MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Friday, January 18, 2019
TIME:	8:30 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis
ABSENT/ EXCUSED:	Representative(s) Blanksma
GUESTS:	None
	Chairman Wood called the meeting to order at 8:30 a.m.
	Chairman Wood turned the gavel over to **Vice Chairman Wagoner**.
DOCKET NO. 16-0309-1801:	**George Gutierrez**, Deputy Administrator for Policy, Division of Medicaid, presented **Docket No. 16-0309-1801**. The proposed changes allow additional swing-bed days authorization for Critical Access Hospitals, providing more rural flexibility and access to skilled nursing services. Approval is contingent on a review of medical necessity, cost effectiveness, residency, and quality of care.
MOTION:	**Rep. Gibbs** made a motion to approve **Docket No. 16-0309-1801**.
	Larry Tisdale, Vice President of Finance, Idaho Hospital Association, testified **in support** of **Docket No. 16-0309-1801**. These minor, but significant, changes keep rural patients closer to family and social supports, improving their quality of life.
	For the record, no one else indicated their desire to testify.
VOTE ON MOTION:	**Vice Chairman Wagoner** called for a vote on the motion to approve **Docket No. 16-0309-1801. Motion carried by voice vote.**
DOCKET NO. 16-0310-1807:	**George Gutierrez**, Deputy Administrator for Policy, Division of Medicaid, presented **Docket No. 16-0310-1807**. The changes add termination of enrollment language to include all special population groups utilizing Home and Community-based Services (HCBS) under waiver and state plan option programs.
	For the record, no one indicated their desire to testify.
MOTION:	**Rep. Davis** made a motion to approve **Docket No. 16-0310-1807**.
	Austin Mitchell, Citizen, testified **in support** of **Docket No. 16-0310-1807**, stating he was helped by the HCBS program to be a productive citizen, instead of being institutionalized.
	For the record, no one else indicated their desire to testify.
VOTE ON MOTION:	**Vice Chairman Wagoner** called for a vote on the motion to approve **Docket No. 16-0310-1807. Motion carried by voice vote.**
DOCKET NO. 16-0309-1804:	**David Welsh**, Program Manager, Medical Care Bureau's Policy Unit, Division of Medicaid, presented **Docket No. 16-0309-1804.** Updates address the best practices alignment for laboratory tests by establishing minimum standards for drug testing, family planning, genetic testing, and quality control to ensure appropriate use of state and federal funds with better participant outcomes.
	For the record, no one indicated their desire to testify.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Representative Wagoner	Irene Moore
Chair	Secretary