

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Tuesday, January 19, 2021

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

DOCKET NO.	DESCRIPTION	PRESENTER
24-0301-2000F	Chiropractic Physicians	Tim Frost, Division of Occupation and Professional Licences
24-0601-2000F	Occupational Therapists & Occupational Therapy Assistants	
24-0901-2000F	Examiners of Nursing Home Administrators	
24-1001-2000F	Optometry	
24-1101-2000F	Podiatry	
24-1401-2000F	Social Work Examiners	
24-1601-2000F	Dentistry	
24-1701-2000F	Acupuncture	
24-1901-2000F	Examiners of Residential Care Facility Administrators	
24-2301-2000F	Speech, Hearing, and Communication Services	
24-2401-2000F	Genetic Counselors	
24-2601-2000F	Midwifery	
24-2701-2000F	Massage Therapy	
24-3101-2000F	Dentistry	
24-1301-2000F	Physical Therapy Licensure Board	
24-3300-2000F	Board of Medicine - Omnibus	
24-1201-2000F	Psychologist Examiners	
24-1501-2000F	Professional Counselors & Marriage & Family Therapists	
24-3401-2000F	Nursing	
24-3601-2000F	Pharmacy	
24-3303-2001	Board of Medicine - General Provisions	

Testimony limited to 3 minutes. If you have written testimony, please provide a copy to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

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

Rep Christensen
 Rep Lickley
 Rep Erickson
 Rep Ferch
 Rep Mitchell

Rep Chew(Toevs)
 Rep Rubel
 Rep Davis

COMMITTEE SECRETARY

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

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, January 19, 2021
TIME: 9:00 A.M.
PLACE: Room EW20
MEMBERS: Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew (Fuller), Rubel, Davis
**ABSENT/
EXCUSED:** Representative(s) Davis
GUESTS: Kris Ellis, NPI & IPA; Brody Aston, Westerberg

Chairman Wood called the meeting to order at 9:00 a.m. He welcomed new committee members **Reps. Erickson, Ferch, and Mitchell**. Also welcomed was **Rep. Fuller**, who is substituting for **Rep. Chew**. The committee page, **Matthew Chrysler**, was introduced.

Tim Frost, Regulatory Affairs Manager, Division of Occupational and Professional Licenses (DOPL), appeared before the committee to present the DOPL Administrative Rules. Each omnibus rule docket was previously approved and reviewed in 2020 by the legislature. Changes have been made in alignment with the Red Tape Reduction Act.

DOCKET NO. 24-0301-2000F: **Docket No. 24-0301-2000F**, Rules of the State Board of Chiropractic Physicians, is updated to cross-reference Idaho Code 54-704(5) and incorporate the term "compounding pharmacy." The \$175 clinical nutrition certification fee has been reinstated.

DOCKET NO. 24-0601-2000F: There are no changes to **Docket No. 24-0601-2000F**, Rules for the Licensure of Occupational Therapists and Occupational Therapy Assistants.

DOCKET NO. 24-0901-2000F: There are no changes to **Docket No. 24-0901-2000F**, Rules of the Board of Examiners of Nursing Home Administrators.

DOCKET NO. 24-1001-2000F: **Docket No. 24-1001-2000F**, Rules of the State Board of Optometry, has been streamlined to omit duplicated sections relating to board meetings.

DOCKET NO. 24-1101-2000F: There are no changes to **Docket No. 24-1101-2000F**, Rules of the State Board of Podiatry.

DOCKET NO. 24-1401-2000F: **Docket No. 24-1401-2000F**, Rules of the State Board of Social Work Examiners. has been changed to remove the stipulated board meeting frequency and allow meeting scheduling dictated by the board's business.

DOCKET NO. 24-1601-2000F: **Docket No. 24-1601-2000F**, Rules of the State Board of Acupuncture, removes redundant meeting requirements found in other sections of Idaho Code.

DOCKET NO. 24-1701-2000F: There are no changes to **Docket No. 24-1701-2000F**, Rules of the State Board of Acupuncture.

DOCKET NO. 24-1901-2000F: Duplicated information found in other Idaho Code sections has been removed from **Docket No. 24-1901-2000F**, Rules of the Board of Examiners of Residential Care Facility Administrators.

DOCKET NO. 24-2301-2000F: **Docket No. 24-2301-2000F**, Rules of the Speech, Hearing, and Communication Services Licensure Board, has been amended to remove reference to temporary registrations for out-of-state licensed sign language interpreters, aligning with other sections of Idaho Code.

DOCKET NO. 24-2401-2000F: **Docket No. 24-2401-2000F**, Rules of the Genetic Counselors Licensing Board, updates the code of ethics to the most current, widely used version.

DOCKET NO. 24-2601-2000F: **Docket No. 24-2601-2000F**, Rules of the Idaho Board of Midwifery, removes subsection 100.03, which is found elsewhere in Idaho Code.

DOCKET NO. 24-2701-2000F: **Docket No. 24-2701-2000F**, Rules of the Idaho State Board of Massage Therapy, removes duplication of meeting requirements, which are found in other Idaho Codes.

DOCKET NO. 24-3101-2000F: There are no changes made in **Docket No. 24-3101-2000F**, Rules of the Idaho State Board of Dentistry.

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

MOTION: **Vice Chairman Vander Woude** made a motion to approve **Dockets No. 24-0301-2000F, 24-0601-2000F, 24-0901-2000F, 24-1001-2000F, 24-1101-2000F, 24-1401-2000F, 24-1601-2000F, 24-1701-2000F, 24-1901-2000F, 24-2301-2000F, 24-2401-2000F, 24-2601-2000F, 24-2701-2000F, and 24-3101-2000F. Motion carried by voice vote.**

DOCKET NO. 24-1301-2000F: **Tim Frost**, Regulatory Affairs Manager, DOPL, on behalf of the Physical Therapy Licensure Board, presented **Docket No. 24-1301-2000F**, the omnibus reauthorization of existing rules. Pursuant to the Red Tape Reduction Act, the Board reviewed and deleted outdated and redundant sections. The Physical Therapist (PT) and Physical Therapist Assistant (PTA) inactive status has been added, along with a \$15 (PT) or \$10 (PTA) inactivation license fee which is applied to a reinstatement fee. Dry needling certification and dry needling recertification has been added with a new fee of \$25 for both.

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

MOTION: **Rep. Rubel** made a motion to approve **Docket No. 24-1301-2000F. Motion carried by voice vote.**

DOCKET NO. 24-3300-2000F: **Tim Frost**, Regulatory Affairs Manager, DOPL, on behalf of the Board of Medicine, presented **Docket No. 24-3300-2000F**, an omnibus reauthorization of six rule chapters with changes in keeping with the Red Tape Reduction Act.

The updates to the Rules for the Licensure to Practice Medicine and Osteopathic Medicine include removal of the unnecessary definitions for national associations and the commission for foreign graduates. The list of licensure requirements has been moved to the Board-approved forms. The residency requirement for full licensing for foreign medical graduates has been changed from three years to two years. Alternate supervising physicians definitions have been streamlined. Permanent changes resulting from COVID-19 waivers include synchronous direct monthly communication between the physician and physician assistant and removal of the supervising physician registration requirement.

The Rules for the Licensure of Physician Assistants (PA) were updated to remove the usage and notification of alternate supervising physician change, along with the weekly record review by a supervising physician requirement.

There were no changes made to the omnibus chapters for Licensure of Naturopathic Medical Doctors, Licensure of Athletic Trainers to Practice in Idaho, and Licensure of Dietitians.

The chapter for Licensure of Respiratory Therapists and Permitting of Polysomnographers in Idaho was amended to eliminate supervision of respiratory care providers.

Answering a committee question, **Mr. Frost** explained some of the Administrative Rules waived in the Governor's Public Health Emergency Proclamation were deemed unnecessary for reinstatement by the Board.

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

MOTION: **Rep. Lickley** made a motion to approve **Docket No. 24-3300-2000F**. **Motion carried by voice vote.**

Tim Frost, Regulatory Affairs Manager, DOPL, appeared before the committee to present omnibus reauthorization of existing rules previously reviewed and approved by the legislature which have been updated in line with the Red Tape Reduction Act. Opportunities for changes have also been identified to assist with the COVID-19 declared emergency response.

DOCKET NO. 24-1201-2000F: **Docket No. 24-1201-2000F**, Rules of the Idaho State Board of Psychologist Examiners, has been amended to remove the location requirement of supervising service extenders, allowing for remote review. The category III licensed psychologist service extender definition has been updated to include those with either a master's or bachelor's degree.

DOCKET NO. 24-1501-2000F: **Docket No. 24-1501-2000F**, Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists, updates provide a licensure by endorsement process which is consistent with the Occupational Licensing Reform Act.

DOCKET NO. 24-3401-2000F: **Docket No. 24-3401-2000F**, Rules of the Idaho Board of Nursing, is amended to allow senior nursing students to work as supervised new graduate nurses, beginning thirty days prior to their scheduled graduation, while preparing for the National Council Licensure Examination (NCLEX). The \$10 nurse apprentice application fee has been removed.

DOCKET NO. 24-3601-2000F: **Docket No. 24-3601-2000F**, Rules of the Idaho State Board of Pharmacy, has several changes. Processes simplified during COVID-19 are retained to update the technician registration process, emergency refill provisions, and dispensing limitations. The outdated Verified Accredited Wholesale Distributor (VAWD) definition is removed. The North American Pharmacist Licensure Examination (NAPLEX) score transfer during the examination registration process is changed to one year.

Answering a question, **Mr. Frost** said the DOPL restructure has provided the opportunity to review endorsement processes for all boards and to find ways to allow access to Idaho licenses when coming from states with similar requirements.

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

MOTION: **Rep. Lickley** made a motion to approve **Dockets No. 24-1201-2000F, 24-1501-2000F, 24-3401-2000F, and 24-3601-2000F**. **Motion carried by voice vote.**

DOCKET NO. 24-3303-2001: **Tim Frost**, Regulatory Affairs Manager, DOPL, presented **Docket No. 24-3303-2001**, on behalf of the Board of Medicine. The changes are a result of both the Governor's October 13, 2020, Emergency Proclamation and the Red Tape Reduction Act. Deletions include unnecessary definitions for applicants and licensure, duplicated new graduate provisional application requirements, and duplicated references to licence telehealth practice requirements.

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

MOTION: Rep. Lickley made a motion to approve **Docket No. 24-3303-2001. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:51 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Thursday, January 21, 2021

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

DOCKET NO.	DESCRIPTION	PRESENTER
	<u>Department of Health and Welfare</u>	
16-0309-2002	Medicaid Basic Plan Benefits	David Welsh, Bureau Chief
16-0309-2004	Medicaid Basic Plan Benefits	Alexandra Fernandez, Bureau Chief
16-0310-2002	Medicaid Enhanced Plan Benefits	Alexandra Fernandez, Bureau Chief
16-0321-2001	Development Disabilities Agencies	Lori Wolff, Deputy Director
16-0417-2001	Residential Habilitation Agencies	Lori Wolff, Deputy Director
16-0307-2001	Home Health Agencies	Lori Wolff, Deputy Director
16-0000-2000F	Omnibus for Fee Rules	Lori Wolff, Deputy Director Fernando Castro, Criminal History Unit

Testimony is limited to 3 minutes. If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood	Rep Erickson
Vice Chairman Vander Woude	Rep Ferch
Rep Gibbs	Rep Mitchell
Rep Blanksma	Rep Chew(Toevs)
Rep Kingsley	Rep Rubel
Rep Christensen	Rep Davis
Rep Lickley	

COMMITTEE SECRETARY

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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, January 21, 2021

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew (Fuller), Rubel, Davis

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

GUESTS: Alexandra Fernandez and Fernando Castro, Health & Welfare; Carson Tester, Westerberg & Assoc.

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

MOTION: **Rep. Lickley** made a motion to approve the minutes of the January 19, 2021, meeting. **Motion carried by voice vote.**

**DOCKET NO.
16-0309-2002:** **David Welsh**, Bureau Chief, Care Management, Division of Medicaid, presented **Docket No. 16-0309-2002**. This proposed Rule removes all Idaho Administrative Procedures Act (IDAPA) references to mental disease exclusion. It also supports implementation of previous legislation requiring the Director of the Department of Health and Welfare (DHW) to apply for federal waivers for cost-efficient use of Medicaid funds for substance abuse and/or mental health (MH) services in institutions for mental disease (IMD). A Section 1115 IMD waiver for reimbursement of both MH and substance use disorder (SUD) services in IMDs was approved, effective April 17, 2020.

As part of the approval process, an outside consulting firm was engaged for an actuarial fiscal analysis to prove the changes would be either cost neutral or a savings for state and federal funding. Quarterly proof of cost neutrality will be submitted to CMS throughout the five-year waiver demonstration period.

The waiver, which has already had a positive impact for Idahoans diagnosed with MH and SUD, will also help reduce Idaho's opioid overdoses and suicide rates.

Answering a question, **Mr. Welsh** said the IMDs provide cost neutrality or savings through lower service costs and better outcomes.

For the record no one indicated their desire to testify.

MOTION: **Rep. Gibbs** made a motion to approve **Docket No. 16-0309-2002**. **Motion carried by voice vote.**

**DOCKET NO.
16-0309-2004:** **Alexandra Fernandez**, Bureau Chief, Bureau of Long Term Care, Division of Medicaid, DHW, presented **Docket No. 16-0309-2004**. The amendments include access to peer support and recovery coaching services along with a federally required Electronic Visit Verification (EVV) for personal care and home health services.

Criminal history check clearance applicants who were denied due to alcohol and drug related criminal convictions would be able to apply for a clearance requirement variance. Because qualified providers have life experience with SUD, it is not uncommon for them to have drug or alcohol convictions on their criminal records. The changes align the Medicaid standards with the Division of Behavioral Health (BH) for services by this type of provider and furnish participants with improved access to qualified peer support and recovery coaching services.

The 21st Century CURES Act (Cures Act) requires EVV for specified Medicaid programs, with a penalty if not implemented. The proposed Rule changes establish EVV system standards for service providers. The 2020 legislative approval of \$2.4M for implementation includes associated one-time costs and a provider reimbursement rate increase to offset new software costs. The state costs are largely offset by avoidance of the non-compliance penalty.

Responding to committee questions **Ms. Fernandez** explained the non-compliance general fund penalty would be \$1.5M annually (1% of services). **Chairman Wood** requested she provide the ongoing maintenance cost information to the committee. The EVV is expected to help patients with better service information and improved caregiver reporting.

For the record no one indicated their desire to testify.

MOTION: **Rep. Lickley** made a motion to approve **Docket No. 16-309-2004. Motion carried by voice vote.**

DOCKET NO. 16-0310-2002: **Alexandra Fernandez**, Bureau Chief, Bureau of Long Term Care, Division of Medicaid, DHW, presented **Docket No. 16-0310-2002**. The proposed changes update the current nursing facility Behavioral Care Unit designation requirements and implements the EVV federal requirements.

The Behavioral Care Unit nursing facilities serve individuals with MH or medical diagnoses and challenging behaviors. The census requirement for this designation is increased from 20% to 30%. Since 2018, the number of Behavioral Care Units has increased from seven to twenty-one. The census increase provides improved access to services and provider incentives.

Additional changes implement the previously described EVV federal CURES Act requirement for services delivered to private residences.

For the record no one indicated their desire to testify.

MOTION: **Rep. Lickley** made a motion to approve **Docket No. 16-0310-2002. Motion carried by voice vote.**

DOCKET NO. 16-0321-2001: **Lori Wolff**, Deputy Director, DHW, on behalf of the Division of Licensing and Certification, presented **Docket No. 16-0321-2001**, with proposed changes in alignment with Executive Order 2020-13.

Terminology deletions alleviate the burden on agencies operating exclusively in participant homes and communities by removing the specific means by which staff supervision requirements are met. Duplicative requirements were removed. A re-write of this chapter, scheduled for 2021, will include input from certified agency stakeholders.

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

MOTION: **Vice Chairman Vander Woude** made a motion to approve **Docket No. 16-0321-2001. Motion carried by voice vote.**

DOCKET NO. 16-0417-2001: **Lori Wolff**, Deputy Director, DHW, on behalf of the Division of Licensing and Certification, presented **Docket No. 16-0417-2001**. Certified provider types include agencies delivering residential habilitation (ResHab) services to adults with intellectual and developmental disabilities (DD), usually in the individual's home or community.

In response to Executive Order 2020-13, deletions have been made to remove duplicated sections. Because agency staff assists individuals to achieve their independent living goals, a section regarding the participant's home cleanliness was determined non-applicable and removed.

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

MOTION: **Vice Chairman Vander Woude**, made a motion to approve **Docket No. 16-0417-2001**. **Motion carried by voice vote.**

DOCKET NO. 16-0307-2001: **Lori Wolff**, Deputy Director, DHW, on behalf of the Division of Licensing and Certification, presented **Docket No. 16-0307-2001**. The proposed changes allow licensed independent practitioners to order home health services and monitor patients in alignment with federal requirements. Definitions have been updated to include a licensed independent practitioner and all references to "physician" have been changed to "licensed independent practitioner."

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

MOTION: **Rep. Rubel** made a motion to approve **Docket No. 16-0307-2001**. **Motion carried by voice vote.**

DOCKET NO. 16-0000-2000F: **Lori Wolff**, Deputy Director, DHW, presented **Docket No. 16-0000-2000F**, proposed legislation for previously re-codified omnibus Fee Rules which were not reauthorized after the 2020 Legislative Session. Two of the seventeen chapters have changes.

The Rules Governing Certified Family Homes (CFH) interactive training requirements have been removed. This allows a CFH provider to recertify based solely on the content of their annual training and addresses a hardship faced by many of the nearly 2,600 CFH providers.

Fernando Castro, Supervisor, Criminal History Unit, DHW Bureau of Compliance, further presented **Docket No. 16-0000-2000F**. The State West Hospital has been added to the Criminal History & Background Checks Employees at State Institutions list to allow processing for individuals who will work at our newest psychiatric treatment state institution when it opens.

The list of disqualifying offenses has been updated to include Female Genital Mutilation, as defined in Idaho Code Section 18-1506B. The victim of this type of crime is a person under the age of eighteen years of age and the severity of the crime is a felony with an adjudication of life imprisonment.

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

MOTION: **Rep. Gibbs** made a motion to approve **Docket No. 16-0000-2000F**. **Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee the meeting adjourned at 9:43 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Monday, January 25, 2021

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
RS28302C2	District Boards of Health	Rep. Megan Blanksma
RS28227C1	Health Ordinances, City Limits	Rep. Brandon Mitchell
	<u>Department of Health & Welfare</u>	
RS28071	Idaho Tuberculosis Hospital	Elke Shaw-Tulloch, MHS, Administrator
RS28162	Vital Statistics - Records	James Aydelotte, State Registrar, Bureau of Vital Statistics
	<u>Division of Occupational and Professional Licenses</u>	
RS28124	Nursing - Disciplinary Action	Tim Frost, Regulatory Affairs Manager
RS28133	Telehealth - Prescribing	
RS28140	Controlled Substances - Authority	
RS28144	Pharmacy Act	

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Christensen
Rep Lickley

Rep Erickson
Rep Ferch
Rep Mitchell
Rep Chew(Toevs)
Rep Rubel
Rep Davis

COMMITTEE SECRETARY

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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

- DATE:** Monday, January 25, 2021
- TIME:** 9:00 A.M.
- PLACE:** Room EW20
- MEMBERS:** Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew (Hoy), Rubel, Davis (Burns)
- ABSENT/
EXCUSED:** None
- GUESTS:** Nicki Chopski and Svetlana Chorny, IBOP; Brody Aston, Westerberg Assoc.
Chairman Wood called the meeting to order at 9:00 a.m.
- MOTION:** **Rep. Lickley** made a motion to approve the minutes of the January 21, 2021, meeting. **Motion carried by voice vote.**
Chairman Wood welcomed substitute Reps. Burns and Hoy to the committee.
- RS 28302C2:** **Rep. Megan Blanksma**, District 23, presented **RS 28302C2**, proposed legislation to allow the review of the actions, decisions, or orders of the District Board of Health by the appropriate county commissions board. Public health violations are reduced to fined infraction. Additionally, the Director of the Department of Health and Welfare (DHW) is limited to thirty enforcement days, with specified extensions, for orders of isolation or quarantine. Answering a question, she said the amounts for the fines were selected based on whether payment was by an individual or a business.
- MOTION:** **Rep Gibbs** made a motion to introduce **RS 28302C2**. **Motion carried by voice vote.**
- RS 28227C1:** **Rep. Brandon Mitchell**, District 5, presented **RS 28227C1**, proposed legislation to bring health order codes into compliance with the Idaho State Constitution by removing the five-mile jurisdiction.
- MOTION:** **Rep. Blanksma** made a motion to introduce **RS 28227C1**. **Motion carried by voice vote.**
- RS 28071:** **Elke Shaw-Tulloch**, Administrator, Division of Public Health, DHW, presented **RS 28071**. As part of the Red Tape Reduction Act, the proposed chapter for the Idaho Tuberculosis Hospital, which has not been in existence since 1976, is repealed.
- MOTION:** **Rep. Lickley** made a motion to introduce **RS 28071**. **Motion carried by voice vote.**
- RS 28162:** **James Aydelotte**, State Registrar, Bureau Chief, Bureau of Vital Records and Health Statistics, Division of Public Health, DHW, presented **RS 28162**. As a part of the Red Tape Reduction Act, the proposed legislation deletes the never-implemented filing requirement for a couple's written artificial insemination consent. The existing vital record information disclosures are expanded to further address fraud, child health and safety, and proactive data sharing with relevant agencies.
- MOTION:** **Rep. Gibbs** made a motion to introduce **RS 28162**. **Motion carried by voice vote.**

- RS 28124:** **Tim Frost**, Regulatory Affairs Manager, Division of Occupational and Professional Licenses (DOPL), on behalf of the Board of Nursing, presented **RS 28124**, which updates the Nurse Practice Act disciplinary authority to be in alignment with the appropriate, immediate action available to other licensing boards for any licensee who enters a guilty plea for a criminal conviction.
- MOTION:** **Rep. Lickley** made a motion to introduce **RS 28124**. **Motion carried by voice vote.**
- RS 28133:** **Tim Frost**, Regulatory Affairs Manager, DOPL, presented **RS 28133**, proposed legislation to align the Telehealth Access Act with the federal telehealth substance prescribing exemptions.
- MOTION:** **Vice Chairman Vander Woude** made a motion to introduce **RS 28133**. **Motion carried by voice vote.**
- RS 28140:** **Tim Frost**, Regulatory Affairs Manager, DOPL, on behalf of the health profession section of the DOPL and Board Of Pharmacy (BOP), presented **RS 28140**. This proposed legislation to move the prescription drug monitoring program (PDMP) from the BOP to the DOPL. Access to the PDMP is amended to include DOPL employees and give prescribers or pharmacists the ability to determine the number of delegates to help them with the PDMP. No change is made to the PDMP structure, services, or information.
- MOTION:** **Rep. Lickley** made a motion to introduce **RS 28140**. **Motion carried by voice vote.**
- RS 28144:** **Tim Frost**, Regulatory Affairs Manager, DOPL, on behalf of the BOP, presented **RS 28144** to update and modernize the Pharmacy Practice Act. Clarification of the pharmacist prescribing definition makes permanent the restrictions waived during the COVID-19 pandemic.
- MOTION:** **Rep. Burns** made a motion to introduce **RS 28144**. **Motion carried by voice vote.**
- ADJOURN:** There being no further business to come before the committee, the meeting adjourned at 9:39 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Tuesday, January 26, 2021

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
	Public Health District Trustees and Directors	Michael Kane, Central District Health Department

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Christensen
Rep Lickley

Rep Erickson
Rep Ferch
Rep Mitchell
Rep Chew(Fuller)
Rep Rubel
Rep Davis

COMMITTEE SECRETARY

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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, January 26, 2021
TIME: 9:00 A.M.
PLACE: Room EW20
MEMBERS: Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew (Hoy), Rubel, Davis (Burns)
**ABSENT/
EXCUSED:** Representative(s) Blanksma, Christensen
GUESTS: Mike Kane, Health D's; Carson Tester, Westerberg & Assoc.
Chairman Wood called the meeting to order at 9:00 a.m.
MOTION: **Rep. Lickley** made a motion to approve the minutes of the January 25, 2021, meeting. **Motion carried by voice vote.**

Michael Kane, Attorney, representing the Idaho Health Districts, presented the Local Public Health Legislative Update. Each independent health district has multiple counties and at least one urban center anchor for the necessary infrastructure.

In the late 1800's health districts in other states began as a response to various contagious diseases common for that era. In 1907 IDAPA 39-409 established the Idaho Health Districts. There have been no substantive legislative changes since 1970.

The original legislative intent was to recognize the districts as governmental entities with state-authorized creation. The districts' structure and authority differ from other single-purpose districts.

The district organizational structure begins with county commissioners who appoint the Health District Boards. The boards then appoint a director to run the programs. The board membership may include individual county commissioners who are approved by the Board of County Commissioners. By statute, at least one member must be a licensed physician, if available. This member is also appointed by the county commissioners and approved by the district Board of County Commissioners.

District health programs include epidemiology, immunizations, suicide prevention, Regional Behavioral Health Boards, prescription opioid solutions, oral health, nurse home visiting, fit and fall, tobacco cessation, septic permits, public pools, solid waste, childcare inspections, land development, food safety, citizen review panels, preparedness, women, infants and children, medical reserve corps, and crisis centers.

State law directs the independent district boards to administer and enforce all state and district health laws, regulations, and standards. They are also charged to do all things required for public health preservation and protection. Their actions are delegated, since 1970, by the Directors of the Department of Health and Welfare (DHW) or the Department of Environmental Quality (DEQ). Health districts also contract with the federal government for a large array of public services.

The DHW reportable diseases list does not include COVID-19. Because of this, it falls under the DHW rules for "extraordinary occurrences of illness, including clusters and unusual outbreaks which may involve a large number of persons and may be a new entity." This definition provides extra protection tools which include personal isolation, building quarantines, and personal activity restriction. These are delegated DHW rules and must be followed by the districts.

To address the immediate danger in 1907, violations were set as a misdemeanor penalty with a fine not exceeding \$300. A discrepancy exists today between the severity of this penalty and the type of violations occurring. The districts are working on legislation to address this issue.

Varying district requirements are determined by each board based on the needs of their counties. The districts have not closed churches or schools. One district temporarily closed bars while a protective plan was being developed. No other businesses have closed. The gathering restrictive orders apply only to social gatherings, which are considered to be the illness' source.

As an example of a health district's response, **Elting Hasbrouck**, Health District 4, Valley County Commissioner, related the health district's decision, as a recreational area, to mandate masks in conjunction with Central District Health. The goal to slow down the virus spread worked well and helped the district hospitals, who were struggling to handle the demand.

Responding to questions, **Mr. Hasbrouck** said two mandate violations, which included other criminal activity, were issued in McCall. Instead of issuing violations, the local sheriff participated in educating people about the disease and wearing a mask. Ninety-five percent of the people, especially the businesses, appreciated the protective restrictions.

Bryon Reed, Bonneville County Commissioner, Chairman, Eastern Regional Health Board, said the Public Health Directors have had a tremendous amount of work, which has included a large educational component, to protect the public's overall health. Public meetings have addressed personal health, supplements, nutrition, and exercise.

Answering committee questions, **Mr. Kane** said each health district has a website and dashboard which contains an abundance of educational material and mirrors the Centers for Disease Control (CDC) information. The DHW uses 1970 delegatory documents and the DEQ delegates through a memorandum of understanding.

Chairman Wood thanked the presenters and encouraged the committee to meet with the Health District Board members to discuss upcoming legislation.

ADJOURN:

There being no further business to come before the committee, the meeting adjourned at 9:49 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Monday, February 01, 2021

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
RS28332	Health Ordinances - City Limits	Rep. Brandon Mitchell
	<u>Department of Health and Welfare - Division of Public Health</u>	
H 35	Idaho Tuberculosis Hospital	Dr. Scott Hutton, Program Manager
H 36	Vital Statistics - Records	James Aydelotte, Bureau Chief
	<u>Division of Occupational and Professional Licenses</u>	
H 37	Nursing - Disciplinary Action	Tim Frost, Regulatory Affairs Manager
H 38	Telehealth - Prescribing	
H 39	Controlled Substances - Authority	
H 40	Pharmacy Act	

Public Testimony Will Be Taken by Registering Through the Following Link:
[Registry to Testify](#)

Testimony is limited to 3 minutes. If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood

Vice Chairman Vander Woude

Rep Gibbs

Rep Blanksma

Rep Kingsley

Rep Christensen

Rep Lickley

Rep Erickson

Rep Ferch

Rep Mitchell

Rep Chew(Hoy)

Rep Rubel

Rep Davis(Burns)

COMMITTEE SECRETARY

Irene Moore

Room: EW14

Phone: 332-1138

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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

- DATE:** Monday, February 01, 2021
- TIME:** 9:00 A.M.
- PLACE:** Room EW20
- MEMBERS:** Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew (Colwell), Rubel, Davis (Burns)
- ABSENT/
EXCUSED:** Representative(s) Christensen
- GUESTS:** Nicki Chopski, IBOP/DOPL; Tim Frost and Svetlana Chorny, IDOPL
Chairman Wood called the meeting to order at 9:00 a.m.
- MOTION:** **Rep. Lickley** made a motion to approve the January 26, 2021, meeting minutes with the correction showing **Reps. Blanksma** and **Christensen** as absent and excused. **Motion carried by voice vote.**
- RS 28332:** **Rep. Brandon Mitchell**, District 5, presented **RS 28332**, which replaces **H 34** to remove the health order code five-mile jurisdiction radius inclusion. This proposed legislation removes both the five- and one-mile jurisdiction radii listed in the code, bringing it into compliance with the Idaho State Constitution.
- MOTION:** **Rep. Blanksma** made a motion to introduce **RS 28332**. **Motion carried by voice vote.**
- H 35:** **Dr. Scott Hutton**, Epidemiology Section Manager, DHW, Division of Public Health, presented **H 35**. This legislation repeals Title 66, Chapter 10, Idaho Code, regarding the Idaho Tuberculosis Hospital (TB). Established in 1941, the highly advanced Gooding hospital opened in 1946 to serve the increasing TB incident rate. With advances in treatment and decreased incident rates, the hospital was closed. Current incident rates are below one per 100,000 Idahoans, with collaborative care providing safe patient discharge. The Division of Public Health continues to maintain knowledgeable TB staff who work with health care partners, a critical component in the prompt initiation of treatment without a need for a specialized hospital. There is no expected impact on the high quality of care being provided to TB patients.
For the record, no one indicated their desire to testify.
- MOTION:** **Rep. Rubel** made a motion to send **H 35** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Rubel** will sponsor the bill on the floor.
- H 36:** **James Aydelotte**, State Registrar, Bureau Chief, Bureau of Vital Records and Health Statistics, Division of Public Health, DHW, presented **H 36**. As a part of the Red Tape Reduction Act, the requirement for a physician to file a couple's written artificial insemination consent is deleted. This type of filing has never been used and neither the Bureau nor the DHW has a purpose for receiving these consent forms.
The updates for disclosure of vital records information impact birth certificate duplications and changes, which are two areas where fraud can be identified. Changes also provide better agency information for child health and safety for such things as parentage or citizenship determination.
For the record, no one indicated their desire to testify.

- MOTION:** **Rep. Gibbs** made a motion to send **H 36** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Rubel** will sponsor the bill on the floor.
- H 37:** **Tim Frost**, Regulatory Affairs Manager, Division of Occupational and Professional Licenses (DOPL), on behalf of the Board of Nursing, presented **H 37**, with changes to improve the board's immediate disciplinary authority when a licensee pleads guilty to a criminal conviction. Currently the board is required to wait until the due legal process is complete before any disciplinary action can be taken. This delay allows the licensee to continue to practice, impacting public safety.
- For the record, no one indicated their desire to testify.
- MOTION:** **Rep. Blanksma** made a motion to send **H 37** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Lickley** will sponsor the bill on the floor.
- H 38:** **Tim Frost**, Regulatory Affairs Manager, DOPL, on behalf of the health profession section of DOPL, presented **H 38** to update the Telehealth Access Act to mirror federal exemptions for substance telehealth prescribing. In response to the COVID-19 public health emergency, the Drug Enforcement Administration (DEA) adopted policies allowing DEA-registered practitioners to prescribe controlled substances through telehealth, forcing **Governor Little** to waive Idaho's more restrictive law. The changes seek to avoid this situation in the future by allowing Idaho licensed providers to quickly adapt to any new allowances afforded by the DEA.
- MOTION:** **Rep. Blanksma** made a motion to send **H 38** to the floor with a **DO PASS** recommendation.
- Monica McKinley**, testified in opposition to **H 38**. She said the face-to-face interview can do a better job visually evaluating a patient to identify situations like her friend's, who stockpiled telehealth dispensed medication and committed suicide.
- 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 38** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Kingsley** requested he be recorded as voting **NAY.** **Vice Chairman Vander Woude** will sponsor the bill on the floor.
- H 39:** **Tim Frost**, Regulatory Affairs Manager, DOPL, on behalf of the health profession section and Board of Pharmacy (BOP), presented **H 39**. This legislation updates the Controlled Substance Act for oversight transition of the Prescription Drug Monitoring Program (PDMP) from the BOP to DOPL. The oversight changes include a new division definition and replaces BOP references to DOPL. The PDMP access is revised to include DOPL employees. One additional change allows pharmacists or prescribers to determine their number of delegates. There are no changes to the PDMP's structure, service, or provided information. All changes will improve both operational efficiencies and interaction between agencies. Answering a committee question, Mr. Frost said Title 67 contains the DOPL rule making authority, making it unnecessary in this statute.
- For the record no one indicated their desire to testify.
- MOTION:** **Rep. Gibbs** made a motion to send **H 39** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Erickson** will sponsor the bill on the floor.
- H 40:** **Tim Frost**, Regulatory Affairs Manager, DOPL, on behalf of the BOP, presented **H 40**, which amends the Wholesale Drug Distribution Act within Title 54, Chapter 17, Pharmacy Practice Act.

Restrictions are removed for both the age for immunizations received from a pharmacist and pharmacists providing compounded and biologic products for patients. These were waived during COVID-19 to allow continued safe pharmacist services access and aligns with changes made by the U.S. Department of Health and Human Services (HHS).

Additional streamlining includes adding or relocating definitions and requirements, removing repetitive and duplicative language, as well as changing "license or registration" references to a "certificate" for clarity. This does not create any new licenses, registrations, or certifications, and does not add any occupational licensing barriers. Clarification is also made to allowances for healthcare professionals prescribing naloxone or epinephrine by removing duplicated explanations.

Responding to committee questions, **Mr. Frost** explained the state Drug Distribution Act was enacted prior to the federal Drug Quality and Security Act for compounding and the Drug Supply Chain Security Act. The board, with stakeholder input, determined the stringent Idaho statute was inconsistent with both of those acts and placed unnecessary burdens upon the licensees. The immunization changes mirror the HHS declaration under the Public Readiness and Emergency Preparedness Act (PREP Act) which allows certified pharmacy personnel to give childhood vaccinations. Immunology, appropriateness, and adverse reactions for all patient age groups are part of current curriculums and available as continuing education. Provision is made to allow pharmacists to prescribe and administer medication necessary to handle adverse reactions.

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

MOTION: **Rep. Lickley** made a motion to send **H 40** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Chairman Wood** will sponsor the bill on the floor.

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

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Monday, February 08, 2021

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
	Medicinal Cannabis	Dr. Dan Zuckerman, St. Luke's Hospital
	Medicinal Cannabis - A Personal Story	Sergeant Jeremy Kitzhaber
<u>RS28413</u>	Sergeant Kitzhaber Medical Cannabis Act	Rep. Ilana Rubel Rep. Mike Kingsley

There is no public testimony for presentations and RS introductions.

COMMITTEE MEMBERS

Chairman Wood

Vice Chairman Vander Woude

Rep Gibbs

Rep Blanksma

Rep Kingsley

Rep Christensen

Rep Lickley

Rep Erickson

Rep Ferch

Rep Mitchell

Rep Chew(Colwell)

Rep Rubel

Rep Davis(Burns)

COMMITTEE SECRETARY

Irene Moore

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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, February 08, 2021
TIME: 9:00 A.M.
PLACE: Room EW20
MEMBERS: Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew (Colwell), Rubel, Davis
**ABSENT/
EXCUSED:** None
GUESTS: Liz Hattier, Greenwich Bio; Joe Evans, Citizen, Jon Basabe, Kind Idaho; Lori Duckworth and William Esbensen, Idaho Citizen's Coalition; Teresa Molitor, Marijuana Policy Project

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

MOTION: **Rep. Lickley** made a motion to approve the minutes of the February 1, 2021, meeting. **Motion carried by voice vote.**

Dr. Dan Zuckerman, Medical Oncologist, Director, St. Luke's Cancer Institute, Past Chair, American Society of Clinical Oncology (ASCO) Clinical Practice Committee, presented information to the committee regarding medicinal cannabis. Dr. Zuckerman prescribes potent therapy drugs, all of which have side effects ranging from hair loss, nausea, fatigue, loss of nails, immune suppression, infection risks, to the possibility of death. Even the amazing immunotherapy drugs have their own side effects, which can be life threatening.

Sharing data, **Dr. Zuckerman** said the use of medical marijuana is supported by three-quarters of all oncologists, 72% of all Idahoans, and 84% of the participants in an ASCO national poll. In referring to several professional articles in national publications, he said the benefits of using medical marijuana for cancer pain, nausea, and vomiting related to chemotherapy have become very apparent. Some of the publication articles showed and demonstrated not only the benefits, but a decrease in opioid use. The evidence of pain reduction for adults, especially cancer pain, has become evident from the studies. Other states who have legalized medical use of marijuana are producing data which is showing a definite decrease in pain and nausea, although other side effects appear to be less impacted. Very important is the consistency appearing within the data.

Dr. Zuckerman described three of his patients' experiences from both chemo and radiation therapy. Their side effects produced obstructions and difficulties that required extreme medications, which did not always work well for the patients. Use of illegal marijuana relieved pain to improve their quality of life or their end-of-life. Dr. Zuckerman stated he did not know what marijuana formulation his patients used because it is not regulated. He also discussed the ingrained biases toward obtaining or use of marijuana and how patients must address this issue when seeking severe pain relief. Answering a committee question, Dr. Zuckerman said he would provide his statistical references to the committee.

Jeremy Kitzhaber, Legislative Communication Chairman, Veterans of Foreign Wars, Retired First Sergeant, U.S. Air Force, cancer patient, appeared before the committee. As a part of the Air Force's Civil Engineer and Disaster Preparedness Support Team, he dealt with radiation dispersal in lead lined boxes, which were erroneously thought to be safe at the time. He was also exposed to biological and chemical hazards. After retiring and experiencing stomach pain, he was diagnosed with a rare form of cancer and had to go to Omaha, Nebraska, where a specialist surgically removed many tumors, stripping them from his internal organs. Additional organs were removed during the same surgery and he was not washed with chemotherapy before the procedure was completed. He suffered serious complications due to the severity of the cancer and surgery, which was compounded by additional chemotherapy when he returned to Idaho.

After additional surgery, genomic testing revealed the use of an inhibitor drug would slow his cancer's growth. He suffers pain from the results of the surgeries and the tumors. Three types of opioids are part of his daily pain control regimen. Additional drugs address depression, anxiety, and possible allergic drug reaction. While receiving treatment in another state, it was suggested he use medical marijuana to avoid the opioids and their side effects. **Sergeant Kitzhaber** said he understands why Idahoans go to other states for this type of relief.

After extensive research and discussions with professionals and the public, he put together the legislation which **Reps. Rubel** and **Kingsley** will present. This proposed legislation will be well controlled, can be revised in the future, and will not lead to widespread abuse or recreational use. In contrast to other states, this proposed legislation lists fewer allowable types of medical cannabis with an indicated maximum dosage amount by condition. The THC level for raw cannabis is stipulated for pain relief and is much lower than levels producing recreational benefits. There is also a 21 years-of-age limit. The practitioner, not the patient, will dictate the dosage amount.

The proposed legislation does not legalize marijuana. It moves medical marijuana from a Schedule I to a Schedule II substance. Stipulation is made for purchase only from pharmacies authorized to sell Schedule II drugs. The program will be run by the Board of Pharmacy (BOP), with the Department of Health and Welfare (DHW) issuing the cards. Tracking will be through the Prescriptions Drug Monitoring Program (PDMP). Additional stipulations cover advertising, inappropriate use or sales, and leaving the state.

A two percent excise tax will be used to run the program. Protection is provided for those dispensing, prescribing, and consuming in compliance with the legislation. Stipulation is made for employers and circumstances when they might not allow use. Cardholders would face indefinite loss of privileges for any selling or sharing of the drug. There is no insurer coverage requirement.

Responding to questions, **Sergeant Kitzhaber** stated the change for any insurance coverage is a long process. To his knowledge there are no states currently requiring coverage for medical marijuana. The ability to have the appropriate dosage for pain maintenance is important. This is not available when purchasing over the border. Additionally, patients have regular contact with their oncologist teams, so obtaining a prescription is not a difficulty.

RS 28413:

Rep. Rubel, District 18, presented **RS 28413**, thanking **Sergeant Kitzhaber** for both his work on the proposed legislation and his service. A six percent sales tax plus the two percent excise tax will provide \$20M in positive revenue to cover the cost of administering the program. Even with the up-front program and card establishment costs, there will be a net positive impact to the state.

Rep. Kingsley, District 6, continued the presentation of **RS 28413**. He shared concerns expressed by friends in Lewiston regarding illegally crossing the border to purchase what they need for their pain maintenance. This is also a response to the opioid crisis, the addictive nature of such drugs, and the possible consequences of such addictions. It gives doctors the ability to prescribe something other than opioids.

MOTION: **Rep. Gibbs** made a motion to introduce **RS 28413**.

Answering committee questions, **Rep. Rubel** explained the program is under the BOP and will use their existing enforcement mechanisms. The two percent excise fee will go into a special fund to address administrative costs. The anticipated \$8M to \$11M from the excise tax will meet or exceed any costs. An application fee will be established through the BOP rule making procedure. The DHW will issue the cards. **Rep. Kingsley** said the states who have allowed medical marijuana have reported a 25% decrease in opioid usage and deaths. Rep. Rubel further explained the \$33M is based on data from the 22 states who have legalized medical marijuana use along with deploying the 28 eligible pharmacies within Idaho.

Chairman Wood requested the Legislative Services Office analysis be available to the committee for future presentation of this legislation.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to introduce **RS 28413**. **Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 10:25 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Tuesday, February 09, 2021

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
RS28411	Prescription Formulas - Insurance	Rep. Ilana Rubel
RS28420	District Hospitals - Boards of Trustees	Rep. Rod Furniss
H 74	Cities - Health Ordinances	Rep. Brandon Mitchell
S 1012	Board of Dentistry	Susan Miller, Executive Director

Public Testimony Will Be Taken by Registering Through the Following Link:
[Registry to Testify](#)

There is no public testimony for RS introductions.

Public testimony for H 74 is limited to 3 minutes.

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

COMMITTEE MEMBERS

Chairman Wood	Rep Erickson
Vice Chairman Vander Woude	Rep Ferch
Rep Gibbs	Rep Mitchell
Rep Blanksma	Rep Chew(Colwell)
Rep Kingsley	Rep Rubel
Rep Christensen	Rep Davis(Burns)
Rep Lickley	

COMMITTEE SECRETARY

Irene Moore
Room: EW14
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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

- DATE:** Tuesday, February 09, 2021
- TIME:** 9:00 A.M.
- PLACE:** Room EW20
- MEMBERS:** Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew (Colwell), Rubel, Davis
- ABSENT/
EXCUSED:** Representative(s) Davis
- GUESTS:** Toni Lawson and Josh Scholer, Idaho Hospital Assoc.; Carson Tester, Westerberg & Assoc.; Elizabeth Criner, ISDA
- Chairman Wood** called the meeting to order at 9:00 a.m.
- RS 28411:** **Rep. Ilana Rubel**, District 18, and **Rep. Paul Amador**, District 4, presented **RS 28411**. Special formulas are necessary for children and infants with digestive disorders. Although covered by Medicaid, the monthly \$2k cost is not covered by private insurance. Through this proposed legislation, the Department of Insurance is called to work with both insurance companies and families to present recommendations for a solution. Specific medical conditions are listed.
- MOTION:** **Rep. Lickley** made a motion to introduce **RS 28411**. **Motion carried by voice vote.**
- RS 28420:** **Rep. Rod Furniss**, District 35, on behalf of the Idaho Hospital Association, presented **RS 28420**, which changes the 30-day period for filling Board of Trustee member vacancies to 90 days. Other changes assure language consistency.
- MOTION:** **Rep. Lickley** made a motion to introduce **RS 28420**. **Motion carried by voice vote.**
- H 74:** **Rep. Brandon Mitchell**, District 5, presented **H 74**. In alignment with the Idaho State Constitution, this legislation removes the five- and one-mile radii for health orders. Ordinances placed beyond city limits can impact individuals without voting ability and neighboring cities.
- For the record, no one indicated their desire to testify in person or remotely.
- MOTION:** **Rep. Gibbs** made a motion to send **H 74** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Mitchell** will sponsor the bill on the floor.
- S 1012:** **Susan Miller**, Executive Director, Idaho Board of Dentistry, presented **S 1012**, legislation to insure dentists cannot limit a patient's right to file a complaint with the Board, an important consumer protection provision. Additional housekeeping changes remove outdated and unnecessary sections.
- Elizabeth Criner**, Idaho State Dental Association, testified in support of **S 1012**.
- For the record, no one else indicated their desire to testify in person or remotely.
- MOTION:** **Rep. Rubel** made a motion to send **S 1012** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Ferch** will sponsor the bill on the floor.

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

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Thursday, February 11, 2021

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
	Department of Health and Welfare Budget Presentation	Director Dave Jeppesen

There is no public testimony for presentations.

COMMITTEE MEMBERS

Chairman Wood

Vice Chairman Vander Woude

Rep Gibbs

Rep Blanksma

Rep Kingsley

Rep Christensen

Rep Lickley

Rep Erickson

Rep Ferch

Rep Mitchell

Rep Chew(Colwell)

Rep Rubel

Rep Davis(Burns)

COMMITTEE SECRETARY

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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, February 11, 2021
TIME: 9:00 A.M.
PLACE: Room EW20
MEMBERS: Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Davis
**ABSENT/
EXCUSED:** Representative(s) Blanksma, Christensen, Chew
GUESTS: None

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

MOTION: **Rep. Lickley** made a motion to approve the minutes of the February 8 and 9, 2021, meetings. **Motion carried by voice vote.**

Dave Jeppesen, Director, Idaho Department of Health and Welfare (DHW), presented an update on Idaho's COVID-19 vaccinations. Idaho receives both the Pfizer and Moderna vaccines, which are in the mid 90% effective range. Requiring two doses, the second dose is given after three and four weeks, respectively. Both vaccines provide just under 100% hospitalization prevention.

The federal allocation amount is provided weekly to the DHW, who then places orders in conjunction with the Public Health Districts (PHDs) needs. The doses are sent directly from the manufacturer to the providers or the PHDs, with no doses going to the DHW. Because the vaccine requires ultra-cold (Pfizer) or cold (Moderna) storage, the PHDs may store the vaccines for some providers. The providers can only schedule one week of injections at a time and all doses are given by an appointment. The 65+ age group, which opened February 1st, 2021, is a large group in which the demand is exceeding the 25,000 weekly doses received.

The DHW COVID-19 website has been updated to include the original dashboard information regarding the people who have been vaccinated. A tab for provider administration data has been added. The data has been separated to distinguish between residence and where the vaccine was administered, which may be different counties and PHDs.

Within the provider data, the federal retail pharmacy partnership line item refers to the CVS/Walgreens federal contract for administering vaccines to long-term care centers. Because the partnership's allocated amount was more than needed, the unallocated doses have been redistributed to other providers. Including the excess program amount, the weekly allotment is 30,000 doses. Ninety-one percent of the doses received have been administered. There is no intention to mandate this vaccine.

Director Jeppesen proceeded to the presentation of the DHW 2022 FY Budget. He reviewed the DHW mission to promote and protect the health, safety, and independence of Idahoans. The 2021-2025 strategic plan has achieved 56% task completion.

Goal one is to ensure affordable, available healthcare that works, including Medicaid expansion. Pent-up medical costs increased the utilization numbers. The federal medical assistance percentage (FMAP) was increased during the public health emergency. The federal government just announced continuation of the higher FMAP rate into 2022.

Cost containment measures include implementing a new budget-based growth reimbursement methodology for hospitals and nursing facilities. This is anticipated to reflect a \$23M savings for the General Fund and will involve value-based provider contracts.

Answering committee questions, **Director Jeppesen** said the Institution of Mental Disease (IMD) waiver was granted and provides Medicaid paid services without an impact to the General Fund. Other waivers are still under consideration, although the process has stalled due to the pandemic, legal challenges, and the new federal administration. Medicaid expansion data from other states with similar programs are consistent with what Idaho is experiencing. The DHW is working to find ways to measure service quality and provider accountability. Finding Medicaid cost containment avenues is a priority.

Director Jeppesen, responding further, explained the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) is a part of the enhanced FMAP requirements. It stipulates individuals who qualified for Medicaid prior to the pandemic must be retained on the program, unless they choose to leave or move out of the state. The DHW is in the process of communicating with these Idahoans to let them know they have the option to switch to the general market. The normal, budgeted FMAP rate of 70.21% has a line item recognizing the FMAP increase for 2021, its general fund reduction, and the federal fund authority increase. With the newly announced FMAP increase extension to 2022, a resulting change will be made to reflect the increase to approximately 76%, with a further General Funds reduction. This change is not in the legislative budget book or Governor's recommendation.

Matt Wimmer, Administrator, Division of Medicaid, DHW, was invited to answer questions. He said providers are expressing concerns surrounding their direct-care workforce. Funding in 2020 helped providers set up the Electronic Visit Verification (EVV) program, which is moving forward in its implementation. There has not been a decline in providers with the EVV use requirement. The Medicaid expansion comparison states include Montana, Washington, Oregon, and Nevada, which all expanded Medicaid before Idaho.

Director Jeppesen described goal two, which is the protection of children, youth, and vulnerable adults. The agency is requesting \$297k in personnel costs from the Cooperative Welfare Fund to hire one physician with a psychiatric specialty for State Hospital South. With the opening of State Hospital West for adolescents, the vacated wing at State Hospital South will be converted to adult high-risk patients. All other staffing in the wing will use existing full-time personnel (FTP).

The Child Welfare Transformation Project has made significant progress. The building and statewide deployment of the Ensuring Safety and Permanency in Idaho (ESPI) child welfare information system was completed on time, within scope, and on budget. Idaho is expected to be the first state in the nation to have a fully certified, functioning, compliant, and comprehensive Current Child Welfare Information System (CCWIS). These improvements have already shown significant reductions in safety assessment time frames and case backlogs.

The Southwest Idaho Treatment Center's (SWITC's) new long-term system of care treatment model project has identified unused funding sources, authorities, best practices, oversight, and service locations for this population with developmental disabilities and complex needs. Over the next few years, the existing service delivery at SWITC will be replaced by assessment observation, a step-down unit, and additional community provider capacity. Legislative and federal approval will be sought for the new remodeled facilities and the different service model. The State will transition from using SWITC as a state-operated intermediate care facility for individuals with intellectual disabilities. The new treatment model will feature a robust continuum of care for the population at SWITC.

Director Jeppesen, in response to questions, said the \$10M Child Welfare budget decrease resulted from the Child Welfare Transformation Project. The decreased foster care asset payments amount reflects the lower number of children entering foster care during 2020, a result of the pandemic. Federal dollars have been used to help stabilize workforce individuals at SWITC. Wage increases are needed throughout Medicaid. Recommendations will be coming to the legislature in future sessions.

Goal three, explained **Director Jeppesen**, is to help Idahoans become as healthy and self-sufficient as possible. A recent Operations of Performance Evaluation (OPE) report reviewed the Alzheimer's and dementia situation in Idaho, indicating a lack of any statewide coordinated approach for prevention, services, and help for caregivers. As a result of the report, the Governor added to his budget recommendation funding one full-time person (FTP) and operating costs to put together a statewide approach for this growing patient population.

Director Jeppesen, answering committee questions, agreed prevention is the best cure for health and behavioral health (BH) challenges. Social health determinates based on zip code is more predictive than genetic code. Statewide addressing of social determinants has included multiple private and non-profit parties to make investments in community plans to improve the underlying factors to help Idahoans live healthier lives. The Idaho BH Council is tasked to review the BH system from promotion, prevention, to treatment, where are the systemic gaps and how to allocate resources for prevention and promotion across the state. Although delayed by the pandemic, a recommendation will be presented in June to the courts, Governor and legislature on how to tackle the BH system in Idaho. Preventative services through ACES to measure childhood traumatic events which have been shown to lead to adult BH and life consequences. Expanded preventive home visiting programs address early family intervention to curb adverse childhood issues.

The suicide rates, although high, have not increased during the pandemic. In response to a question regarding determining a completed suicide, **Chairman Wood** asked **Elke Shaw-Tulloch** to provide the criteria used by the coroner to the committee.

Continuing his presentation, **Director Jeppesen** described goal four, which is to strengthen the public confidence in the DHW. Medicaid expansion and the Institution of Mental Disease (IMD) waiver allow state hospitals to bill Medicaid for services for committed adults. State Hospital South, which is licensed and accredited, has begun billing Medicaid services, with a resulting general fund savings of \$3M. State Hospital North, in order to bill Medicaid, must maintain its current licensure and receive national accreditation. This will require facility improvements and increased staff. A one-time transfer has been requested of \$2,394,400 from the State Hospital South's IMD savings to State Hospital North to achieve the accreditation. The impact of both hospitals billing Medicaid will be a General Fund savings of approximately \$4.5M.

Other budgeted requests are based on federal requirements and include Electronic Visitation Verification (EVV) ongoing system costs of \$190k, patient access and interoperability ongoing costs of \$360k, and Medicaid managed care accountability and auditing costs of \$212k. The Governor's recommendation included \$450k for Recovery Community Center Support as a one-time item for substance abuse treatment for adults in recovery.

Answering questions, **Ross Edmunds**, Administrator, BH, DHW, said each recovery center can determine if they include teens with their programs. There are a few in-patient adolescent treatment facilities in Idaho. Medicaid must use a facility licensed as a Psychiatric Residential Treatment Center (PRTF), most of which are out of state.

Committee questions revealed the dedicated funds increase from \$300M in 2020 to \$500M for 2022 pertains to Medicaid receipts and nursing facilities, **Chairman Wood** requested a more detailed breakdown of the differences from **Lisa Hettinger**, Deputy Director, DHW.

ADJOURN: There being no further business to bring before the committee, the meeting adjourned at 10:38 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Monday, February 15, 2021

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
H 115	Hospital Boards	Rep. Rod Furniss
HCR 6	Prescription Formula - Insurance	Rep. Ilana Rubel Rep. Paul Amador
SCR 102	Closed Captioning - Public Venues	Sen. Jeff Agenbroad
S 1017	Controlled Substances	Tim Frost, Legislative and Regulatory Affairs Manager, DOPL

Public Testimony Will Be Taken by Registering Through the Following Link:
[Registry to Testify](#)

Testimony is limited to 3 minutes. If you have written testimony, please provide a copy to the committee secretary.

COMMITTEE MEMBERS

Chairman Wood	Rep Erickson
Vice Chairman Vander Woude	Rep Ferch
Rep Gibbs	Rep Mitchell
Rep Blanksma	Rep Chew(Colwell)
Rep Kingsley	Rep Rubel
Rep Christensen	Rep Davis
Rep Lickley	

COMMITTEE SECRETARY

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

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, February 15, 2021

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew (Colwell), Rubel, Davis

**ABSENT/
EXCUSED:** None

GUESTS: Nicki Chopski, IBOP/DOPL; Steven Snow and Gretchen Fors, CDHH; Barbara Doherty, Childrens GI; Liz Hattier and Kurt Stembridge, Greenwich Biosciences; Jeromy Campella and Gill Fors, Individual; Toni Lawson, Idaho Hospital Assoc; Cass Smith, St. Lukes Ped GI; Laura Boquette, Cullen Anderson, and Kristin Foss, St. Luke's Children's; John Watts, GW; Jeff Agenbroad, Senate; Mike Reynoldson, BCI; Anna Quon, St. Luke's; Daniel Rose, Pend O'reille Hospital District; Brenden Warwick, Not applicable; Valerie Player, Idaho Hands & Voices

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

H 115: **Rep. Rod Furniss**, District 35, presented **H 115**, updating the governance for the seven district hospitals. The revisions help prevent board appointment fiduciary conflicts and provides additional time to locate board appointees. The board member revised qualification would exclude an owner or leader of any competing hospital. The board vacancy appointment time frame is increased to ninety days. The term "Director" is replaced with "trustee," for consistency.

Toni Lawson, Vice President, Government Relations, Idaho Hospital Association (IHA), was invited to answer a committee question. The increase to ninety days for filling vacancies will help provide other candidates who will stand for election after their appointment. Ms. Lawson then testified **in support** of **H 115**. The seven district hospitals must remain both financially viable and relevant within their communities, without direct competitors as board members. In small communities it takes more than 30 days to find, vet, and fill a vacancy spot. Appropriate health care professionals are still included on the hospital boards.

MOTION: **Rep. Lickley** made a motion to send **H 115** to the floor with a **DO PASS** recommendation.

Answering committee questions, **Ms. Lawson** said all voting board members are elected. There are two additional appointed members without voting rights. This legislation applies only to the voting members.

Chairman Wood put the committee at ease at 9:15 a.m. and resumed the meeting at 9:17 a.m.

Daniel Rose, Elected Trustee, a North Idaho Hospital taxing District, testified **in opposition** to **H 115**, expressing concern the suggested changes will undermine the original legislative intent of public funding and deprive public medical clinic services. For the record no one else indicated their desire to testify in person or remotely.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **H 115** to the floor with a **DO PASS** recommendation: **Motion carried by voice vote. Rep. Christensen** requested he be recorded as voting **NAY. Rep. Furniss** will sponsor the bill on the floor.

HCR 6:

Rep. Ilana Rubel, District 18, presented **HCR 6**, a Resolution requesting the Department of Insurance (DOI) work with the insurance industry and affected families to discuss covering medically-necessary formula for children and infants with a defined variety of digestive disorders. This is not a mandate. There may be as many as 2,000 children with these disorders. The specialty formula can cost \$2,000 per month. Although covered by Medicaid, it is not required to be covered by private insurance. About half the states require private insurance coverage.

Co-sponsor **Rep. Paul Amador**, District 4, further presented **HCR 6**, sharing the medical challenges faced with his infant son. This Resolution directs exploration and working with the insurance industry to enhance opportunities for all new Idahoans to have the best start possible to their lives. Responding to questions, Rep. Amador said insurance coverage, because it is not required, is inconsistent between companies.

Dr. Cass Smith, Children's Gastroenterology, St. Luke's, testified **in support of HCR 6**. Infants can be prescribed specialty formulas for disease treatment and nutrition, avoiding serious side effects or long-term need during a critical developmental time. A child will stop eating when eating causes pain. For many children this is their only source of food and nutrients.

Barbara Doherty, Nurse Practitioner, Children's Gastroenterology, testified **in support of HCR 6**, stating there is no dispute these formulas are safe, effective, and have no side effects when used as recommended. Elemental formulas may be the only resource to restore a child's health completely. Unlike preventable diseases, these unpreventable diseases are not covered. The families go the distance for their children and it is time for the state to go the distance to help them by insuring coverage.

Laura Boquette, Clinical Nutrition Manager, St. Luke's, testified **in support of HCR 6**. Company sample programs and family-to-family trades, when available, help families defer the costs. Otherwise the families must secure high-cost formulas from pharmacies. Answering questions, she said a lot of the diagnoses requiring special formulas are not on the Medicaid list.

Cullen Anderson, Nurse Manager, St. Luke's Pediatric, testified **in support of HCR 6**. Children are the most vulnerable of our population. Specialty and general clinics do everything possible to insure they have the supplies needed. When nurses have to intercede on behalf of their patients they are taken away from other patients. Securing these through an easier process benefits for both patients and staff.

Kristen Foss, St. Luke's Children's, testified **in support of HCR 6**, sharing her son's need for an expensive amino acid formula. In order to financially cover the costs she had to eliminate child care, quit working, and borrow thousands of dollars from her parents and other sources. Insurance coverage would be a lifesaver for families like hers.

Jeromy Campella, testified **in support of HCR 6**. He described issues faced when his young daughter was diagnosed with Crohn's disease and the special beverage which gave her the nutrition she needed for ninety days. Now she is healthy, active, and in college. He had insurance coverage, which removed the financial stress and allowed his family to find joy during a difficult time.

Anna Quon, Registered Nurse, St. Luke's Health System, testified **in support of HCR 6**. Her son, with multiple medical health disorders, has needed tube feeding since he was eighteen months old. She shared her struggles with an insurance company who considered this situation to be borne out of convenience. Help is needed to ease the financial burden and paperwork necessary to get what her child needs to survive.

Brenden Warwick, Employee, St. Luke's, testified **in support** of **HCR 6**, on behalf of his 15-month old son. The insurance company required growth charts, weight gain, and other documentation. They then denied his claim, which was finally approved upon appeal. When his deductible was reset the costs were no longer covered and he has turned to purchasing the formula through Amazon. Without his type of expertise, families are overwhelmed when they try to acquire insurance coverage for these expensive products.

For the record no one else indicated their desire to testify in person or remotely.

Rep. Rubel, in closing, said **HCR 6** starts the conversation for this issue by investigating parameters and making recommendations.

MOTION:

Rep. Davis made a motion to send **HCR 6** to the floor with a **DO PASS** recommendation.

Responding to questions, **Rep. Rubel** explained any coverage is erratic and may involve a fight with the insurance company. This is not a mandate. It is a directive to the DOI to confer with insurance companies and come back with recommendations. If, in fact, they find there is no problem, then no further action will be recommended.

VOTE ON MOTION:

Chairman Wood called for a vote on the motion to send **HCR 6** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Reps. Mitchell** and **Blanksma** requested they be recorded as voting **NAY.** **Rep. Rubel** will sponsor the bill on the floor.

SCR 102:

Sen. Jeff Agenbroad, District 13, presented **SCR 102**, which recommends the use of the closed captioning (CC) feature on all televisions broadcasting in public areas. This requires flipping a switch on a television's remote control. It enhances the communication ability of a significant segment of our population who have hearing loss, are learning a language, or are learning to read. All 13" or larger televisions have CC capability and all broadcasters provide CC.

Steven Snow, Executive Director, Idaho Council for the Deaf and Hard of Hearing, testified **in support** of **SCR 102**. Often a facility may agree to turn on the CC when they learn about its benefits to their patrons. Over 200k Idahoans have hearing loss and a simple pressing of a remote control button will benefit everyone in public areas.. A study showed 80% of the persons benefiting from CC are hearing individuals who use CC for terminology or understanding accents.

MOTION:

Rep. Rubel made a motion to send **SCR 102** to the floor with a **DO PASS** recommendation.

Gretchen Fors, Idaho Council for the Deaf and Hard of Hearing, testified **in support** of **SCR 102**, stating children watch CC programs for a variety of reasons.

Valerie Player, Idaho Hands and Voices, testified **in support** of **SCR 102**. This change costs nothing, improves accessibility, helps little children learn to read, and provides real time access to news and information.

For the record no one else indicated their desire to testify in person or remotely.

VOTE ON MOTION:

Chairman Wood called for a vote on the motion to send **SCR 102** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Reps. Horman** and **Kauffman** will sponsor the bill on the floor.

S 1017: **Tim Frost**, Regulatory Affairs Manager, Division of Occupational and Professional Licenses, on behalf of the Board of Pharmacy, presented **S 1017**, the annual alignment of the Controlled Substance Act with the most recent Drug Enforcement Administration (DEA) controlled substance scheduling. Epidiolex is removed from Schedule V and becomes a regular legend drug. Six synthetic cannabinoids are added to Schedule I. Norfentanyl is added to Schedule II and Lasmiditan is added to Schedule V. A spelling correction for carisoprodol is made to Schedule V.

MOTION: **Rep. Blanksma** made a motion to send **S 1017** to the floor with a **DO PASS** recommendation.

For the record no one indicated their desire to testify in person or remotely.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **S 1017** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Christensen** requested he be recorded as voting **NAY.** **Rep. Chew** will sponsor the bill on the house floor.

The committee then discussed their JFAC recommendations regarding the Department of Health and Welfare 2022 budget. **Chairman Wood** will present their recommendations on February 18, 2021.

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 10:38 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Thursday, February 18, 2021

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
RS28547C1	Medicaid Stabilization Fund	Rep. Fred Wood
RS28471	Pharmacy - FDA Labeling	Rep. Marco Erickson
S 1038	Public Assistance Programs - Obsolete Sections	Matt Wimmer, Administrator, Division of Medicaid, DHW
S 1016	Respiratory Care Practice Act	Anne Lawler, Executive Director, IBOM

Public Testimony Will Be Taken by Registering Through the Following Link:
[Registry to Testify](#)

Testimony is limited to 3 minutes. If you have written testimony, please provide a copy to the committee secretary.

COMMITTEE MEMBERS

Chairman Wood	Rep Erickson
Vice Chairman Vander Woude	Rep Ferch
Rep Gibbs	Rep Mitchell
Rep Blanksma	Rep Chew(Colwell)
Rep Kingsley	Rep Rubel
Rep Christensen	Rep Davis
Rep Lickley	

COMMITTEE SECRETARY

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

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

- DATE:** Thursday, February 18, 2021
- TIME:** 9:00 A.M.
- PLACE:** Room EW20
- MEMBERS:** Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Davis
- ABSENT/
EXCUSED:** Vice Chairman Vander Woude
- GUESTS:** Brody Aston, Westerberg Assoc.
- Chairman Wood** called the meeting to order at 9:00 a.m.
- MOTION:** **Rep. Lickley** made a motion to approve the minutes of the February 11 and 15, 2021, meetings. **Motion carried by voice vote.**
- UNANIMOUS
CONSENT
REQUEST:** **Chairman Wood** made a unanimous consent request to move **RS 28547C1** to the end of the agenda. There being no objection, the request was granted.
- RS 28471:** **Rep. Marco Erickson**, District 33, presented **RS 28471**, which updates the Pharmacy Practice Act by removing an obsolete provision that was waived during COVID-19.
- MOTION:** **Rep. Chew** made a motion to introduce **RS 28471**. **Motion carried by voice vote.**
- S 1038:** **Matt Wimmer**, Administrator, Division of Medicaid, Department of Health & Welfare (DHW), presented **S 1038**. This legislation removes references to obsolete or replaced programs. The weight management pilot program was completed and incorporated into the broader emphasis on preventive services in 2006. The Small Business Health Insurance Pilot Program and the Idaho Health Insurance Access Card Program have been replaced by better approaches through the Idaho Health Insurance Exchange.
- For the record, no one indicated their desire to testify in person or remotely.
- MOTION:** **Rep. Gibbs** made a motion to send **S 1038** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Kingsley** will sponsor the bill on the floor.
- S 1016:** **Anne Lawler**, Executive Director, Idaho Board of Medicine, on behalf of the Respiratory Therapist (RT) Board, presented **S 1016**, the complete rework, reorganization, and update of the Respiratory Care Practice Act. The changes reflect current practice to better align with the Idaho Medical Practice Act and the practice acts of other allied health boards. This repeal and replacement decreases the current statute to eight pages. There is no added regulation or creation of any new licensure.
- Updates include obsolete language, outdated sections, definitions, licensure, and permits. Board membership and term changes are now consistent with the Medical Practice and other allied health board acts. The temporary permit has been replaced with a provisional license. Polysomnography student or trainee permits are aligned with other allied health professions. A two-year licensure renewal option has been added.
- MOTION:** **Rep. Erickson** made a motion to send **S 1016** to the floor with a **DO PASS** recommendation.

Answering a committee question, **Ms. Lawler** said the lack of a temporary permit time limit has led to working RTs not completing their national exam two or more years later. The provisional license eliminates this issue.

For the record, no one indicated their desire to testify in person or remotely.

VOTE ON MOTION:

Chairman Wood called for a vote on the motion to send **S 1016** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Davis** will sponsor the bill on the floor.

Chairman Wood put the committee at ease at 9:20 a.m. The committee was called back to order at 9:22 a.m.

Chairman Wood turned the gavel over to **Rep. Gibbs**.

RS 28547C1:

Rep. Fred Wood, District 27, presented **RS 28547C1**, proposed legislation to create a Medicaid Budget Stabilization Fund for Medicaid benefits and services. The Families First Coronavirus Response Act increase in the Medicaid federal match amount will create a \$55M surplus in Fiscal Year 2021. These funds need to be retained to offset future Medicaid budget shortfalls. The proposed legislation creates an interest bearing account with appropriation only by the Legislature. There is a four-year sunset clause which can be extended, if necessary.

MOTION:

Rep. Rubel made a motion to introduce **RS 28547C1**.

Answering a question, **Rep. Wood** said this account provides an excess funds tracking mechanism, which has not existed. Budget stabilization accounts have a 15% statewide cap. He will provide additional historical data at the bill hearing.

VOTE ON MOTION:

Rep. Gibbs called for a vote on the motion to introduce **RS 28547C1. Motion carried by voice vote.**

Rep. Gibbs turned the gavel over to **Chairman Wood**.

Chairman Wood and the committee thanked **Matthew Chrysler** for his service as the committee page during the first half of the session.

ADJOURN:

There being no further business to come before the committee, the meeting adjourned at 9:33 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Tuesday, February 23, 2021

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
RS28648	City Ordinances	Rep. Jason Monks
RS28627C1	Child Custody	Rep. Marco Erickson
H 208	Pharmacy - FDA Labeling	Rep. Marco Erickson
H 209	Medicaid Stabilization Fund	Rep. Fred Wood
S 1060	Public Health Orders	Sen. Steve Vick

Public Testimony Will Be Taken by Registering Through the Following Link:
[Registry to Testify](#)

There is no testimony on introductory RS legislation. 3 minute limit for verbal testimony. If you have written testimony, please provide a copy to the committee secretary.

COMMITTEE MEMBERS

Chairman Wood	Rep Erickson
Vice Chairman Vander Woude	Rep Ferch
Rep Gibbs	Rep Mitchell
Rep Blanksma	Rep Chew
Rep Kingsley	Rep Rubel
Rep Christensen	Rep Davis
Rep Lickley	

COMMITTEE SECRETARY

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

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, February 23, 2021

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Davis

**ABSENT/
EXCUSED:** None

GUESTS: Fred Birnbaum, ID Freedom Foundation; Rob Gedelos, Alberstons; Carson Tester, Westerberg & Assoc.; Mike Kane, IAHDB; James Neill, IMA; Lincoln Smyser; Tim Frost, DOPL; Brian Whitlock, IHA; David Lehman, Idaho Voices for Children; Casey Baker and Margie Baker, EFI; Bryon Reed, Eastern Idaho Public Health Board

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

MOTION: **Rep. Lickley** made a motion to approve the minutes of the February 18, 2021, meeting. **Motion carried by voice vote.**

Chairman Wood introduced **Sophie Hall**, the committee page for the second half of the session.

UNANIMOUS CONSENT REQUEST: **Chairman Wood** made a unanimous consent request to move **S 1060** to the first item on the agenda. There being no objection, the request was granted.

S 1060: **Sen. Steve Vick**, District 2, presented **S 1060**. This legislation makes three changes to the Public Health District (PHD) order process. Any PHD order impacting an entire health district or county must be reviewed and approved by the county commissioners of the applicable county or counties within seven days. The orders are limited to a duration of thirty days. The misdemeanor non-compliance charge is reduced to an infraction. Individual orders, such as septic permits, are not affected by these changes.

Answering questions, **Sen. Vick** said every PHD Board has county commission members. Most county commissioners can meet the same or next day for urgent matters.

MOTION: **Rep. Christensen** made a motion to send **S 1060** to the floor with a **DO PASS** recommendation.

Michael Kane, Idaho Association of Health District Boards, testified **in support of S 1060**. He explained a citation is issued by law enforcement with no arrest. Every board member is either appointed or an elected county official.

Rep. Blanksma expressed concern regarding the challenge some counties would face meeting within the seven-day requirement.

Brian Reed, Commissioner, Bonneville County, Chairman, Eastern Idaho Health Board, testified **in support of S 1060**. The amendments are needed and would have been helpful this past year as they acted to protect hospital capacities during the COVID-19 pandemic and alleviating concerns expressed by citizens.

Margie Baker, testified **in support of S 1060**. She would like to see additional amendments regarding the powers and duties of PHD Boards and expressed concern when common sense is replaced by rules and regulations.

For the record no one else indicated their desire to testify in person or remotely.

**ROLL CALL
VOTE:**

Rep. Christensen requested a roll call vote on the motion to send **S 1060** to the floor with a **DO PASS** recommendation. **Motion carried by a vote of 13 AYE.**
Voting in favor: Reps. Wood, Vander Woude, Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Davis. **Rep. Christensen** will sponsor the bill on the floor.

RS 28648:

Rep. Jason Monks, District 22, presented **RS 28648**. This proposed legislation for cities provides a quarantine definition. The additional strike-outs are in alignment with **H 74**.

MOTION:

Rep. Blanksma made a motion to introduce **RS 28648**. **Motion carried by voice vote.**

RS 28627C1:

Rep. Marco Erickson, District 33, presented **RS 28627C1**, proposed legislation to add provisions to the Child Protection Act regarding a prevention custody removal under certain circumstances. When a child with mental health behavioral issues poses a threat to their family, the parents may seek services by leaving the child at a hospital. Rather than get support and help, child protection orders are issued for abandonment. These changes encourage and require problem solving collaboration.

MOTION:

Rep. Blanksma made a motion to introduce **RS 28627C1**. **Motion carried by voice vote.**

H 208:

Rep. Marco Erickson, District 33, presented **H 208**, an update to the Pharmacy Practice Act which removes the required Federal Drug Agency (FDA) labeling waived during COVID-19. This insures pharmacists can continue to provide access to medications as set forth in their board rules, which focus on best practice.

MOTION:

Rep. Chew made a motion to send **H 208** to the floor with a **DO PASS** recommendation.

For the record, no one indicated their desire to testify in person or remotely.

**VOTE ON
MOTION:**

Chairman Wood called for a vote on the motion to send **H 208** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Erickson** will sponsor the bill on the floor.

Chairman Wood turned the gavel over to **Vice Chairman Vander Woude**.

H 209:

Rep. Fred Wood, District 27, presented **H 209**. This legislation creates the Medicaid Budget Stabilization Fund starting with fiscal year (FY) 2021, with no incorporation of FY 2020 monies. It allows transfers of General Fund reversions from the traditional and expanded Medicaid accounts. The enhanced rate Federal Medical Assistance Percentage (FMAP) dollars currently flowing from the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) I, II, and III are significant General Fund surplus amounts. Some of the funds will be transferred into the Expanded Medicaid Account through a legislative appropriation supplemental this session. This legislation allows the State Treasurer to invest the idle funds in an interest-bearing account, with interest retention. The funds are to be used only for Medicaid short falls, as approved by the Legislature. There is both an emergency and four-year sunset clause for tweaking or cancelling this stabilization fund.

David Lehman, Idaho Voice for Children, testified **in support** of **H 209**. This is good general and budgeting policy. Other budget stabilization accounts exist and work well, as demonstrated by Idaho's excellent surplus positions.

Fred Birnbaum, Idaho Freedom Foundation, testified **in opposition** to **H 209**. He stated apprehension regarding the projection of the FMAP funding, which could impact a balanced budget if the mark is missed or federal funding is removed. A return to realistic budgeting is needed along with consideration of the affordability of Medicaid and Medicaid expansion.

James Neill, Director, Government Affairs, Idaho Medical Association, testified **in support** of **H 209**, which holds the program's excess dollars for future use. The savings from improvements in hospital Medicaid costs and the change to value-based care provider programs will help the surplus continue after the FMAP increase disappears. This approach holds to Idaho's fiscal principles while staying true to a most vulnerable community.

For the record no one else indicated their desire to testify in person or remotely.

In closing remarks, **Rep. Fred Wood** said Idaho is the most fiscally responsible state in the nation due to past budget stabilization accounts. During the great recession, the additional federal Medicaid funds were used toward education while existing stabilization accounts alleviated the need to raise taxes, contrary to other states. A congressional bill being considered will allow Idaho to recapture 100% of the retroactive costs for Medicaid expansion, bringing back General Fund dollars.

MOTION:

Rep. Lickley made a motion to send **H 209** to the floor with a **DO PASS** recommendation. Speaking to her motion, she commented this is in keeping with the Director of the Department of Health and Welfare's top priority to reduce the costs of Medicaid and Medicaid expansion.

**ROLL CALL
VOTE:**

Roll call vote was requested. **Motion carried by a vote of 9 AYE and 4 NAY.** **Voting in favor** of the motion: **Reps. Wood, Vander Woude, Gibbs, Lickley, Erickson, Mitchell, Chew, Rubel, Davis.** **Voting in opposition** to the motion: **Reps. Blanksma, Kingsley, Christensen, Ferch.** **Rep. Wood** will sponsor the bill on the floor.

Vice Chairman Vander Woude turned the gavel over to **Chairman Wood**.

ADJOURN:

There being no further business to come before the committee, the meeting adjourned at 9:49 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Monday, March 01, 2021

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
RS28682	988 Hotline	Rep. Laurie Lickley
H 233	Child Custody	Rep. Marco Erickson
H 234	Cities - Health Districts	Rep. Jason Monks
S 1093	Physician Assistants	Rep. John Vander Woude

Public Testimony Will Be Taken by Registering Through the Following Link:
[Registry to Testify](#)

There is no testimony on RS introductory legislation. Testimony is limited to 3 minutes. If you have written testimony, please provide a copy to the committee secretary.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Christensen
Rep Lickley

Rep Erickson
Rep Ferch
Rep Mitchell
Rep Chew
Rep Rubel
Rep Davis

COMMITTEE SECRETARY

Irene Moore
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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

- DATE:** Monday, March 01, 2021
- TIME:** 9:00 A.M.
- PLACE:** Room EW20
- MEMBERS:** Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Davis
- ABSENT/
EXCUSED:** None
- GUESTS:** Angela Lindig, Idaho Parents Unlimited; Laura Wallis, Parent; Brittany Shipley, NAMI-Wood River Valley; Jennifer Zielinski, Idaho Anti-Trafficking Coalition; Kent Kunz, Jared Papa, and Nate Thompson, Idaho Academy of Physician Assistants; Lee Flinn, ID Suicide Prevention Hotline; Howard Belodoff, Self
- Chairman Wood** called the meeting to order at 9:01 a.m.
- MOTION:** **Rep. Davis** made a motion to approve the minutes of the February 23, 2021, meeting. **Motion carried by voice vote.**
- RS 28682:** **Rep. Laurie Lickley**, District 25, presented **RS 28682**. The federal 988 hotline roll-out is scheduled for June 2022. In preparation, this proposed concurrent resolution is a directive for the development of the necessary framework. Although there is no direct fiscal impact, the national and state roll out will lead to a demand in services.
- MOTION:** **Rep. Erickson** made a motion to introduce **RS 28682**. **Motion carried by voice vote.**
- H 233:** **Rep. Marco Erickson**, District 33, presented **H 233**. This is a part of the Children's Mental Health (MH) Act. A new section of code prevents families who seek services through hospitals for their child's MH crisis from receiving a child protection order. This section does not interfere with child protection cases. The Department of Health and Welfare is collaborating and working to internally fix the issues.
- Laura Wallis**, Ammon, testified **in support** of **H 233**. Although much progress has been made in creating a children's MH system, there still remains a serious problem when parents seek acute care for their child. Medical facilities use the threat of a child protection investigation to convince parents to remove their child from inpatient MH treatment. These parents, seeking help when their child's illness has exceeded their ability, want medical intervention and services, not threats. The current approach leads to a fear-based removal of the child from all MH services. **H 233** moves our system towards MH access solutions and away from blame.
- Laura Wallis** read the testimony of **Kristina Shallies**, who is **in support** of **H 233**, Ms. Shallies indicated a substantiated case of neglect or abuse will cause parents working in social services to lose their jobs. This adds extra stress to the families and further prevents parents from seeking support for themselves and their children.
- Brittany Shipley**, Executive Director, National Alliance on Mental Illness, Wood River Valley, testified **in support** of **H 233**. She shared her struggles meeting the MH needs of her child. These children need help before reaching adulthood so they can become the best version of themselves. Families trying to find the best care possible do not need the fear of charges of neglect.
- MOTION:** **Rep. Gibbs** made a motion to send **H 233** to the floor with a **DO PASS** recommendation.

Jennifer Zielinski, Idaho Anti-Trafficking Coalition, testified in support of **H 233**. Charging parents who request treatment or out-of-home placement for their child is devastating to the entire family and community. Families in this situation face stigma, judgement, misunderstanding, and secondary trauma.

Howard Belodoff, the court-appointed representative in the Jeff D Settlement case, testified in support of **H 233**. This provides families with the opportunity to request help for their child without the involvement of the child protective system. He said the Statement of Purpose's reference to the Child Protection Act should be changed to the Children's MH Services Act. This legislation helps families get through a traumatic situation without more trauma.

For the record, no one else indicated their desire to testify in person or remotely.

VOTE ON MOTION:

Chairman Wood called for a vote on the motion to send **H 233** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Erickson** will sponsor the bill on the floor. **Chairman Wood** requested **Rep. Erickson** change the Statement of Purpose to replace the Child Protection Act with the Children's Mental Health Services Act.

UNANIMOUS CONSENT REQUEST:

Chairman Wood made a unanimous consent request to have **S 1093** presented. There being no objection, the request was granted.

S 1093:

Rep. Vander Woude, District 22, presented **S 1093**. Physician Assistants (PAs) are a vital part of the medical community. This legislation allows them to have a contract with a facility instead of a physician, allowing for more use of PAs.

MOTION:

Rep. Blanksma made a motion to send **S 1093** to the floor with a **DO PASS** recommendation.

Kent Kunz, on behalf of the Idaho Academy of PAs, testified in support of **S 1093**.

Nathan Thompson, PA, St. Luke's, on behalf of the Idaho Academy of PAs, testified in support of **S 1093**. The amendments allow PAs to serve their patients without undue administrative and regulatory burdens while maintaining appropriate oversight levels. This improves rural access to care where it is difficult to comply with the current requirements. This does not change the PA scope of practice or role. The changes are thoughtful, balanced and vetted by all parties working together in good faith.

Answering a committee question, **Mr. Thompson** said the legislation includes some flexibility to address the different practice settings of smaller clinics and large health systems. The collaborative practice agreement makes PAs responsible for the standard of care. These agreements remain at the practice level, although the Board of Medicine can pull them, if needed.

Jared Papa, Rural Health Representative, Idaho Academy of PAs, testified in support of **S 1093**. The current requirement of two supervising physicians can be difficult in rural areas. This enhances and improves rural community care by modernizing the current language and including PA collaboration. It reduces the burden on the PAs, the physicians, and other health care professionals.

For the record no one else indicated their desire to testify in person or remotely.

VOTE ON MOTION:

Chairman Wood called for a vote on the motion to send **S 1093** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Vander Woude** will sponsor the bill on the floor.

Chairman Wood put the committee at ease.

Chairman Wood called the committee to order.

**UNANIMOUS
CONSENT
REQUEST:**

Chairman Wood made a unanimous consent request to move the presentation of **H 234** to the committee meeting on Thursday, March 4, 2021. There being no objection, the request was granted.

ADJOURN:

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

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Thursday, March 04, 2021

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
<u>HCR 11</u>	988 Hotline	Rep. Laurie Lickley Steward Wilder, Co-Chair, ISPAC Lee Flinn, Director, ID Suicide Prevention Hotline
<u>H 234</u>	City Ordinances	Rep. Jason Monks

Public Testimony Will Be Taken by Registering Through the Following Link:
[Registry to Testify](#)

Testimony is limited to 3 minutes. If you have written testimony, please provide a copy to the committee secretary.

COMMITTEE MEMBERS

Chairman Wood	Rep Erickson
Vice Chairman Vander Woude	Rep Ferch
Rep Gibbs	Rep Mitchell
Rep Blanksma	Rep Chew
Rep Kingsley	Rep Rubel
Rep Christensen	Rep Davis
Rep Lickley	

COMMITTEE SECRETARY

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

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, March 04, 2021

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Davis

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

GUESTS: Lee Flinn, Id. Suicide Prevention Hotline; Stewart Wilder, ID Suicide Prev. Action Collective

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

MOTION: **Rep. Lickley** made a motion to approve the minutes of the March 1, 2021, meeting.
Motion carried by voice vote.

HCR 11: **Rep. Laurie Lickley**, District 25, presented **HCR 11**. With a lack of Idaho crisis care and providers, the 988 national mental health (MH) emergency hotline will be a great asset when it becomes operational in July, 2022, and replaces the current national 800 number. In June the working groups and advisory councils will make a formal implementation recommendation to the Governor. This easier access MH crisis lifeline will help both citizens and law enforcement.

Stewart Wilder, Co-Chairman, Idaho Suicide Prevention Action Collective (ISPAC), further presented **HCR 11**, which recognizes 988 as the three-digit number for suicide prevention and MH crisis needs. It also acknowledges financial support is required prior to the roll-out. The ISPAC is working with national organizations to effectively and efficiently implement this service in Idaho. It is crucial to have both the technology and funding in place when 988 becomes live across the country in 2022.

Lee Flinn, Director, Idaho Suicide Prevention Hotline (ISPH), completed the presentation of **HCR 11**. ISPH services are free, confidential, and available to anyone. They work with the Department of Health and Welfare (DHW), the Division of Behavioral Health, and the Division of MH to find services for their callers. The process helps callers de-escalate, create safety plans, find solutions, and build their resiliency to stay safe. This also decreases hospital emergency room visits and the use of first responders or law enforcement.

The new 988 number will replace the lengthy National Suicide Prevention Lifeline 800 number while still using the Lifeline Network Crisis Centers. The current area code routing method is replaced by geographic location routing to call centers. Persons calling for crisis services are Idaho families, friends, and neighbors. ISPH callers range from eight years of age to 93 years of age.

Responding to questions, **Ms. Flinn** stated a national marketing campaign will be used to raise awareness of the 988 number. Hotline calls remain anonymous and confidential.

MOTION: **Rep. Gibbs** made a motion to send **HCR 11** to the floor with a **DO PASS** recommendation.

Committee members suggested the discussions include directing individuals when nearby services are in other states, addressing the rise in successful suicides, and creating a simple way to transfer persons calling the old numbers to the new 988 number.

For the record, no one indicated their desire to testify in person or remotely.

VOTE ON MOTION:

Chairman Wood called for a vote on the motion to send **HCR 11** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Lickley** will sponsor the bill on the floor.

H 234:

Chairman Wood returned **H 234** to the committee, which was not heard during the March 1, 2021, meeting due to the presenter's absence.

Rep. Jason Monks, District 22, presented **H 234** to align city ordinance enactment with the Idaho Constitution. It also provides a quarantine definition, as appears in other code sections. The five-mile boundary radius, which was removed in **H 74**, has been stricken. Responding to questions, Rep. Monks said this legislation would not be impacted by any amendments to **H 74**.

MOTION:

Rep. Mitchell made a motion to send **H 234** to the floor with a **DO PASS** recommendation.

For the record, no one indicated their desire to testify in person or remotely.

VOTE ON MOTION:

Chairman Wood called for a vote on the motion to send **H 234** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Monks** will sponsor the bill on the floor.

ADJOURN:

There being no further business to come before the committee, the meeting adjourned at 9:35 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Tuesday, March 09, 2021

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
RS28767	County Public Health Districts	Rep. John Vander Woude
RS28771	Opioids - Judgement Settlements	Rep. Caroline Troy
RS28794	Immunizations	Rep. Tammy Nichols
S 1124aa	Insurance - Dental Services	Elizabeth Criner, Lobbyist, ID State Dental Association
S 1087	Tobacco - Age	Pam Eaton, President, CEO, ID Retailers Association

Public Testimony Will Be Taken by Registering Through the Following Link:
[Registry to Testify](#)

Testimony is limited to 3 minutes. There is no testimony on RS proposed legislation. If you have written testimony, please provide a copy to the committee secretary.

COMMITTEE MEMBERS

Chairman Wood	Rep Erickson
Vice Chairman Vander Woude	Rep Ferch
Rep Gibbs	Rep Mitchell
Rep Blanksma	Rep Chew
Rep Kingsley	Rep Rubel
Rep Christensen	Rep Davis
Rep Lickley	

COMMITTEE SECRETARY

Irene Moore
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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, March 09, 2021

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Davis

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

GUESTS: Elizabeth Criner, ISDA; Pam Eaton, Idaho Retailers Assn.; Melinda Merrill, NW Grocery Assn.; Erin Bennett, American Heart Assn.; Casey Baker and Margie Baker, EAI; Teresa Molitor, RJ Reynolds; Jason Kreizenbeck, Altria; John Hisel, Paramount Family Dental; Cody Wolf, American Cancer Society-Cancer Action Network (ACS-CAN)

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

MOTION: **Rep. Lickley** made a motion to approve the minutes of the March 4, 2021, meeting. **Motion carried by voice vote.**

RS 28767: **Rep. John Vander Woude**, District 22, presented **RS 28767**. This proposed legislation changes the eligibility for the Catastrophic Health Care fund and the county medically indigent programs. It also replaces the public health districts' state aid with county aid.

MOTION: **Rep. Blanksma** made a motion to introduce **RS 28767**. **Motion carried by voice vote.**

RS 28771: **Rep. Caroline Nilsson Troy**, District 5, presented **RS 28771**, to establish the opioid settlement fund. It also authorizes the Idaho Behavioral Health Council to recommend to the Joint Finance and Appropriations Committee how to spend the funds.

MOTION: **Rep. Blanksma** made a motion to introduce **RS 28771**. **Motion carried by voice vote.**

RS 28794: **Rep. Tammy Nichols**, District 11, presented **RS 28794**, a proposed resolution to affirm the Legislature's recognition of the protection of personal liberty and fundamental human rights. It also states no mandate or mechanism in Idaho law would ever permit or justify the use of forced immigrations, vaccinations, inoculations, or genetic modulations, even during times of exigency or emergency. It sets forth the Legislature's opposition to any efforts to require, mandate, or force any person to receive immunizations, vaccinations, inoculations, medical procedure, or genetic modulations.

MOTION: **Rep. Blanksma** made a motion to introduce **RS 28794**. **Motion carried by voice vote.**

S 1124aa: **Elizabeth Criner**, on behalf of the Idaho State Dental Association, presented **S 1124aa**. This legislation changes two sections of code for dental plans contracting with dentists to provide a payment option without an imposed fee. It also ensures the contracting dentists are notified and can confirm or decline participation in a lease network. The changes apply to any dental plan or contract issued or renewed after December 31, 2021.

John Hisel, Dentist, Boise, Representing the Idaho State Dental Association, testified **in support of S 1124aa**. The networks require a 25% to 30% discount for services and the credit card fee is 5%. The use of other payment options is definitely needed. Provider network leasing without notification causes confusion for both dentists and patients. Advance notice allows informed decision making for everyone involved.

MOTION: **Rep. Gibbs** made a motion to send **S 1124aa** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Lickley** will sponsor the bill on the floor.

S 1087: **Pam Eaton**, President, Chief Executive Officer, Idaho Retailers Association, presented **S 1087**. This legislation provides state and federal uniformity for tobacco products and electronic cigarettes by increasing the smoking age to twenty-one. It changes neither the penalties nor the stocking or selling age. It also stipulates local government cannot adopt or enforce the specified requirements, tax, or fee on tobacco products or electronic smoking devices. It clarifies it does not prevent local government from regulating public use pursuant to section 39-5511, Idaho Code.

Ms. Eaton emphasized **S 1087** does not impact the Clean Indoor Air Act, which cities and counties can implement for general public regulations. This ensures the continued prevention of youth obtaining tobacco products from retailers.

Responding to questions, **Ms. Eaton** agreed the Clean Indoor Air Act did not carve out every possible location and may need to be modified. This statute pertains to only minors, not the general public. The Clean Indoor Air Act, Title 50-302, and Title 50-304, are currently used by cities for restricting smoking in public areas, including outdoor areas. All three statutes pertain to the general public, which includes minors. This provides uniformity for the businesses in every city.

Melinda Merrill, representing the North West Grocery Association, testified **in support of S 1087**. She emphasized the age increase is important. The additional changes provide clarity and consistency between the cities and counties. Retailers currently spend a lot of time and money to assure compliance with the varying city or county requirements.

Erin Bennett, Government Relations Director, American Heart Association and American Stroke Association, testified **in support of S 1087** increasing the age limit. She also indicated they are **in opposition to S 1087** changes which could prevent cities from addressing their unique issues. Ms. Bennett, in response to a question, said they were not contacted prior to the introduction of this legislation, although they have seen this language in the past.

MOTION: **Rep. Blanksma** made a motion to send **S 1087** to the floor with a **DO PASS** recommendation.

Cody Wolf, ACS-CAN, testified **in opposition to S 1087**. It is not necessary to eliminate the communities' ability to regulate minors. Federal law does not require the states to comply. The local communities are best equipped to respond to the needs of their youth. He suggested some changes and would like to be included in remodeling this legislation.

For the record no one else indicated their desire to testify in person or remotely.

In closing, **Ms. Eaton**, said the youth are not getting their tobacco products from retailers, as indicated by their 95% compliance rate. There is nothing to prevent local entities from using the Clean Indoor Air Act for general public ordinances.

Committee discussion comments included concerns regarding redefining "Minor," eliminating discrepancies, the need for compliance consistency between retailer employees, and whether the Clean Indoor Air Act includes outdoor facilities.

**VOTE ON
MOTION:**

Chairman Wood called for a vote on the motion to send **S 1087** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Reps. Chew, Ferch,** and **Gibbs** requested they be recorded as voting **NAY.** **Rep. Vander Woude** will sponsor the bill on the floor.

ADJOURN:

There being no further business to come before the committee, the meeting adjourned at 10:13 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Wednesday, March 10, 2021

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
S 1139	Health and Welfare Director - Duties	Sen. Peter Riggs

Public Testimony Will Be Taken by Registering Through the Following Link:
[Registry to Testify](#)

Testimony is limited to 3 minutes. If you have written testimony, please provide a copy to the committee secretary.

COMMITTEE MEMBERS

Chairman Wood	Rep Erickson
Vice Chairman Vander Woude	Rep Ferch
Rep Gibbs	Rep Mitchell
Rep Blanksma	Rep Chew
Rep Kingsley	Rep Rubel
Rep Christensen	Rep Davis
Rep Lickley	

COMMITTEE SECRETARY

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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, March 10, 2021
TIME: 9:00 A.M.
PLACE: Room EW20
MEMBERS: Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Davis
**ABSENT/
EXCUSED:** None
GUESTS: None

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

S 1139: **Sen. Peter Riggs**, District 3, presented **S 1139**. This legislation clarifies the powers of the Director of the Department of Health and Welfare (DHW). Definitions have been improved to align with federal definitions and include individuals. The ability to impose and enforce a restricted access order was added to assure the quick remediation of any contamination situation. A court redress request by an individual has been included for review of any order. These changes clarify what the Director can do to conduct business during extreme situations and provides citizens with options.

Responding to committee questions, **Sen. Riggs** explained the Director promulgates rules formulated by the DHW Board. He does not have the authority to formulate rules. The rules review process remains the same.

MOTION: **Rep. Gibbs** made a motion to send **S 1139** to the floor with a **DO PASS** recommendation.

For the record, no one indicated their desire to testify in person or remotely.

**VOTE ON
MOTION:** **Chairman Wood** called for a vote on the motion to send **S 1139** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Vander Woude** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:13 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Thursday, March 11, 2021

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
<u>H 315</u>	Opioids - Judgement Settlements	Rep. Caroline Troy
<u>H 316</u>	County Public Health Districts	Rep. John Vander Woude
<u>HCR 14</u>	Immunizations	Rep. Tammy Nichols

Public Testimony Will Be Taken by Registering Through the Following Link:
[Registry to Testify](#)

Testimony is limited to 3 minutes. If you have written testimony, please provide a copy to the committee secretary.

COMMITTEE MEMBERS

Chairman Wood	Rep Erickson
Vice Chairman Vander Woude	Rep Ferch
Rep Gibbs	Rep Mitchell
Rep Blanksma	Rep Chew
Rep Kingsley	Rep Rubel
Rep Christensen	Rep Davis
Rep Lickley	

COMMITTEE SECRETARY

Irene Moore
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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, March 11, 2021

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Davis

**ABSENT/
EXCUSED:** None

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

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

MOTION: **Rep. Lickley** made a motion to approve the minutes of the March 9 and 10, 2021, meetings. **Motion carried by voice vote.**

H 315: **Rep. Caroline Nilsson Troy**, District 5, presented **H 315**. This legislation is in response to incoming opioid lawsuit settlement funds. The funds will be distributed through legislative appropriation and used for opioid abuse recovery and prevention programs. The Idaho Behavioral Health Council, whose membership includes all branches of government, is designated as the funding recommendation source. Because the first money is due in sixty days, an emergency is declared and the legislation would become effective upon passage and approval. A sunset date is included of July 29, 2024.

Answering committee questions **Rep. Troy** said the first settlement of \$2.3M is enroute to Idaho. The second settlement is estimated to provide \$20M to Idaho. The Idaho Behavioral Health Council is obtaining stakeholder input to obtain a complete perspective of the scope of the crisis for the immediate and long term use of the funds.

For the record no one indicated their desire to testify in person or remotely.

MOTION: **Rep. Chew** made a motion to send **H 315** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Troy** will sponsor the bill on the floor.

H 316: **Seth Grigg**, Executive Director, Idaho Association of Counties, presented **H 316**. This legislation is a result of Medicaid expansion's impact on county medical indigent programs and the state catastrophic health care program. The program eligibility is limited to individuals who do not qualify for Medicaid or health insurance. Commitment proceedings are updated to exclude persons qualifying for Medicaid or health insurance prior to commitment.

The state's funding obligation to the Public Health Districts (PHDs) will reduce and funding from the counties will increase. This insures the PHDs continue to function in the same way without restriction.

Clarification is made regarding the Health District Board salary authority. Other changes ensure agreements between health districts and state agencies continue, stipulate Health District Budget Committee chairmen absence designees, and clarify the apportionment ability of the Budget Committee. Upon approval of this legislation the eligibility changes become effective. The balance of the legislation changes become effective January 1, 2022, in alignment with county budgets and fiscal year.

In response to committee questions, **Mr. Grigg** said the counties spend, historically, \$20M per year on indigent funding. Continuing costs will include county-level administrative expenses and any qualifying individuals who need the program. Individuals are expected to make repayment through liens and payment plans, requiring an administrative structure for fund collection. The full state and counties savings could be delayed while current ongoing accounts are closed. An initial appropriation drop to \$8.5M is expected, with additional savings to follow.

Mr. Grigg answered further, this legislation stipulates the county appropriations will continue using the current share formula, unless an alternative appropriation manner is agreed upon. An individual who does not qualify for county or state assistance would have to negotiate with the hospital.

Bill Leake, Trustee, Eastern Idaho PHD 7, Member, Idaho Association of the District Boards of Health, testified **in support of H 316**. This enables the PHDs to meet the needs and desires of their local communities.

Brian Whitlock, representing the Idaho Hospital Association, testified **without position to H 316**. This legislation sends a strong message asking Idahoans to be responsible for their health care. Many persons have to wait until November's open enrollment to apply for coverage which is effective January 1st. This will cause a six-month gap for those wanting to make the lifestyle choice change and have coverage. He suggested an implementation delay to protect those individuals. In response to committee questions, Mr. Whitlock said there will be some financial impact to rural hospitals. Financial determinations are made after treatment has been provided.

Michael Kane, representing the Idaho Association of Health District Boards, reported the Board trustees voted unanimously **in support of H 316** and have been active participants in the drafting of this legislation. The state and the Division of Human Resources will no longer play a role in the independent district decisions. The Departments of Health and Welfare and Environmental Quality relationships will be through agreements with the counties.

Elt Hasbrouck, Board Chairman, Valley Health Districts, Trustee, Health District 4, testified **in support of H 316**. This legislation returns local control, which is a more efficient process. Some programs will be maintained and kept viable. In most cases, individuals complete eligibility paperwork. Most denials were caused when persons did not come in for their interviews.

For the record no one else indicated their desire to testify in person or remotely.

Mr. Griggs answered further questions. He stated when the exchange enrollment is closed, persons can still purchase private marketplace insurance without the subsidy. He indicated delay of implementation until January 1st is a better option than amending the legislation.

MOTION:

Rep. Rubel made a motion to send **H 316** to General Orders.

SUBSTITUTE MOTION:

Rep. Vander Woude made a substitute motion to send **H 316** to the floor with a **DO PASS** recommendation.

Committee discussion included clarification and amending the legislation implementation, the resulting fiscal impact, redrafting the legislation, the three years of conversations to develop this plan, health exchange allowance for life changing events, and the availability of loans through hospitals.

**VOTE ON
SUBSTITUTE
MOTION:**

Chairman Wood called for a vote on the substitute motion to send **H 316** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Vander Woude** will sponsor the bill on the floor.

HCR 14:

Rep. Tammy Nichols, District 11, presented **HCR 14**. This legislation affirms the Legislature's recognition of the protection of personal liberty and fundamental human rights. It also states no mandate or mechanism in Idaho law would ever permit or justify the use of forced immigrations, vaccinations, inoculations, or genetic modulations, even during times of exigency or emergency. It sets forth the Legislature's opposition to any efforts to require, mandate, or force any person to receive immunizations, vaccinations, inoculations, medical procedure, or genetic modulations.

Del Chapel, Rosa Martinez, Blake Miller, Monica Miller, Alicia Peterson, Lorna Mitson, Steven Keyser, Eva Selleck, Margie Baker, Casey Baker, Jessica Marcu, Claudia Frent, Adrien Marcu, Monica McKinley, Beverly Kingsford, Mary Banford, Sabrina Napolitano, and Dr. Lynn Laird, testified in support of **HCR 14**.

The above-listed individuals expressed concerns regarding the strength of this legislation, retention of their personal freedom of choice, use of consent for other medical procedures, existing vaccination options for only school aged children, unknown consequences of required vaccinations, maintaining body autonomy, blanket prescribing of vaccines, availability of medical vaccine exemptions, false accusations by persons in power, and repeating historical coercion in any form.

MOTION:

Rep. Christensen made a motion to send **HCR 14** to the floor with a **DO PASS** recommendation.

In closing, **Rep. Nichols** said this is not only a concern for many Idahoans, but for those individuals moving to Idaho as a result of what has been forced on them in other states.

**ROLL CALL
VOTE:**

Rep. Christensen requested a roll call vote on **HCR 14**. **Motion carried by a vote of 11 AYE and 2 Absent/Excused. Voting in favor of the motion: Reps. Wood, Vander Woude, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Davis. Reps. Gibbs and Blanksma were absent/excused. Rep. Nichols** will sponsor the bill on the floor.

ADJOURN:

There being no further business to come before the committee, the meeting adjourned at 10:45 am.

Representative Wood
Chair

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Monday, March 15, 2021

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
RS28798	Juveniles - Custody	Rep. Jason Monks

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Christensen
Rep Lickley

Rep Erickson
Rep Ferch
Rep Mitchell
Rep Chew
Rep Rubel
Rep Davis

COMMITTEE SECRETARY

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

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, March 15, 2021
TIME: 9:00 A.M.
PLACE: Room EW20
MEMBERS: Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Davis
**ABSENT/
EXCUSED:** Representative Christensen
GUESTS: None

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

RS 28798: **Rep. Jason Monks**, District 22, presented **RS 28798** for juveniles in the foster care system. This legislation assures juveniles are placed into qualified residential treatment programs and are monitored to assure the programs include a plan. These juveniles have big challenges and cannot be placed into a normal foster care facility or with a relative due to safety issues. Accountability and sidebars are included for the Department of Health and Welfare to monitor progress to assure this is the best solution for these youth.

For juveniles in the foster care program who attain eighteen years of age, provision is made to remain in the program until they reach twenty-one years of age. Similar age extensions in other states have proven successful on multiple levels. The associated cost in 2020 is \$240k with a participation increase expected in 2023 to \$400k. Qualified residential treatment programs must be in federal compliance to continue the \$4M federal funds.

MOTION: **Rep. Blanksma** made a motion to introduce **RS 28798**.

The committee invited **Emily McClure**, on behalf of a group of the foster youth who have aged out of the system, to answer a question. She said, based on data from the Legislative Services Office, the federal funding match would be slightly less than one-to-one.

Answering committee questions, **Rep. Monks** said the \$200k, first year, and \$400k, ongoing, costs cover juveniles who have aged out, chose to remain in foster care, and meet all of the requirements. If the residential treatment programs are not in compliance and federal funding is lost, the state cost would be \$6M.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to introduce **RS 28798**. **Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:13 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Tuesday, March 16, 2021

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
S 1092aa	Medicaid - New In-State Hospitals	Jason Kreizenbeck, Mountain View Hospital

Public Testimony Will Be Taken by Registering Through the Following Link:
[Registry to Testify](#)

There will be a 3 minute testimony time limit. If you have written testimony, please provide a copy to the committee secretary.

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Christensen
Rep Lickley

Rep Erickson
Rep Ferch
Rep Mitchell
Rep Chew
Rep Rubel
Rep Davis

COMMITTEE SECRETARY

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

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, March 16, 2021

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Davis

**ABSENT/
EXCUSED:** None

GUESTS: Jason Kreizenbeck and James Adamson, Mountain View Hospital; Jim Adamson and Jeremy Pisca, Kootenai Health

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

MOTION: **Rep. Davis** made a motion to approve the minutes of the March 11 and 15, 2021, meetings. **Motion carried by voice vote.**

S 1092aa: **Jason Kreizenbeck**, Lobby Idaho, representing Mountain View Hospital, presented **S 1092aa**, legislation to provide new hospitals with a ramp-up period of up to 36 months after opening to have Medicaid reimbursement at 91% of cost for approved services. After that period the hospitals would work with the Department of Health and Welfare (DHW) to establish a value-based payment method for inpatient and outpatient Medicaid services as stipulated. The Senate amendment clarifies participation is options with entry prior to 36 months. There is also an effective period of July 1, 2021, through June, 2024.

Population growth leads to additional health care needs. New hospitals enter an unfamiliar market without an established patient base and medical services network. They will likely utilize Medicaid services the most during the first 36 months. This program provides time to understand its patient population and associated costs. The 36 months provides time for claim settlement.

In response to a recent letter by Brian Kane, Chief Deputy, Attorney General's Office (See Attachment), there is no retroactive application to the policy change. If a new hospital has its Centers for Medicare and Medicaid Services (CMS) certification could participate only for the time left in their 36-month period after accreditation approval.

The additional time allows a new facility to focus on aligning their mission and services with the values of their communities to better understand their costs so they can transition to the value-based payment system.

James G. Adamson, Chief Executive Officer, Mountain View Hospital, further presented **S 1092aa**. This legislation is an enhancement, not a replacement for value-based care. This needs to be a continual additional investment as the state experiences an enormous amount of growth. Any party not knowing their customer base when payment is based around patient acuity will struggle. It allows time for budgeting and levels the playing field for the micro-markets since every patient population is different. Important to have an aid for bringing investments for new facilities.

Responding to committee questions, **Mr. Adamson** said it took Mountain View Hospital two and a half years to open. The speed depends on the type of facility. Building surveys include analysis of marketplaces, population, and each existing service offered by competitors. Starting with a value-based care system proved a loss because state information has a six month delay. Medicaid payments take two years to be adjudicated. Planning for the hospital began well before the DHW began moving to a value-based system. The two-year lag time is an improvement over the previous five-year time period. Improvements are continually being made by the DHW.

The value-based system assigns patients and provides health scores. This is an advantage to existing facilities. New facilities have no patient data and no sub-system for managed patient care. Most patients at these facilities will enter through the Emergency Department.

Jim Adamson, General Counsel, Kootenai Health, testified in opposition to **S 1092aa**. He expressed concern regarding the inadvertent increase in Medicaid costs, the anti-competition nature of the legislation, its impact on critical access hospitals, and the nebulous sunset wording which would allow last minute entry into the program. There is no limit regarding the number of hospitals on the program. This legislation is contrary to the Medicaid value-based program goal to save money. This legislation gives a competitive advantage to new hospitals.

Mr. Adamson answering questions, said this is not the way to address the new hospitals required with population growth. Because the language is unclear, a new facility accredited on June 29th, 2024, would be able to use the program even with the June 30, 2024, sunset date. He was concerned this approach would negatively impact Medicaid savings. Other industries do not have marketplace entry subsidies.

Jeremy Pisca, attorney, Risch Pisca Law Firm, representing Kootenai Health, testified in opposition to **S 1092aa**, agreeing with previously expressed concerns.

In closing, **Mr. Kreizenbeck** said this is about qualifying, without retroactive application, for a different level of reimbursement using the current hospital system. The sunset language provides reimbursement, at the hospital's option, for up to 36 months and makes it clear the DHW is not required to provide the full 36 months to the provider. The entire program ends after June 30, 2024. The 3-year time frame allows the appropriate time to receive and understand the DHW data. Other hospitals receiving different rates, located in this section of code, include mental health, out-of-state, and critical access. Critical access hospitals are reimbursed at 101% of their costs.

This proposal allows a new hospital making the capital intensive investment to be successful, provides time to adjust to their market, and compels them to participate in the value-based system.

Mr. Adamson, continuing closing remarks, said the critical access hospitals must include primary care doctors for the value-based initiatives. In some areas this gives one party control of the entire system. He shared concern regarding the control motivation and bias of those opposed to this legislation.

MOTION:

Rep. Blanskma made a motion to send **S 1092aa** to the floor with a **DO PASS** recommendation.

SUBSTITUTE MOTION:

Vice Chairman Vander Woude made a substitute motion to **HOLD H 1092aa** in committee.

Committee comments included the long process to move to a value-based care method, the need for incentives, hospitals running at high capacity, difficulties faced by newcomers to any market, the lack of different rules for newcomers in other industries, the lack of meaning for the sunset clause, costs not based on competition, controlling costs through capitation, and the unnecessary length of time to move to a different payment system.

**ROLL CALL
VOTE ON
SUBSTITUTE
MOTION:**

Roll call vote was requested. **Substitute motion carried by a vote of 11 AYE and 2 NAY. Voting in favor of the motion: Reps. Wood, Vander Woude, Gibbs, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Davis. Voting in opposition to the motion: Reps. Blanksma, Kingsley.**

ADJOURN:

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

Representative Wood
Chair

Irene Moore
Secretary



STATE OF IDAHO
OFFICE OF THE ATTORNEY GENERAL
LAWRENCE G. WARDEN

March 12, 2021

TRANSMITTED VIA EMAIL

The Honorable Fred Wood
Idaho House of Representatives
Idaho State Capitol
700 W. Jefferson Street
Boise, Idaho 83702
fwood@house.idaho.gov

Re: Request for legislation review of Senate Bill 1092a – Our File No. 21-72997

Dear Representative Wood:

I am writing in response to your question regarding Senate Bill 1092a (S.1092a). You asked whether a hospital that received CMS accreditation in December 2019 is considered a “new hospital” for purposes of reimbursement under Subsection 6(e) of S. 1092a. This bill proposes to amend Idaho Code section 56-265 to add a new subsection regarding Medicaid reimbursement to newly accredited in-state hospitals for the first thirty-six (36) months of operation. Subsection 6(e) provides:

(e) New in-state hospitals, defined as those that have received first accreditation from the centers for medicare and medicaid services (CMS) or other CMS-approved accreditation bodies and are designated as in-state noncritical access hospitals may, at the hospital's option, be reimbursed at ninety-one percent (91%) of cost for a period of up to thirty-six (36) months following receipt of accreditation approval. Following the initial period of operation of up to thirty-six (36) months, new in-state hospitals will be reimbursed pursuant to subsection (8) of this section.

After the thirty-six-month period ends, the hospital will be reimbursed in accordance with Subsection 8. This amendment will only be effective from July 1, 2021 through June 30, 2024.

Idaho Code section 73-101 requires that for a statute to be applied retroactively, it must be expressly stated. This provision of code is consistent with a fundamental rule of statutory

Representative Fred Wood

March 12, 2021

Page 2

construction that statutes should be interpreted prospectively rather than retrospectively. Guzman v. Piercy, 155 Idaho 928, 937–38, 318 P.3d 918, 927–28 (2014). Amendments to already-existing statutes will not be deemed to have retroactive effect “absent an express legislative statement to the contrary.” Nebeker v. Piper Aircraft Corp., 113 Idaho 609, 614, 747 P.2d 18, 23 (1987). Such legislative intent should be clearly expressed or implied by the language of the statute. Guzman, 155 Idaho at 938 (citing Kent v. Idaho Pub. Utils. Comm'n, 93 Idaho 618, 621, 469 P.2d 745, 748 (1970)). As explained below, S. 1092a lacks a specific declaration of retroactivity sufficient to allow it a retroactive application.

It is unclear from the express or implied language of S. 1092a whether Subsection 6(e) is intended to apply retroactively to hospitals that were accredited prior to the enactment of this bill. “New hospitals” are defined as “those that have received first accreditation from” CMS, but it is not clear whether it would apply to an accreditation that occurred before July 1, 2021. Thus, the definition of “new hospital” is ambiguous as applied to hospitals accredited prior to the enactment of this bill. Recognizing that retroactive application of a statute requires an express declaration of retroactivity, this office recommends an interpretation or application of this provision (if enacted) as written retroactively be avoided.

Furthermore, pursuant to Subsection 10, this amendment is only in effect for three years, which is the same time period for a new hospital to be reimbursed at 91% of costs. A question arises whether a “new hospital” accredited during that time frame will continue to be reimbursed at this higher rate after June 30, 2024, if its thirty-six-month accreditation period extends beyond that. These issues should be clarified in order to alleviate any confusion this could cause to the Medicaid program.

I hope you find this analysis helpful.

Sincerely,



BRIAN KANE
Chief Deputy

BK:kw

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Wednesday, March 17, 2021

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
H 336	Juvenile Custody	Rep. Jason Monks

Public Testimony Will Be Taken by Registering Through the Following Link:
[Registry to Testify](#)

Testimony will be limited to 2 minutes. If you have written testimony, please provide a copy to the committee secretary.

COMMITTEE MEMBERS

Chairman Wood	Rep Erickson
Vice Chairman Vander Woude	Rep Ferch
Rep Gibbs	Rep Mitchell
Rep Blanksma	Rep Chew
Rep Kingsley	Rep Rubel
Rep Christensen	Rep Davis
Rep Lickley	

COMMITTEE SECRETARY

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

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, March 17, 2021

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Davis

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

GUESTS: Ivy Smith, IFYAB

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

MOTION: **Rep. Lickley** made a motion to approve the minutes for the March 16, 2021, meeting. **Motion carried by voice vote.**

H 336: **Rep. Jason Monks**, District 22, presented **H 336**. This legislation has two parts. Part one provides a qualified residential treatment program for youth who may have committed crimes or have mental and behavioral health problems which require extensive therapy and treatment options. Regular placements may not work because the youth may pose a danger to themselves or others. This program is about the best option for the youth. An assessment determines the best treatment and where the treatment occurs, including long- and short-term goals. A placement report to the courts includes a 60-day review of their plan.

Part two of this legislation addresses youth who age out of the foster care system. When these young adults turn 18 there are no supports for them. He shared statistics which indicate 20% of them become homeless, 7 out of 10 girls become pregnant, and 60% of the boys end up being convicted of a crime. This stage of life offers more challenges when there are no goals or supports. This legislation provides an avenue for children aged 18, 19, and 20, if they choose, to remain in the foster program and receive additional help.

The fiscal note will be changed further to reflect the costs. The program cost reflects initial costs as the youth enter the program. One third of the aged-out youth are expected to enter the program the first two years. The third year will reflect youth leaving and entering the program. The numbers are conservative and do not include the higher COVID Federal Medical Assistance Percentages (FMAP) extension.

There is a cost to society when these young adults become homeless, are convicted of crimes, have drug abuse issues, and are unable to attend college. Approximately 70% of them want to go to college. This is an investment that will far exceed the cost. It is about Idaho's youth, not the numbers.

MOTION: **Rep. Gibbs** made a motion to send **H 336** to the floor with a **DO PASS** recommendation.

Committee members expressed enthusiastic agreement with the legislation, citing the rewards of helping and protecting Idaho's youth. There was also concern expressed regarding telling our youth statistics, which is not supportive. This is a patient and consumer protection bill for our youth.

Ivy Smith, representing the Idaho Foster Youth Advisory Board, testified in **support of H 336**. She shared her experience with aging out of the foster care system and her fight with the courts to get help to attend college. This legislation will help Idaho's youth have goals they can attain after graduation. The youth are told the statistics they face, which keeps them from trying. Showing them Idaho cares about their success and want them to be a part of the community will make a big difference. This gives Idaho's most vulnerable youth a chance to thrive.

VOTE ON MOTION:

Chairman Wood called for a vote on the motion to send **H 336** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Monks** will sponsor the bill on the floor.

Rep. Lickley requested a privilege, which was granted. She invited all who testified as well as the listening public to help the Idaho Behavioral Health Council (IBHC). The IBHC is charged with presenting a strategic recommendation to the Governor by the end of June. To that end they are hosting a public hearing on March 30th, 2021, from 5:00pm - 7:00pm MST via Zoom. Registration is available on their website and open until March 23, 2021. Public input is important as they develop the best plan for Idaho to address mental health, behavioral health, and substance abuse issues.

ADJOURN:

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

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
8:00 A.M.
Room EW20
Wednesday, April 07, 2021
Note Earlier Start Time

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:
<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
	Presentation - American Rescue Plan Act (ARPA) Programs	Lori Wolff, Deputy Director, Department of Health & Welfare

COMMITTEE MEMBERS

Chairman Wood	Rep Erickson
Vice Chairman Vander Woude	Rep Ferch
Rep Gibbs	Rep Mitchell
Rep Blanksma	Rep Chew
Rep Kingsley	Rep Rubel
Rep Christensen	Rep Davis
Rep Lickley	

COMMITTEE SECRETARY

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

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, April 07, 2021
TIME: 8:00 A.M.
PLACE: Room EW20
MEMBERS: Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Davis
**ABSENT/
EXCUSED:** Representative(s) Blanksma, Christensen
GUESTS: None

Chairman Wood called the meeting to order at 8:00 a.m.

MOTION: **Rep. Davis** made a motion to approve the minutes of the March 17, 2021, meeting.
Motion carried by voice vote.

Lori Wolff, Deputy Director, Department of Health and Welfare (DHW) reported to the committee regarding federal funding for Idaho's child care and utility assistance programs.

Implemented in 1997, the Idaho Child Care Program (ICCP) provides child care subsidies to low income families. Currently 8,500 children are enrolled in the service. Parents are required to pay a co-pay to their ICCP certified child care provider (CCP). At the start of the pandemic facilities encountered lower enrollment when public schools and universities closed and parents began working or staying at home. The facilities also lost or were unable to hire staff because unemployment subsidies provided a higher income.

In response to economic needs, three federal funding packages have been issued. The Coronavirus Aid, Relief, and Economic Security (CARES) Act of March 2020 provided a \$20.6M award to Idaho to help support immediate child care problems. It included a spending deadline of federal fiscal year (FFY) 2023. The Coronavirus Response and Relief Supplemental Act (CRRSA) awarded \$57.7M for child care, with a spending deadline of FFY 2023.

The American Rescue Plan Act (ARPA) of March 2021 includes a child care award of approximately \$228.8M to be used for child care development block grants (FFY 2024 deadline), industry stabilization (FFY 2023 deadline), and increasing the current ICCP allocation (FFY 2024 deadline).

The funding guidelines stipulate use to increase subsidies, increase the federal poverty level (FPL) to include higher income brackets, cover co-pays, deliver CCP technical assistance and training, provide CCP operational and staff support incentives, and provide a broader sustainable program infrastructure for the child care industry. The funds cannot be used to establish public or private schools, including preschools, provide grants to non-licensed or non-certified child care programs, cover student tuition, finance building improvements, lease or purchase a vehicle, defray personal debt, pay licensing fees or permits, or purchase subscriptions.

Priorities include supporting CCPs, preserving child care capacity, work force retention, supporting families through child care availability and affordability, assisting children unable to participate in school, encouraging after school support programs, and system improvements to support CCPs and families.

Monthly CCP grants started in May 2020 to assist with staffing and general operating costs. Of the 836 CCPs, 144 are family day cares, 205 are group homes, and 487 are care centers.

Staff wage enhancements, which began this month, provide recruiting and retention funds. Sustainable staffing plans will be developed to replace federal funding.

The funds for program administration, oversight, and system enhancements will address the modernization of the program used by the CCP's.

Family support co-pay reductions, which began in November, 2020, decrease the out-of-pocket cost of child care. The FPL will be increased for two years, beginning March 2021, to allow more families subsidy access.

The estimated \$69M for community partners has helped children, from zero to thirteen years of age, maintain their grade level and participate in after school and summer support programs. Health care industry employer-based child care and school day clinics have also helped during the pandemic by keeping the children from being home alone.

ARPA funding includes the Low Income Home Energy Assistance Program (LIHEAP) for utility costs and the Low Income Home Water Assistance Program (LIHWAP) for drinking and waste water costs. LIHWAP was not included in the CARES and CRRSA funding.

LIHEAP, which is 100% federally funded, pays a portion of energy costs for qualifying households. Community action agencies throughout Idaho make payments directly to suppliers on behalf of eligible beneficiaries. Approximately 31,000 households were served during state fiscal year (SFY) 2020.

LIHWAP provides assistance for drinking and waste water bills for qualifying households. Although guidelines have yet to be provided, community action agencies will receive and administer the funds.

Responding to committee questions, **Ms. Wolff** said a strong child care industry is critical to returning Idahoans to work or school. She explained the SFY begins July 1st and the FFY begins October 1st. Funds not spent by an FFY deadline revert back to the federal government.

Lisa Hettinger, Deputy Director, DHW, was invited to answer a question. She stated the DHW requests a federal draw for funds based on anticipated quarterly spending.

Answering further questions, **Ms. Wolff** said the CCPs can obtain Paycheck Protection Program (PPP) loans along with grant funds. The supplemental grant funds' specified use is not the same as the PPP funds. The counties can invest additional funds to help assistance programs. She agreed to send the committee a list of the twelve qualifying items defining quality child care. Any quality initiatives or activities must align with the twelve items and be approved.

Although Idaho has some phenomenal high quality CCPs, affordability and accessibility for all families continues to be a challenge. With the population influx, more CCP specific enrollment slots are needed. Industry investment is necessary to help new CCP businesses, including after school programs and infant care.

The continuation of funding into 2023 assures Idaho's child care is strengthened and stabilized. Some CCPs are already returning to full capacity and have indicated they no longer need grant funds. The monthly grant payment helps cover rent increases, cleaning costs, and transportation costs due to school closures.

Responding to questions regarding staff wage enhancement, **Ms. Wolff** said the inability to hire and retain staff is of immediate concern. Some CCPs are using the enhancement funds as an incentive bonus and others are using it to increase wages.

The DHW continues to explore ways to expand the ICCP presence. Certification involves meeting quality initiatives, a provider agreement, and licensing. **Ms. Wolff** will forward the actual requirement list to the committee.

Dave Jeppesen, Director, DHW, was invited to answer committee questions. He said ARPA provides a potential Federal Medical Assistance Percentage (FMAP) increase opportunity for home and community-based services. Although not yet defined, there is indication it would be a one-year FMAP increase.

A committee member suggested business partnerships with incentives would be a helpful avenue to pursue for child care.

Ms. Wolff stated child care and after school programs which identify trauma or mental health challenges are a critical component to prevent negative consequences and provide a safe place for children. This is part of building a strong industry, especially during the summer when the children are out of school.

Director Jeppesen, answering a question, said the Division of Behavioral Health has used the CARES and CRRSA funds for hotlines, medical services, and telehealth services for individuals and families dealing with suicide or substance abuse. These have been highly effective with better success rates.

The Institution of Mental Disease (IMD) waiver, which went into effect in 2020, allows Medicaid eligible individuals to receive inpatient services for substance and mental health issues. The individual's application is a simple process. All facilities are now approved as Medicaid IMD providers.

Responding to more questions, **Ms. Wolff** explained the ICCP's focus is to assure healthy and safe places for children through CCPs. The subsidies are specific to the needs of low income families. The Successful Starts Program grants work within communities to license providers. She will provide additional information to the committee regarding this program.

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 10:03 a.m.

Representative Wood
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
9:30 A.M.
Room EW20
Wednesday, April 21, 2021

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
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Approval of Minutes

COMMITTEE MEMBERS

Chairman Wood
Vice Chairman Vander Woude
Rep Gibbs
Rep Blanksma
Rep Kingsley
Rep Christensen
Rep Lickley

Rep Erickson
Rep Ferch
Rep Mitchell
Rep Chew
Rep Rubel
Rep Davis(Burns)

COMMITTEE SECRETARY

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

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, April 21, 2021
TIME: 9:30 A.M.
PLACE: Room EW20
MEMBERS: Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew, Rubel, Davis (Burns)
**ABSENT/
EXCUSED:** Representative(s) Blanksma, Gibbs, Erickson, Chew
GUESTS: None
MOTION: **Chairman Wood** called the meeting to order at 9:30 a.m.
Rep. Lickley made a motion to approve the minutes of the April 7, 2021, meeting.
Motion carried by voice vote.
Chairman Wood put the committee at ease to thank **Sophie Hall**, the committee's page, for her service during the second half of the session and wish her well in her future endeavors.
Chairman Wood resumed the meeting.
ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:36 a.m.

Representative Wood
Chair

Irene Moore
Secretary