to anyone not seeking licensure through the compact. States can repeal the compact at any time, still retaining licenses. The compact defines only eligibility, not what the state has already defined as a physician.

The benefits include telemedicine, locum tenens coverage for small rural hospitals, and specialty coverage, especially for mental health and rural health care. It allows physicians to practice right away, since the original state is vetting them. The initial states participating in the compact will establish the rules and fees.

Answering a question, **Ms. Kerr** said a physician applying for license completes the application and awaits the background check before they can practice. Vetting provides this information to other states, foregoing the additional waiting time that would occur if applying directly to other states.

MOTION: **Vice Chairman Packer** made a motion to send **H 150** to the floor with a **DO PASS** recommendation.

Chairman Wood commented **in support** of **H 150**. Rural hospitals struggle to fill locum tenens needs. This prevents national licensure, fits into the State Healthcare Innovation Plan (SHIP), and works well with telehealthcare.

Susie Pouliot, Chief Executive Officer, Idaho Medical Association, testified **in support** of **H 150**.

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 150** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Rusche** and **Chairman Wood** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:19 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AMENDED AGENDA #1

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Friday, February 27, 2015

SUBJECT	DESCRIPTION	PRESENTER
RS23703	Benewah County Centennial	Rep. Caroline Troy
H 153	Emergency Medical Services	Rep. Luke Malek
H 178	Education Debt, Rural Physicians	Rep. Kelley Packer

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 Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Friday, February 27, 2015

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

ABSENT/ EXCUSED: Representative(s) Hixon, Vander Woude

GUESTS: Dr. McEachern, St. Alphonsus; Susie Pouliot, ID Medical Assn; Rachel Satterwhite, Jeremiah Wickham, Darby Westen, Shawn Rayne, Ada County Paramedics; Bruce Cheeseman and Mindi Anderson, Idaho EMS; Mary Sheridan, IDHW; Amy Holly, IPCA; Julie Taylor, Blue Cross of ID; Marnie Packard, Select Health; Liz Roberts, Idaho Citizen.

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

RS 23703: **Rep. Caroline Troy**, District 5, presented **RS 23703**, proposed legislation to recognize Benewah County upon it's centennial.

MOTION: **Rep. Perry** made a motion to introduce **RS 23703** and recommend it be sent directly to the Second Reading Calendar. **Motion carried by voice vote. Rep. Troy** will sponsor the bill on the floor.

H 178: **Rep. Kelley Packer**, District 28, presented **H 178**, a change in the Rural Physician Incentive Program (RPIP).

Susie Pouliot, CEO, Idaho Medical Association (IMA), said previous efforts to improve the rural and under-served community physician shortage have increased the number of students in the interstate compact and expanded the residency training program. Because the academic debt incentives are lower than other federal and state programs and only one repayment program can be selected, physicians are not finding the program attractive.

The annual 4% fee collected from compact medical students attending the Utah Medical Education Program or the Washington-Alaska-Montana-Idaho (WAMI) Medical School provides $191,000 to RPIP. **H 178** doubles the current award amount from $50,000 to $100,000, paid over a four-year period. It also increases the number of awards by allowing the total awards to exceed the amount of fees annually generated. Finally, it requires the RPIP Board retain an appropriate fund balance. Existing eligibility requirements will stay the same.

Answering questions, **Ms. Pouliot** said the fees are generated directly from the medical students, without state funding or allocation. Each Idaho student awarded a WAMI or University of Utah state-supported medical seat is assessed a 4% fee that is paid directly into the fund. These students, with first application priority, can receive RPIP debt repayment funds and practice in Idaho.

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

MOTION: **Rep. Redman** made a motion to send **H 178** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Packer** will sponsor the bill on the floor.

H 153: **Rep. Luke Malek**, District 4, presented **H 153**, legislation to set a platform for community paramedicine by amending the existing ambulance district statute. The changes add definitions to allow community paramedicine in the rule making process. Liability language existing in statute is applied to community paramedics as well as current emergency medical services (EMS) providers.

Darby Weston, Director, Ada County Paramedics, testified **in support** of **H 153**. This is something their agency developed and has had as a successful pilot program for the last five years. It sets a framework to identify and address gaps in healthcare access. By treating a patient's condition when it is less expensive, it provides improved patient outcomes, better health, and reduces the downstream cost.

Answering questions, **Mr. Weston**, said ambulance district references include all licensed Idaho EMS providers. Pilot projects with St. Alphonsus and St. Luke's were integrated, referring discharged patients deemed a good match for follow-up home visits.

Dr. Edward McEachern, Director, St. Alphonsus Health Alliance, testified **in support** of **H 153**. Idaho health care data indicates 14% of our population generates 55% of the costs. This legislation changes the health care system to allow well-trained paramedics the ability to provide follow-up visits, assisting patients in their homes so they remain healthy and do not return to the hospital.

Answering questions, **Dr. McEachern** said this program, especially in rural settings, allows highly skilled paramedics to be the eyes and ears of a physician. This is within the skill and talent domain of licensed emergency medical technicians (EMTs) or paramedics, allowing more patient contact than a rural physician may be able to provide. This establishes a way for systems to work together, invest in each other, and remove barriers. It could create a new rural career path with a new income stream, possibly from additional programs and future federal programs.

MOTION: **Rep. Romrell** made a motion to send **H 153** to the floor with a **DO PASS** recommendation.

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

Answering further questions, **Mr. Weston** said they are developing a sustainable model. Funding will be based on health care savings and may also come from ambulance taxing districts, CAT Fund reimbursements, private payers, and hospital groups. All these avenues will experience a cost savings by their services.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **H 153** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Malek** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:39 a.m.

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Representative Wood
Chair

_____

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Tuesday, March 03, 2015

SUBJECT	DESCRIPTION	PRESENTER
H 179	Hospital Treasurers	Jeremy Pisca Kootenai Health Medical Center

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 Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Tuesday, March 03, 2015
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
ABSENT/ EXCUSED:	Representative(s) Vander Woude, Perry
GUESTS:	None

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

MOTION: **Vice Chairman Packer** made a motion to approve the minutes of the February 11, and February 24, 2015, meetings. **Motion carried by voice vote.**

H 179: **Jeremy Pisca**, Attorney, Risch Pisca Law Firm, Representing Kootenai Health Medical Center, presented **H 179**. Hospitals are limited in how they invest their idle monies, which can lead to the loss of those funds. This legislation provides the district and county hospital treasurers with the duty to invest idle funds in the same manner as the State Treasurer's office. Investments are restricted to those with an "A" rating and authorized by the Legislature for the State Treasurer.

MOTION: **Rep. Redman** made a motion to send **H 179** to the floor with a **DO PASS** recommendation

Responding to a question, **Mr. Pisca** said other types of hospitals do not have the same restrictions because they are not hospital taxing districts or county owned hospitals.

Invited to answer questions, **Kimberly Webb**, Chief Financial Officer, Kootenai Health Medical Center, said there is no backup plan for investments that yield a negative profit. They try to keep enough cash on hand to be financially viable. **H 179** allows diversification to assure they do not experience lost funds. Currently, they are only allowed to invest in treasury funds. Direct medical care arrangements impacting reserves will only change the way they get paid, which would be more often up front for the service. Other district and county hospitals are in support of this legislation.

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 179** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Redman** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:12 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Wednesday, March 04, 2015

SUBJECT	DESCRIPTION	PRESENTER
H 187	Cottage Foods Industry	Rep. Clark Kauffman
	Idaho's State Plan on Alzheimer's Disease Update	Mike Berlin Cofounder Idaho Alzheimer's Planning Group
		Dr. Sarah Toevs Idaho Caregiver Alliance

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 Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, March 04, 2015

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

ABSENT/ EXCUSED: None

GUESTS: Wayne Hoffman, IFF; Rehana Mchammad, MacKenzie Cabot, and Racheal Castaneda, Students; Patrick Guzzle, Health & Welfare; Chris Hahn and Kathryn Turner, IDHW; Elizabeth Criner, NWFPA; Doug Paddock, Shana Tremaine, and Julia Page, IORC; Alana Steffensen, Husseiny Mohamud, and Jennifer Aumeier, Idaho Citizens; Angela Steffensen, ID Tropical Fruit Co.; Jane Wittmeyer, Darigold; Eileen Stachowski, IFMAS; Julia Page, IORC.

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

H 187: **Rep. Clark Kauffman**, District 25, Representing the Cottage Food Industry, presented **H 187**. This legislation assures statewide consistent regulation for cottage food industry direct retail sales, with online requirements for business registration, a food safety exam, a course permit, and label registration for traceability. The Department of Health & Welfare (DHW) and Health Districts are not required to make inspections. They also retain their ability to remove foods linked to foodborne diseases or illnesses and require a valid food handlers permit. This bill does not restrict vendors.

Definitions include cottage food, home kitchen operation, and food establishment. Specification is made regarding venues, sales paths, and labels. An annual sales cap of $30,000 further sets parameters to remain a cottage food operation. There is no stipulation made to monitor or regulate the sales cap. Responding to a question, **Rep. Kauffman**, said business permits and sales taxes are covered in other statutes and by the vendors.

MOTION: **Rep. Hixon** made a motion to send **H 187** to the floor with a **DO PASS** recommendation.

Patrick Guzzle, Food Protection Program Manager, DHW, Division of Public Health, Member, National Conference for Food Protection, President, Idaho Environmental Health Association, testified **in opposition** to **H 187** due to the DHW fiscal impact burden. The Idaho Food Safety Rules exempt food establishments offering prepackaged nonhazardous foods, such as cottage foods. The Idaho Food Code mandates registration, rules, and fees that the cottage foods businesses have not been subject to because of the unnecessary burden to them. **H 187** will force increased staffing for the Food Protection Program.

Responding to questions, **Mr. Guzzle** said Public Health Districts are separate and autonomous agencies reporting to their own Board of Health. All seven Public Health Districts allow direct sales and distributions without inspections or any regulation requirements, including a commercial kitchen. This legislation is a mandate to develop a subprogram within the Department to track sales dollars and other requirements, necessitating additional enforcement staff.

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

Mr. Guzzle, answering further questions, stated the DHW regulatory authority is delegated to the Public Health Districts for enforcement. To maintain consistency, the seven different registration systems would have to be centralized. The current food code has been expanded to allow for the foods produced by this industry, which are not potentially hazardous. The Department would support legislation codifying their existing practice.

Wayne Hoffman, President, Idaho Freedom Foundation, testified **in opposition** to **H 187**. The regulation does not allow any expansion into retail stores or restaurants. There is no stipulation about the length of registration. Registration records, open for public scrutiny, would contain personal residential information.

Elizabeth Criner, on behalf of the Northwest Food Processors Association, testified **in support** of **H 187**. They support the industry, but are concerned with the lack of de minimus food safety provisions. Food allergens account for the majority of recalls. Not every cottage home cook knows how to address food allergens. Insuring labels reference allergens is very significant for consumers.

Answering questions, **Ms. Criner** said other states have higher regulatory levels. The online registration and permit requirements would not demand additional regulatory oversight. The Federal Food Safety Modernization Act gives main implementation authority to the Department of Agriculture, which may be a better avenue for this legislation.

Josie Erskine, Farmer, Peaceful Belly Farm, testified **in support** of **H 187**. She explained her online, direct, and farmers market sales. Ms. Erskine said each district has a different set of rules that vary from total exclusion to total inclusion of home kitchen use and sales. There needs to be changes to encourage this industry.

Shana Tremaine, Idaho Citizen, testified **in support** of **H 187**. As a baker, she would like to work out of her home, but the Central District Health Department (CDHD) has told her this is not legal. She now has to pay to use a commercial kitchen, impacting her income, productivity, and impeding liability insurance. The cottage foods industry provides an income opportunity for single mothers living at or below the poverty level. Better regulation would allow them to survive on their own, without state assistance.

Angela Steffenson, Tropical Fruit Company, and on behalf of **Kathleen Kevitt**, testified **in support** of **H 187**. She said there needs to be a legal and protected legitimacy for the cottage food industry.

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

Rep. Rusche, Rep. Beyeler, and **Rep. Redman** commented that a simple exemption or streamlined bill might be a better route without the DHW impact.

In closing comments, **Rep. Kauffman** said an exemption for this industry would neither codify nor improve safety. Use of the online registration, online food safety exam, and online label does not need DHW enforcement or regulation beyond their current efforts. Businesses with incomes beyond the cap are commercial kitchens. The testimony demonstrates the different health district practices and the need for consistency.

Vice Chairman Packer, Rep. Hixon, Rep. Chew, and **Rep. Beyeler,** commented **in support** of **H 187**. The Cottage Food Industry is requesting regulation to support uniformity and improve their businesses. Negotiated rulemaking will address many of the issues.

ROLL CALL VOTE: **Rep. Rusche** requested a **roll call vote** on **H 187. Motion carried by a vote of 7 AYE, 1 NAY, and 3 ABSENT/EXCUSED. Voting in favor** of the motion: **Reps. Packer, Hixon, Romrell, Beyeler, Troy, Rusche, Chew. Voting in opposition** to the motion: **Rep. Redman. Chairman Wood, Rep. Perry,** and **Rep. Vander Woude** were Absent/Excused.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:21 a.m.

Representative Packer
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

8:00 A.M.
Room EW20
Thursday, March 05, 2015

SUBJECT	DESCRIPTION	PRESENTER
RS23606C1	Health Insurance, Chemotherapy	Rep. Melissa Wintrow
H 181	Naturopathic Physicians Licensing	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 Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Thursday, March 05, 2015
TIME:	8:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
ABSENT/ EXCUSED:	Representative(s) Vander Woude, Rusche
GUESTS:	SeAnne Safaii, Academy of Nutr. & Diet.; Diana Crumrine, Jennifer Aumeier, Robert Franklin, Emily Dickerson, Dustin Stoenner, Joan Haynes, Kris Ellis, and Tony Smith, IDAANP; Colby Inzer, IANP; Laura Lyons, Valerie Dickerson, and Bill Snyder, Idaho Citizens; Sue Linja, Idaho Academy of Nutrition; Molly Steckel, IMA; Woody Richards, AHIP; Elizabeth Criner, ACSCAN; Julie Taylor, Blue Cross; Ryan Fitzgerald, IACP.

Chairman Wood called the meeting to order at 8:01 a.m.

RS 23606C1: **Rep. Melissa Wintrow**, District 19, presented **RS 23606C1**. Cancer chemotherapies are dispensed through intravenous (IV) or oral prescriptions. Oral chemotherapies have higher out-of-pocket costs, which can lead to financial difficulty and the patient foregoing treatment. This legislation provides a monthly out-of-pocket cap, similar to that enacted by other states, for oral chemotherapies.

MOTION: **Rep. Hixon** made a motion to introduce **RS 23606C1. Motion carried by voice vote.**

H 181: **Kris Ellis**, on behalf of the Idaho Chapter of the American Association of Naturopathic Physicians (IDAANP), presented **H 181**. This legislation licenses naturopathic physicians who have gone to a four-year accredited school recognized by the Council on Naturopathic Medical Education (CNME). Their training includes traditional medicine and pharmaceutical. They also take a nationally recognized multi-part exam. This legislation does not impact Chapter 51 in Idaho Code. The one year grandfather clause provides allowance for graduates from naturopathic schools prior to accreditation and the national exam, giving them one year to become licensed. The fees, once determined, will fund a viable board. There is a 2021 sunset date. **H 181** expands the ability of the defined naturopathic physicians, without restriction or removal of any rights to practice.

Responding to questions, **Ms. Ellis** said the legislation will help the public determine the practice category of a specific naturopath. Because previous attempts to include everyone into one board have been unsuccessful, this concept delineates the two types of naturopathic practice and creates a second board. The board contained in Chapter 51 of Idaho Code will remain as it is.

This legislation requires licensure to use the title "Naturopathic Physician" or "Doctor." The education includes a pre-medical undergraduate program, a four-year medical program, and a clinical rotation. The board will consist of a medical doctor, a pharmacist, and three naturopathic physicians.

Dr. Diana Crumrine, Naturopathic Physician, Boise, Board Member, IDAANP, testified **in support** of **H 181**, which offers her the opportunity to practice to her full scope of training. Recognition through **H 181** will lead to better collaboration with medical professionals. It will provide an avenue to file and process any complaint, and allow insurance coverage of her services.

Answering questions, **Dr. Crumrine** said her profession uses a lifestyle approach that includes dietary recommendations and supplementation, which are not a part of traditional medical training. Licensing will allow her to run labs, perform physical exams, and be professionally recognized.

Colby Inzer, President, Idaho Association of Naturopathic Physicians, testified **in opposition** to **H 181**. Although there has been a delay appointing members to the existing board, he expressed confidence that they will be appointed. Agreeing that education standards are needed, he pointed out that individuals graduating from a nonaccredited school have equal education but cannot take the licensing exam.

Answering questions, **Mr. Inzer** said his textbook-based education was through correspondence and provided him with strong research skills. It included a clinical rotation of nine months with **Dr. Klassen** in Aberdeen, Idaho.

Mr. Inzer expressed his desire to take the exam to demonstrate his level of education is equal to those seeking licensure through **H 181**. He stated concern that this board, like that in Chapter 51 of Idaho Code, will not have members appointed.

Chairman Wood commented that historically all professions allowed exam challenges. This was eliminated when standards and a formal education process were deemed necessary. **H 181** is transforming the naturopath profession with formal standards and a formal educational recognized by the Department of Education.

Laura Lyons, testified **in support** of **H 181**. Affordability, availability and quality of health are important factors when working with a healthcare professional. The use of traditional and natural medicine provides a well-rounded medical approach. Licensing provides a qualified selection pool and a safeguard against unethical naturopathic physicians.

Jennifer Aumeier, Boise Natural Health, testified **in support** of **H 181**. She expressed her appreciation for the use of proper nutrition and allergy considerations that immediately improved her long-term health issues.

Emily Dickerson, Naturopathic Physician, Board Member, IDAANP, testified **in support** of **H 181**. Her extensive education included lab, rotation, and a multi-day multi-part exam. Licensing ensures other health care providers have referral and collaborative confidence. The professional recognition will allow them to practice to their full scope of training, improving their income potential, which will keep and attract naturopathic physicians, especially those paying back student loans.

MOTION: **Rep. Beyeler** made a motion to send **H 181** to the floor with a **DO PASS** recommendation.

Dustin Stoenner, Naturopathic Association, Registered Nurse, Boise Naturopathic Health, testified **in support** of **H 181**. It is important the public knows they are seeing physicians trained and licensed under the science-based scope of practice.

Joan Haynes Naturopathic Physician, testified **in support** of **H 181**. She explained the current limitations when a patient needs prescriptions and lab work. Licensing helps insurance companies determine coverage, which, in turn, helps patients.

Ken McClure, Idaho Medical Association (IMA), stated the IMA is taking a neutral position on **H 181**. The bill sponsors have addressed all of the IMA concerns.

William Snyder, Attorney, testified **in support** of **H 181**. Those meeting the licensing criteria are at the highest standard of their profession. Anyone not meeting the criteria can go to an appropriate school and get the education for that standard. The board and association must continue raising the profession's bar.

Valerie Dickerson, Idaho Citizen, testified **in support** of **H 181**. Because of the lack of insurance and a clear professional definition, pursuit of her desired type and level of primary care has been difficult.

Garry Shohet, Naturopathic Medicine Physician, Representing the Idaho Naturopathic Medicine Physicians, testified **in opposition** to **H 181**, expressing his concern with the limited grandfathering along with eligibility based on fraternity, not competency. The one school identified for grandfathering has historical accreditation issues. He suggested several changes to the legislation that would make it more acceptable.

Dr. Brent Matthew, Naturopathic Physician, testified **in support** of **H 181**, saying it is time to embrace naturopathic physicians as primary care experts helping people heal themselves through healthy lifestyle choices. **H 181** provides integration for the very best patient quality of care. His current license is not renewable because the Chapter 51 board is no longer in existence. This keeps him from practicing within his full scope of practice.

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

In closing remarks, **Kris Ellis** said the colleges listed are accredited naturopathic schools. The grandfathering qualifications will be met by two people who graduated prior to the exam. She opposed any changes that would send **H 181** to the amending order and cause further delay. This legislation moves the profession forward.

Commenting **in support** of **H 181**, **Rep. Hixon** said the suggested changes can be reviewed and, if approved, adopted during the interim. **Rep. Beyeler** stated this legislation allows the physicians to practice to the full scope of their training, protects the name of the physician, acknowledges accredited school training, and protects the public. **Vice Chairman Packer** said Chapter 51 remains in place for the protection of other practicing naturopaths, who need to address it's issues with the Governor. **Rep. Perry** said the suggested amendments could open up the profession to unknown areas of training and questionable expertise.

Chairman Wood commented previous licensing requests have shown the successful integration of a professional healthcare group with standards and ethics. Those licensed under Chapter 51 need to address it's rewrite with a functioning board structure and standards.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **H 181** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Romrell** will sponsor the bill on the floor.

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

Representative Wood
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Wednesday, March 11, 2015

SUBJECT	DESCRIPTION	PRESENTER
SCR 109	Music Therapy	Sen. Lee Heider
		Matthew Jordan Certified Music Therapist
SCR 110	Diaper Need Awareness Week	Sen. Janie Ward-Engelking
	Idaho's State Plan on Alzheimer's Disease Update	Mike Berlin Cofounder Idaho Alzheimer's Planning Group

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 Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, March 11, 2015

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

ABSENT/ EXCUSED: Representative(s) Vander Woude, Perry

GUESTS: Ellen Burnell, Stephanie Leavell, Mary Brieschke, and Bill Dluhash, Music Therapy; Shawna Walz and Roger Seiber, Idaho Diaper Bank; Sen. Janie Ward-Engelking; Richard Mussler-Wright, Idaho Nonprofit Center.

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

MOTION: **Vice Chairman Packer** made a motion to approve the minutes of the February 16, 25, 26, 27, and March 3, 2015 meetings. **Motion carried by voice vote.**

SCR 109: **Sen. Lee Heider**, District 24, presented **SCR 109**. Music therapy provides benefits to patients in various medical settings.

Matthew Jordan, Board Certified Music Therapist, further presented **SCR 109.** This type of therapy uses music to meet nonmusical patient goals and increase their functions. They are not performers or teaching people to use instruments. Beginning in the 1950's in Blackfoot, there are currently twelve musical therapists in Idaho. Therapist training includes a bachelor's degree in music or music therapy, 1,040 hours of internship, and a certification exam. Music therapy masters degrees are available.

Music therapy can help patients feel safe, give them a voice, and provide a way to connect with loved ones. It reaches areas of remembrance when their disease seems to have eliminated all memories. Many potential patients and families are unaware of this therapy.

MOTION: **Vice Chairman Packer** made a motion to send **SCR 109** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Rusche** will sponsor the bill on the floor.

SCR 110: **Sen. Janie Ward-Engelking**, District 18, presented **SCR 110**, a resolution to promote diaper awareness in Idaho. Food stamps and Women, Infants, and Children (WIC) vouchers cannot be used to purchase diapers.

Shawna Walz, Founder, Executive Director, Idaho Diaper Bank, further presented **SCR 110**. She explained the struggle to provide children living in poverty with clean, dry diapers, without government resources for this basic necessity. A day's supply of disposable diapers is required for children attending early childhood, which is necessary for parents who work or go to school. These families have limited funds to pay for diapers, rent, heating, and food. The babies are paying the price when diapers are reused or have their use extended by other means. Parents may accelerate toilet training, an area of high-abuse occurrence.

The Idaho Diaper Bank, a 501(c)3 business, takes the burden off other organizations trying to meet this need. Bulk purchases are shipped to a warehouse, repackaged, and provided to partner agencies for distribution in tandem with their other support systems. More parents keep prenatal and well baby visits if diapers are given to them at the time of the visit.

Responding to a question, **Ms. Walz** said the Idaho Diaper Need Awareness Week coincides with the National Diaper Need Awareness Week. Planned events from now until that week will increase state awareness and help the 35,000 babies in Idaho living in need.

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

MOTION: **Rep. Beyeler** made a motion to send **SCR 110** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Vice Chairman Packer** will sponsor the bill on the floor.

Mike Berlin, Idaho Alzheimer's Planning Group, reported on the progress of the Group, which consists of educators, clinicians, researchers, and concerned citizens in partnership with a variety of educational institutions, the Department of Health and Welfare (DHW), the American Association of Retired Persons (AARP), Idaho Caregiver Alliance, and other stakeholder groups.

Medicaid spends nineteen times more on Alzheimer's patients because the disease lasts many years and requires intensive care, especially in the later stages. Of the population with the disease, two-thirds are female, who tend to live longer, increasing their chances of having the disease. Researchers are working on methods of delaying the disease onset and costs by allowing caregivers to home care patients as long as possible.

The Governor participated in a public service announcement to increase awareness. The DHW Director introduced them to the 2-1-1 Care Line, which is helping them track Alzheimer's disease calls. The movie "Still Alice" depicts what someone goes through with early onset of the disease, an increasing diagnosis.

The group sponsored the Idaho Culture Change Coalition to decrease the skilled nursing facilities costs. The person-centered care treatment approach does not argue with a patient's reality and includes the Veterans Affairs Memory Project calming personalized music therapy. The use of music therapy during times of agitation impacts a primordial portion of the brain that Alzheimer's seems to affect last.

Work with the Idaho Healthcare Association and the Center for the Study of Aging is addressing the lack of behavioral health services for individuals who become psychotic as a result of their dementia and are not accepted by behavioral health facilities.

SCR 111 is current legislation recognizing the importance of family caregivers and the unique opportunity to integrate this component of our healthcare system into the State Healthcare Innovation Plan (SHIP).

Answering a question, **Mr. Berlin** said fear keeps persons from taking the early detection gene test. An early detection breakthrough uses a positron emission tomography (PET) brain scan that can identify the development of plaque and tangles on the brain and view the progress of new medications to prevent or treat the plaque and tangles.

Dr. Troy Rohn, Professor, Department of Biological Sciences, Boise State University, was invited to answer a question. An eye scan is a quick noninvasive way to detect Alzheimer's disease. There are no good bio markers to make a 100% diagnosis. The brain scan is very expensive and not covered by Medicaid, although lobbying to allow coverage continues. There are a lot of benefits to early detection for patients and caregivers. Although two main classes of drugs are often combined for efficacy, disease modifying drugs are needed to impact the pathology. Drugs that stop the plaques and tangles are being used for early-indicated patients.

Lee Flinn, AARP Idaho, was invited to answer a question. She stated **SCR 111**, has been reprinted as **SCR 123** to remove standard language about participating legislators receiving a per diem, which is not correct.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:56 a.m.

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Representative Wood
Chair

_____

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Thursday, March 12, 2015

SUBJECT	DESCRIPTION	PRESENTER
S 1080aa	Genetic Counselors	Heather Hussey Genetic Counselor
	National Alliance for Medicaid in Education	John Hill National Director

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
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email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, March 12, 2015

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

ABSENT/ EXCUSED: Representative(s) Vander Woude, Rusche

GUESTS: Frede Trenkle and Art Evans, Division of Medicaid; Heather Hussey, Rachel Westman, Christina Ikard, Brittney Kuyszek, Anne Spencer, Edye Conway, Patricia Dock, Heidi Nagel, Lindsay Conant, and Amy Rohyans Sewart, Genetic Counselors; Mike Brassey, St. Luke's Health System; Toni Lawson, Idaho Hospital Assoc.; Lori Stiles, DHW.

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

MOTION: **Vice Chairman Packer** made a motion to approve the minutes of the February 12 and March 5, 2015, meetings. **Motion carried by voice vote.**

MOTION: **Rep. Beyeler** made a motion to approve the minutes of the March 4, 2015, meeting. **Motion carried by voice vote.**

S 1080aa: **Sen. Janie Ward-Engelking**, presented **S 1080aa**. Genetic counselors are specialized professionals who work in various hospitals and clinical settings as part of a medical team to provide patients with valuable information, especially when dealing with decisions about surgery and the seriousness of cancer. This legislation creates a licensing system with requirements for genetic counselors.

Heather Hussey, Idaho Genetic Counselor, continued the presentation of **S 1080aa.** Genetic counselors are trained healthcare professionals with masters degree and recognized as a valuable, accurate, and unbiased member of a patient's healthcare team. Voluntary national certification is available.

This legislation has no state fiscal impact, because the board will be self sustaining and licensing fees are over estimated to handle the first year set up costs. Licensing assures confidence that genetic services are provided by competent professionals providing quality services.

Answering questions, **Ms. Hussey** stated genetic testing and conditions requiring genetic counseling are increasing at a rapid rate. Licensing provides a means to insure public safety.

Rep. Romrell commented **in support** of **S 1080aa**, stating the request for licensure announces this highly trained group of individuals are professionals to be recognized by the community.

Responding to additional questions, **Ms. Hussey** said the 70 immediate applicants include genetic counselors outside of the state who provide telemedicine services through laboratories. Everything genetic counselors do is in conjunction with the rest of a medical team.

Although there are different levels of degrees, only a masters degree is offered in genetic counseling. Without licensure the hospital system or practice has to require proof of expertise at hiring. Exemptions are made for persons licensed under Title 54, persons employed as genetic counselors by the federal government or federal agency, students enrolled in an accredited genetic counseling educational program, employees responsible for a facility's genetic counseling program and persons holding medical or surgical licenses.

Amy Stewart, Idaho Genetic Counselors, testified **in support** of **S 1080aa**, describing how genetic testing and counseling helped her understand test results, prevention options, and gave her information for future planning discussions with her physician.

Answering a question, **Ms. Hussey** said the current insurance billing is handled through the physician's billing code rate for genetic counseling. Licensure would allow the use of the current procedure technology (CPT) code for genetic counseling, saving money for insurance companies and patients.

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

Sen. Ward-Engelking discussed the amendments to the original bill that clarified an exemption for physicians. There was also a fiscal note adjustment.

Julie Taylor, Idaho Citizen, testified **in support** of **S 1080aa**. Explaining her experience with a genetic counselor, Ms. Taylor said the process was thorough and the knowledge provided relief. Those with the right credentials need to be available to give patients piece of mind.

Rep. Beyeler, **in support** of **S 1080aa**, commented that genetic markers are used in other industries. Professionalism, credibility, and continued education are important in this young field.

MOTION: **Rep. Perry** made a motion to send **S 1080aa** to the floor with a **DO PASS** recommendation.

Julie Taylor, Blue Cross of Idaho, responded to a committee question. In checking with the Blue Cross of Idaho Medical Director, the genetic counseling costs are covered before or after the deductible, depending on the patient's plan. At this time, physicians bill for genetic counseling services. Upon licensure, the counselors could do their own billing.

Norm Varin, Pacific Source Health Plans, answering the same question, stated the covered paid services must meet medical criteria and medical benefit. Pacific Source would not pay for services by unlicensed professionals.

Answering further questions, **Ms. Hussey**, said any genetic counselor providing services to an Idaho resident would have to be licensed in order to practice any type of telehealth medicine.

Rep. Redman, Rep. Hixon, Rep. Troy, and **Chairman Wood** commented **in support** of the motion. This encourages professionals in our state and provides insurance coverage. The developing correlation between human genomes and nutrition will provide improved healthcare for Idaho citizens. Previous telemedicine and medical compact discussions have highlighted the importance of using real expertise from inside or outside of Idaho.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **S 1080aa** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Chairman Wood** will sponsor the bill on the floor.

John Hill, National Director, National Alliance for Medicaid in Education (NAME), described the organization, which advocates program integrity for school-based Medicaid reimbursement. They provide leadership, promote integrity, and facilitate the collaboration of a shared information network.

Program specific data is not collected by Medicaid or the federal government. Voluntary state survey information provides data to understand areas that need attention.

The Individuals with Disabilities Education Act (IDEA) mandates services to students with eligible disabilities. The mandated cost reimbursement is 40%; however, most reimbursements are paid at 15%. Federal participation decline can be traced to lack of information, training, and concerns surrounding state audits that reclaim funds and impose fines. The IDEA program has been, for thirty years, funded by state dollars instead of federal funds.

Federal funds require matching state funds, local and state administration, and accurate reporting. Other states have developed collaborative and transparent processes to maximize the program, proving it is possible.

Audit exceptions occur in three ways. First, knowingly taking money for financial gain is considered fraud. Second, errors can occur from a lack of knowledge or understanding of the rules. Third, human errors can happen when completing the forms. All three exceptions require repayment of funds. For human errors, a correcting claim with the right information could be filed to legitimately get paid. Idaho is the only state that adds civil penalties, which may need review.

To enhance the state program, a checks and balances system would include definitions, increased training, and an understanding of referral of services differences. Review is needed to determine the actual program versus the stakeholder program perceptions.

This 70% services rebate is paid for by Idaho tax dollars and not being used to its full potential.

ADJOURN: There being no further business to come before the committee the meeting was adjourned at 10:13 a.m.

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Representative Wood
Chair

_____

Irene Moore
Secretary

AMENDED AGENDA #1

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Wednesday, March 18, 2015

SUBJECT	DESCRIPTION	PRESENTER
RS23876	Rule Rejection, Chiropractic Physicians	Rep. Fred Wood
S 1121	Immunization Registry	Sen. Fred Martin
		Shad Priest Regence Blue Shield

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 Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, March 18, 2015

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

ABSENT/ EXCUSED: Representative(s) Vander Woude, Troy, Chew

GUESTS: Julie Taylor, Blue Cross of Idaho; Luke Werner and Tom Patterson, MD, Idaho Citizens; Norm Varin, Pacific Source Health Plans; Shad Priest, Regence / Idaho Association of Health Plans; Mitch Scoggins and Lihan Lu, Idaho Dept. of H&W; Kathryn Turner, IDHW Division of Public Health; Kate Muldoon, Idaho Immun. Coalition; Carmela Gupta, American Immunization Registry Assoc.; Rebecca Coyle, AIRA; Perry Brown, AAV; Emily McClure and Patricia Jackson, March of Dimes; Molly Steckel, IMA; Emily Patchin, St. Alphonsus; Ryan Fitzgerald, IACP; Dan Blocksom, Idaho Assn. Counties; Scott Carn, IHDE;

Chairman Wood called the meeting to order at 9:07 a.m.

S 1121: **Sen. Fred Martin**, presented **S 1121**, which amends Idaho Code § 39-4803 to allow the Immunization Registry Information System (IRIS) to share data with the Health Data Exchange, creating a single healthcare record on the health data exchange.

IRIS, a confidential, computerized system, allows healthcare providers access to immunization records and creates vaccine reminders for parents or guardians of children in the registry. It is not mandatory and citizens can opt in or opt out of IRIS at any time.

The Health Data Exchange was created to compile data into a single electronic medical record to give healthcare providers a more complete picture of the care their patients are receiving. It is not part of the Health Insurance Exchange (HIX).

Shad Priest, Government Affairs Director, Regence Blue Shield of Idaho, Idaho Association of Health Plans (IAHP), further presented **S 1121**. This bill adds a subsection permitting IRIS information disclosure to the Health Data Exchange. It also removes the requirement that IRIS delete information from third party systems and clarifies information is subject to the Health Insurance Portability and Accountability Act (HIPAA) and other health information restrictions.

Mr. Priest said the IAHP is **in support** of **S 1121**, which is consistent with the goal to provide medical information to all providers. Health plans use the data exchange information to measure both care and plan service performance. None of the changes require anyone to receive a vaccination or make it more difficult for anyone to choose not to participate in any vaccination or IRIS.

Mitchell Scoggins, Manager, Idaho Immunization Program, Department of Health and Welfare (DHW), testified **in support** of **S 1121**, which is not about vaccination requirements, exemptions, or parental refusal rights. This legislation provides knowledge to reduce duplicate or unneeded vaccination costs. It will also eliminate the need for paper copies of immunization records.

Answering questions, **Mr. Scoggins** explained the third party record reference is being deleted because the State cannot remove records from other systems and the information is not sent to other systems. Information on the Health Data Exchange records is re-disclosed into provider and hospital systems, with insurance carrier reporting tools in development. The system is hosted and maintained by a contract with Hewlett Packard, who is obligated to follow federal confidentiality and security requirements, including HIPAA.

Kate Muldoon, Idaho Immunization Coalition, testified **in support** of **S 1121**. This registry allows schools quick access for determination of satisfied requirements. Partial, missing, conflicting, and other information issues can cause delays in attending school. Everyone deserves accurate and up-to-date records to meet state requirements and protect the health of all school children.

Rebecca Coyle, Idaho Citizen, Executive Director, Immunization Registry Association, testified **in support** of **S 1121**. The health information exchange has evolved into an electronic system that uses complex algorithms to review records and forecast patient needs. This provides accurate patient information and more efficient use of office resources.

Dr. Perry Brown, Pediatrician, Boise, Family Medicine Residency, Legislative Coach, American Academy of Pediatrics, Idaho Chapter, testified **in support** of **S 1121**. Improved health outcomes are linked to hand washing, clean water, and immunizations. The most up-to-date and accurate information prevents under or extra vaccinations. Sharing the information back to providers will be a participation incentive.

Molly Steckel, IMA, testified **in support** of **S 1121**. Teachers, as well as students, must prove their immunizations are current. Roadblocks to such proof impacts teachers' income in the event of a school outbreak that puts them on a forced leave or quarantine.

Dr. Tom Patterson, Pediatrician, testified **in support** of **S 1121**. His incomplete paper immunization record led to additional vaccines and attendance delay when he entered the college of medicine. Electronic records are extremely confidential and further protected with access identification. He cannot move IRIS information to his office records because inadvertent disclosure to other medical professionals cannot be controlled.

Dr. Thomas Rand, Physician, testified **in support** of **S 1121**, which uses privileged, secure, and accurate immunization information to alleviate the time and cost of unnecessary vaccinations.

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

Responding to a question, **Sen. Martin** stated parental immunization approval forms are given by providers. The data exchange has a downloadable opt out form for immunization or to prevent information going into IRIS. A request can also be made to remove the information from the registry at any time.

Mr. Scoggins further answered the question. He said some facilities have their own consent form. Any family not wishing to participate in the registry has the obligation to opt out. If they have never had immunizations, there is no vaccination information to associate with the child's record.

MOTION: **Rep. Perry** made a motion to send **S 1121** to the floor with a **DO PASS** recommendation.

Rep. Rusche, Vice Chairman Packer, Rep. Hixon, Rep. Beyeler, and **Chairman Wood** commented **in support** of **S 1121**. To allow the concerns of those who would never be a part of IRIS to drive policy would not support our citizens' health. Provider knowledge assures children receive the best science and practice. This legislation maintains HIPAA compliancy. Parental rights include accountability and responsibility when they have the ability to opt out. This is an information technology bill that addresses communication and accurate records.

Rep. Redman commented **in opposition** to **S 1121**, stating he will vote with respect to his constituents' concerns regarding the opt in and opt out ability.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **S 1121** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Redman** requested he be recorded as voting **NAY. Rep. Rusche** will sponsor the bill on the floor.

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

RS 23876: **Rep. Fred Wood**, District 27, presented **RS 23876**, a proposed resolution that rejects a scope of practice Rule of the State Board of Chiropractic Physicians. This has been discussed with the chiropractic physicians board. During the interim, they will work on an amendment to IDAPA 24.03.01, Section 20. This gives the Board of Chiropractic Physicians the notice and opportunity to fix the issue.

MOTION: **Rep. Perry** made a motion to introduce **RS 23876. Motion carried by voice vote.**

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

MOTION: **Vice Chairman Packer** made a motion to approve the minutes of the February 18, 19, March 11, and 12, 2015, meetings. **Motion carried by voice vote.**

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

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Representative Wood
Chair

_____

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Thursday, March 19, 2015

SUBJECT	DESCRIPTION	PRESENTER
RS23880	Medicaid Reimbursement, Adolescents	Jeff Morrell CEO Intermountain Hospital

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Thursday, March 19, 2015
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
ABSENT/ EXCUSED:	Representative(s) Vander Woude, Perry
GUESTS:	Sheila Pugatch and Lisa Hettinger, Medicaid; Norm Semanko, Moffatt Thomas / Intermountain Hospital.

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

RS 23880: **Norm Semanko**, Representing Intermountain Hospital, presented **RS 23880**, proposed legislation that creates a reimbursement methodology for adolescent mental health services. The methodology is higher than the current reimbursement rate, but not as high as the one used for hospitals.

Jeff Morrell, CEO, Intermountain Hospital, further presented **RS 23880**. This legislation covers psychiatric hospitalization and will open up 15 to 17 beds to serve adolescents within an appropriate facility.

The changes apply only to the state reimbursement portion. The Department of Health and Welfare has been in agreement with the change. In this type of facility the daily room charge is an all-inclusive rate.

MOTION: **Vice Chairman Packer** made a motion to introduce **RS 23880**.

Responding to questions, **Mr. Morrell** said the current methodology works well in a pavilion-type or large patient care facility, but not in the smaller psychiatric facilities.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to introduce **RS 23880. Motion carried by voice vote.**

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

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Representative Wood
Chair

_____

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Monday, March 23, 2015

SUBJECT	DESCRIPTION	PRESENTER
HCR 19	EMS Working Group, Legislation	Rep. Luke Malek
H 298	Medicaid Reimbursement, Adolescents	Jeff Morrell CEO Intermountain Hospitals

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 Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, March 23, 2015

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

ABSENT/ EXCUSED: Representative(s) Vander Woude, Rusche

GUESTS: Sheila Pugatch, Medicaid; Darby Weston, Ada County Paramedics; Dia Gainor, Nat'l Assn. of State EMS Officials; Wayne Denny, DHW/EMS Bureau; Karl Malott, Nampa Fire Dept.; Robb Hickory, Canyon Co. Paramedic; Jeff Morrell, Intermountain Hospital; Toni Lawson, Idaho Hospital Assoc.; Gregory Janos, MD, Physician, Exec. Medical Director; Roberto Negron, IHB/SLCH St. Lukes.

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

MOTION: **Vice Chairman Packer** made a motion to approve the minutes of the March 18 and 19, 2015, meetings. **Motion carried by voice vote.**

HCR 19: **Rep. Luke Malek**, District 4, presented **HCR 19**, which calls for a working group to review the Office of Performance Evaluation (OPE) recommendations and draft Emergency Medical Services (EMS) system legislation.

Darby Weston, Director, Ada County Paramedics, continued the presentation of **HCR 19**. EMS services have evolved to handle complex healthcare faster and more efficiently, resulting in better patient outcomes.

Beyond licensure, there is no legislative EMS governing direction for the Bureau of EMS and Preparedness. A previous task force work group focused on protection and control, which did not address governing the direction of Idaho's EMS.

The Joint Legislative Oversight Committee (JLOC) request for an OPE study resulted in seven improvement recommendations, six of which require legislative action. Several counties have addressed the issues to create system structures that work well for their specific needs. This legislation places the EMS Bureau as the leadership entity to bring the stakeholders together for legislation development.

Answering a question, **Mr. Weston** said drafted legislation to effectively manage statewide issues requires recognition of the local need and governance for each county's system.

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

MOTION: **Rep. Redman** made a motion to send **HCR 19** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Malek** will sponsor the bill on the floor.

H 298: **Jeff Morrell**, CEO, Intermountain Hospitals, presented **H 298**, a reimbursement bill for free standing psychiatric hospitals to change the Medicaid payment methodology. It provides 15 additional beds at a facility for the specific treatment of mentally ill adolescents. Without beds, individuals have been deflected to medical surgical facilities.

These are suicidal adolescents with or without a plan to kill themselves. They require treatment, plans, and assessments. The medical facilities must provide and charge for 24-hour sitters, psychiatric evaluations, diagnosis, and medication. Costs for free standing psychiatric hospitals are all inclusive. The patients are monitored every 15 minutes by staff trained for these conditions. Of their existing patients, 35% are Medicaid and the rest are commercially insured.

Answering questions, **Mr. Morrell** said the legislation adds 15 beds, and will help the 15 to 17 adolescents who have been deflected to other facilities in the valley. Facilities are either free standing or pavilions with a footprint to a main facility, such as St. Luke's. Pavilions receive a higher reimbursement rate because everything is based on the main facility size and expenses.

Lisa Hettinger, Administrator, Medicaid Program, Department of Health and Welfare (DHW), was invited to answer further questions. She said the increased reimbursement rate is 27% of the current Medicare rate. This method is used in other states and one the Centers for Medicare and Medicaid Services (CMS) would find agreeable. Based on 2013 payment data, the current daily rate of $136.40 will be increased to $190.03 and apply to all Medicaid eligible individuals in the facility. The definition of private free standing mental health facilities currently applies to only one Idaho facility, Intermountain Hospital.

Toni Lawson, Vice President, Idaho Hospitals Association (IHA), testified the IHA has not taken a formal position on this legislation. She added a number of hospitals have voiced their support of the concept because they are not able to handle the current volume of this limited services population.

Dr. Gregory Janos, Physician, Executive Medical Director, St. Luke's Children's Hospital, testified **in support** of **H 298**. Medically stable patients are released after two to three days. This population may be medically stable but awaiting disposition and transfer to the closest and open mental health facility. The impact hampers care and safety to all of their patients, families, and staff. The use of the Emergency Room (ER) as an overflow area, with limited security, has resulted in patients leaving or attempting to harm others.

Roberto Negron, Child Psychiatrist, Physician, Director, Adolescent Services, Intermountain Hospital, testified **in support** of **H 298**. Suicide is the second leading cause of adolescent deaths in Idaho. This is a vulnerable and high risk population for completed suicide. The recently closed beds are the ones they want to reopen.

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

Chairman Wood commented some of the worst heath care outcomes occur when the mentally ill are admitted to acute care inpatient facilities, endangering themselves and others in the facility. We are required to do everything we can to adequately and appropriately treat this population with mental health issues.

MOTION: **Rep. Redman** made a motion to send **H 298** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Perry** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:41 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Tuesday, March 24, 2015

SUBJECT	DESCRIPTION	PRESENTER
S 1062aa,aa	Direct Medical Care Act	Rep. Lynn Luker Sen. Steven Thayn
RS23907	Family Caregivers Study	Lee Flinn AARP Rep. Tom Trail

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 Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
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email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, March 24, 2015

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

ABSENT/ EXCUSED: Representative Vander Woude

GUESTS: Brian Crownover, MD; Ken McClure, IMA; Andrea Axtell, MD, Alliance; Bill Roden, Select Health; Suzanne Budge, SBS Assoc.; Tom Donovan, DOI; Rep. Tom Trail and Lee Flinn, AARP Idaho; Julie Taylor, BCI; Russ Hendrichs, Farm Bureau; Elizabeth Criner and Linda Swanstrom, ISDA; Kim Keller, Nampa Smiles Dental; John Watts, IPCA; Woody Richards, Willamette Dental.

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

MOTION: **Vice Chairman Packer** made a motion to approve the minutes of the March 23, 2015, meeting. **Motion carried by voice vote.**

S 1062aa, aa: **Rep. Lynn Luker**, District 15, presented **S 1062aa, aa**, regarding direct medical care (DMC) agreements. This creates a different patient and primary care physician relationship to remove insurance oversight and promote personal responsibility. Idaho DMC providers already exist. Insurance companies offer wrap around policies in other states with this type of care model.

The new chapter, known as the Idaho Direct Primary Care Act, provides definitions for fees, agreements, care services, patients, patient representatives, and primary care providers. The basic contract provisions include termination of the agreement and advance payment refund. Insurance claims are not allowed and the agreement, not classified as insurance, is not subject to insurance regulation. Physicians are still subject to their professional regulation and responsibility. Any agreement must include a disclaimer that it does not provide health insurance coverage, satisfy applicable federal law coverage requirements, and recommend health care insurance is purchased. The agreements are transferable only with the consent of both parties. Contracts by other professionals or health care providers are not in violation of this chapter.

Sen. Steven Thayn, District 8, further presented **S 1062aa, aa.** Although DMC agreements have shown decreased downstream costs, insurance is still needed for catastrophic illnesses.

Responding to questions, **Sen. Thayn** explained any additional services would be covered by the patient's insurance plan. Although the Affordable Care Act (ACA) alludes to wrap around insurance policies, the Department of Health and Human Services (HHS) needs to develop rules, which are expected to occur this summer. A Washington provider study indicated reductions of 20% in medical care costs, 14% decreased Emergency Room (ER) visits, and 50% fewer hospital stays. Receipt of the contracted services does not apply to a patient's insurance deductible.

Dr. Brian Crownover, Physician, Treasure Valley Family Medicine, testified **in support** of **S 1062aa, aa.** Wrap around policies in other states are priced at 50% of the bronze or silver insurance plan cost and are directed at catastrophic coverage. His DMC agreements cover anything performed within his office. Lab tests, performed outside of his office, are paid for by his patients at a reduced, negotiated rate. DMCs are business contracts between two parties, which is similar to other contracts in other industries. This legislation clarifies the business contract and will stimulate insurance company policy review. HHS has already ruled that a DMC paired with a catastrophic policy meets their requirements. Other states have enacted or are contemplating the same legislation.

Responding to questions, **Dr. Crownover** said the time spent with a patient is usually based on the required care level and not specified in **S 1062aa, aa**. Monthly contract fees can range from $50 to $70 for adults and $10 to $20 for children. Contracts are available on his website and are written in plain English. Anyone with a dispute is encouraged to address it directly with him or the Board of Medicine.

Dr. Andrea Axtell, Internist, Owner, Primary Direct Care Clinic. Offering DMC has been reinvigorating because she is working directly for her patients, who actively evaluate the cost and treatment impact when pursuing a procedure. A recent survey showed primary care physicians are burning out and looking for a new avenue to provide care. This is that avenue.

Answering questions, **Dr. Axtell** stated magnetic resonance imaging (MRI), although covered by insurance, costs less than most deductibles, making it an out-of-pocket expense. Her contracts list everything she treats, when referrals occur, when additional charges may occur, and stipulates the contract is not insurance. Patients terminating their contract pay no penalty and receive 30-days of continued coverage.

Suzanne Budge, National Federation of Independent Businesses, testified **in support** of **S 1062aa, aa**, which is another option for people in the most challenging class of the insurance market.

Russ Hendricks, Idaho Farm Bureau, testified **in support** of **S 1062aa, aa**. This legislation assists in the development of direct patient care (DPC) and the offering of wrap around policies. This neither requires participation nor disadvantages any provider or patient.

Elizabeth Criner, Idaho State Dental Association (ISDA), testified **in support** of **S 1062aa, aa**. This is an additional tool for all patients and physicians, including dentists.

Dr. Kim Keller, Dentist, Nampa, ISDA, testified **in support** of **S 1062aa, aa**. Forty-five percent of his patients are uninsured, deferring regular visits due to the out-of-pocket costs. His patient contract has an annual fee of $169 and offers specified cleanings, exams, and discounts on other services within his practice. Overwhelmingly supported by his community, the contract overcomes regular patient visit hurdles. Placing DPC control within the Department of Insurance authority would impact his decision to offer the service.

Responding to questions, **Dr. Keller** said dental insurance can cover 80% or 100% of basic services. Less than 1% of his patients have purchased their own insurance plan. His associates would provide the coverage, if he were unable to do so. Should his practice be sold, the contracts would be transferred to the purchaser.

John Watts, Idaho Primary Care Association, testified **in support** of **S 1062aa, aa**. This is good legislation and appropriate for DPC. The Community Health Centers (CHC) will be operating under the assumption that their employee doctors will be included when the CHC has legal authorization to provide the services.

MOTION: **Rep. Hixon** made a motion to send **S 1062aa, aa** to the floor with a **DO PASS** recommendation.

Rep. Hixon commented **in support** of the motion. People need patient/physician options without government intervention. Medical savings accounts can be used in conjunction with the DMCs to provide less expensive health care alternatives.

Ken McClure, Idaho Medical Association, testified **in support** of **S 1062aa, aa**. This is another tool to get the necessary care to Idahoans.

Norm Varin, Pacific Source Health Plans, was invited to answer a question. The challenge with a wrap around plan is to provide well defined insurance within the required filing time frame. Agreement or contract content standardization would be required.

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

Commenting **in support** of the motion were **Rep. Hixon, Rep. Rusche, and Rep. Romrell**. Wrap around insurance policies and easily readable agreements are important for these patients. Wrap around policies would also need to address the immunizations and preventive services required by other policies.

Chairman Wood commented **in opposition** to the motion. He expressed concern regarding the insurance and contract interface issue. Regulation for this existing niche market may actually be a constraint.

ROLL CALL VOTE: **Rep. Romrell** requested a roll call vote on **S 1062aa, aa. Motion carried by a vote of 9 AYE, 1 NAY, 1 Absent/Excused. Voting in favor** of the motion: **Vice Chairman Packer, Reps. Hixon, Perry, Romrell, Beyeler, Redman, Troy, Rusche, Chew. Voting in opposition** to the motion: **Chairman Wood. Rep. Vander Woude was absent/excused. Rep. Luker** will sponsor the bill on the floor.

RS 23907: **Tom Trail**, Idaho Caregiver Alliance, Idaho AARP, presented **RS 23907** to request a statewide consortium to identify policies, resources, and programs available for unpaid family caregivers. The consortium, along with stakeholders, will also encourage additional innovative and creative means of support for this essential resource. The Idaho Commission on Aging and the Boise State University Center for the Study of Aging will lead the consortium. This action recognizes the importance of family caregivers and the unique opportunity to integrate this healthcare component into the State Healthcare Innovation Plan.

MOTION: **Vice Chairman Packer** made a motion to introduce **RS 23907** and recommend it be sent directly to the Second Reading Calendar. **Motion carried by voice vote. Rep. Troy** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:06 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

8:30 A.M.
Room EW20
Wednesday, April 01, 2015
Note Earlier Time

SUBJECT	DESCRIPTION	PRESENTER
H 152aaS	Sign Language Interpreters	Rep. Kelley Packer
S 1177	Naturopathic Physicians, Repeal	Sen. Dan Schmidt

If you have written testimony for S 1177, 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 H 152aaS

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew(Killen)

COMMITTEE SECRETARY

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

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, April 01, 2015

TIME: 8:30 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew (Killen)

ABSENT/ EXCUSED: None

GUESTS: Michael Karlfeldt, Kari Harneck, Hanna Harneck, Carrie Andrews, Jinny Peterson, Mike Tracy, Idaho Citizens; Ken McClure, IMA.

Chairman Wood called the meeting to order at 8:31 a.m.

Chairman Wood welcomed **Rep. William Killen**, who is substituting for **Rep. Chew**.

MOTION: **Vice Chairman Packer** made a motion to approve the minutes of the March 24, 2015, meeting. **Motion carried by voice vote.**

H 152aaS: **Rep. Kelley Packer**, District 28, presented the Senate amendments to **H 152aaS**. The first amendment adds reference to the Americans with Disabilities Act (ADA) to the general setting definitions. Clarification to **54-5604** inserts instances for interpreting by family members or friends. An update to **54-5907** changes "the actual costs" to "the reasonable costs". The first paragraph in **54-5610** specifies a provisional license can be granted to a person with the necessary skills and training. Finally, **54-5614.02** has been rewritten to include privileged communication.

MOTION: **Rep. Hixon** made a motion to concur with the amendments made in the Senate to **H 152. Motion carried by voice vote. Rep. Packer** will sponsor the bill on the floor.

S 1177: **Sen. Dan Schmidt**, District 5, presented **S 1177**, legislation to repeal Title 54, Chapter 51 of Idaho Code. Because this section of code cannot function, professional licensure cannot be maintained.

Responding to questions, **Sen. Schmidt** said Chapter 51 is the current statute requirement for naturopath licensing. Repeal will allow legal continuation of unlicensed practices. Attempts to develop changes or a replacement to this statute have proven unsuccessful. There have been no public safety concerns expressed. Of the original fourteen licensed practitioners, four remain in Idaho. This would not be enough licensees to fill the board positions.

Answering further questions, **Sen. Schmidt** stated any profession pursuing licensure needs to be able to sustain this type of legislation.

Dr. Michael Karlfeldt, Naturopathic Physician, Treasure Valley, testified **in opposition** to **S 1177**. He expressed concern that **S 1177**, a late session response to **H 181**, allowed no public testimony at the open Senate hearing. About 90% of this statute was included in **H 181**, so it is of value.

The next logical step is not repeal, but a request to the Governor's Office to appoint a board for rule promulgation. Repeal of Title 54, Chapter 51, is not good for their profession, which has finally recognized the need to work together.

Responding to questions, **Dr. Karlfeldt** stated he does not have an active license. Rule promulgation must occur before licenses can be issued. The existing board was dismantled by the Governor's Office in 2007. Without the board, everyone in the professiol has continued their practices just as before. Patients want naturopathy covered by insurance, which requires licensure for all competent naturopathic doctors.

Answering questions, **Dr. Karlfeldt** said a $20,000 debt was incurred while they were under the Idaho Bureau of Occupational Licenses (IBOL) purview. An additional $60,000 legal services debt was incurred after they were dismissed from the IBOL. Licensing fees are expected to repay the entire debt. **H 181** specified one segment of the naturopathic profession and excluded the majority of naturopathic doctors.

Ken McClure, Idaho Medical Association (IMA), testified **in support** of **S 1177**. He said, as author of Title 54, Chapter 51, the statute attempted to address all of the profession's issues at once, which proved unsuccessful. The IMA will continue to advance the public health and interest with this profession, as they have with other professions. This appropriate pause for reset and redo will allow the profession time to decide if they want to move forward.

Wayne Hoffman, President, Freedom Foundation, testified **in support** of **S 1177**. He has watched the process of working with this statute and previous attempts to repeal the board, which has not accomplished anything in ten years. Repeal provides an opportunity to reset and get government out of the profession's way.

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

MOTION: **Rep. Perry** made a motion to send **S 1177** to the floor with a **DO PASS** recommendation.

Reps. Perry, Redman, Hixon, Vander Woude, and **Chairman Wood** commented **in support** of the motion. Removal of Chapter 51 will not change any current practices. Since licenses are not being issued or renewed, everyone is in violation of **54-5103**. There was no public indication of any health or safety issue. The profession is at odds within itself, and this is a reset for the creation of something better.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **S 1177** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Vice Chairman Packer** abstained from voting. **Chairman Wood** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:32 a.m.

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Representative Wood
Chair

_____

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Thursday, April 09, 2015

SUBJECT	DESCRIPTION	PRESENTER
	Approval of Minutes	

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COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Packer
Rep Hixon
Rep Perry
Rep Romrell
Rep Vander Woude
Rep Beyeler
Rep Redman
Rep Troy
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Thursday, April 09, 2015
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
ABSENT/ EXCUSED:	Representative(s) Chew, Vander Woude, Perry
GUESTS:	None
	Chairman Wood called the meeting to order at 9:01 a.m.
MOTION:	**Vice Chairman Packer** made a motion to approve the minutes of the April 1, 2015, meeting. **Motion carried by voice vote.**
ADJOURN:	There being no further business to come before the committee, the meeting was adjourned at 9:03 a.m.

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Representative Wood
Chair

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Irene Moore
Secretary