MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, February 13, 2014

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood(27), Vice Chairman Perry, Representative(s) Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew

ABSENT/ EXCUSED: Representative Henderson

GUESTS: Kathie Garrett, Idaho Council on Suicide Prevention; Matt McCarter, SDE; Steve Millard, Idaho Hospital Assn.; Molly Steckel, IMA; Clarence W. Blea, and Paula Wiens, IDMW; Katharine Rawlins, Tony Smith, Kris Ellis, Idaho Midwifery Council; Julie Taylor, Blue Cross of Idaho; Dave Taylor, and Dieuwke A. Dizney Spencer, IDHW; Stacey Satterlee, ACS CAN; Elli Brown, Veritas; Brody Aston, Lobby Idaho; Janet Tatro, Budget & Policy; Toni Lawson, Idaho Hospital Association; Shad Priest, Regence; Elizabeth Criner, Pfizer

Chairman Wood(27) called the meeting to order at 9:00 a.m.

Chairman Wood(27) announced **H 439** has been held at the request of the sponsor and will not be heard in the Committee today.

RS 22884: **Rep. Christy Perry**, District 11, presented **RS 22884**. This proposed legislation is a reprint similar to an earlier RS presented in the Judiciary, Rules, & Administration Committee. It clarifies the Health Insurance Exchange (HIX) subsidy does not assure an individual qualifies for a public defender. Some verbiage changes have also been made.

In response to a question, **Rep. Perry** explained the indigent status determination guidelines to receive a public defender include state, public, and insurance cash assistance. Without this clarification, any HIX subsidy can be construed as public assistance.

MOTION: **Rep. Hixon** made a motion to introduce **RS 22884. Motion carried by voice vote.**

Chairman Wood(27) called for a brief recess. The Committee was called back to order at 9:15 a.m.

HCR 39: **Rep. Rusche**, District 6, **HCR 39**, a concurrent resolution that responds to a need identified by the Health Quality Planning Commission for the organized collection of either hospital discharge or medical claims data to address issues of quality of healthcare and patient safety. This resolution calls on the Department of Health and Welfare (DHW), in conjunction with the industry players, to develop a health data structure plan. The envisioned plan will include cost estimates and funding suggestions.

In answer to committee questions, **Rep. Rusche** said the reporting will be whatever the players determine gives the best value. Creation costs, for similar systems in other states, have ranged from $1.5 million to $5 million, with $1 million for operation costs for populations similar in size to Idaho. An offset to that cost could come from numerous entities use of the data in provider contracting and negotiating. Other states have experienced a two-thirds to three-quarter operational cost offset from this type of source.

The players consist of hospitals, physicians, claims recipients, the DHW, and, perhaps, pharmaceutical benefit managers. Surgical center data could be direct or through a payor. The first data source used by other states have been hospital discharge data bases, which would not include surgical centers. Most states have taken several years to get reliable data in the least disruptive way possible.

Steve Millard, President, Idaho Hospital Association, testified **in support** of **HCR 39** because it establishes a deliberate process to get everyone together to discuss the data issues and be a part of the solution. Responding to questions, he said the best use for data from this effort would be the health care delivery system reform. The State Healthcare Innovation Plan takes the industry in that direction, with the inclusion of this type of data to complete its goal.

Julie Taylor, Blue Cross of Idaho, testified that her organization has not taken a position on **HCR 39**, since they have not done an analysis of the legislation. As the largest claims data retainer in the state, they need to take a hard look at this. She said, answering a question, that they have yet to delve into the impact and action other "Blues" across the nation have experienced from similar systems.

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

MOTION: **Rep. Hixon** made a motion to send **HCR 39** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Rusche** will sponsor the bill on the floor.

H 438: **Kris Ellis**, on behalf of the Idaho Midwifery Council, presented **H 438**. This legislation improves the Midwifery Practice Act to provide a better working profession.

The estimated due date and licensed health care professional definitions have been clarified. Cytotec is added to the formulary, with clarification that the medications are only for the mother. A provision allows midwives to care for mothers of twins while they are being cared for by a medical doctor. Allowance is now made for professionals caring for other health care needs of midwife clients and referral to a medical doctor in a bordering non-Idaho town. Clarification is made that midwives have not abandoned care when they terminate services and refer a client to a medical doctor or the nearest hospital. The dates for a safe delivery by a midwife have also been clarified. A ten-year sunset has also been added.

Responding to questions, **Ms. Ellis** said the changes do not allow delivery of twins, but does allow care for the mother alongside a medical doctor, as long as it doesn't interfere with the physician. This continues the comfort relationship with mothers who had previous midwife deliveries and are now delivering twins.

Dr. Clarence Blea, St. Lukes Hospital, Maternal Fetal Medicine, was asked to respond to a Committee question about the use of Cytotec. He said it is a well known agent used off label for control of after-delivery hemorrhage. It's easy to store, cheap, and much more useful.

Molly Steckel, Idaho Medical Association, testified **in support** of **H 438**, stating their encouragement of informal collaboration, but their attorneys have issues with physician liability with statute or rule requirements.

Paula Weens, Licensed Midwife, Idaho State Board of Midwifery, testified **in support** of **H 438**, stating licensing has improved the relationship between midwives and physicians, which supports the safety of home and birth center births.

Katharine Rawlins, Consumers of Midwifery in Eastern and Western Idaho, Idaho Midwifery Council, testified **in support** of **H 438**. She described her experience with evidence-based birth practices, effect of previous illegal status, and subsequent decision to become a midwife. She expressed her gratitude for the Legislature's work to change their legal status and hold her chosen profession to high standards.

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

MOTION: **Vice Chairman Perry** made a motion to send **H 438** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Vice Chairman Perry** will sponsor the bill on the floor.

John Reusser, Licensed Clinical Social Worker, Member, Idaho Council on Suicide Prevention, Director, Idaho Suicide Prevention Hotline (ISPH), appeared before the Committee. He described the Idaho Suicide Council, which oversees the Idaho Suicide Prevention Plan and reports to the Governor and the Legislature. Mr. Reusser said Idaho's suicide rate is higher than the national average, with many preventable deaths through intervention strategies. The Council is now focused on engaging communities in awareness and prevention in a variety of ways, including statewide gatekeeper trainers and surveys.

The ISPH, established in 2012, provides a lifeline to individuals in crisis who may wish to harm themselves. In 2013, ISPH received 999 calls, including 120 military members and their families, and 64 rescue calls. **Mr. Reusser** explained rescue calls pertain to individuals who are threatening suicide, unable to stay safe, or have already started hurting themselves.

Of the calls received, there were also 907 completed follow-up activities. A follow-up call is made to individuals whose original call had a level of acuity and reassess their safety a day or two later to determine if more ISHP contact is needed. Recent studies indicate the follow-up calls lower suicide attempts, especially with teens and young adults.

The ISPH receives calls from all over the state and have increased their operating hours. They also link to a National Crisis Center in Portland, Oregon, to assure calls are answered 24 hours a day. This year they have already received 270 calls. Phone responders are all volunteers.

Mr. Reusser said the ISPH recently became nationally accredited through Contact USA. Future goals include increased operating hours to twenty-four hours, seven days a week, and increased statewide awareness. Over 20,000 wallet informational cards have been distributed. They are also working with the DHW toward an integrated crisis response for the mental healthcare system.

Responding to questions, **Mr. Reusser** gave an example of a caller who was harming herself, how the operator stayed with the caller until the emergency team reached her, for a total of 45 minutes, with follow up to learn the result of the call. They alert dispatch when the means of harm could impact officer safety. Military members and their families have a National Veterans Crisis Line option when calling the hotline, often choosing the ISPH volunteer and then being transferred to the national line to arrange for specific help.

Mr. Reusser said the most effective strategies to decrease the statistics are adequate funding, collaboration, and sustainability. Getting the prevention message out is critical to educating the public on resources and increase their awareness of the hotline. Eliminating any stigma allows people to admit and seek the help they need.

Matt McCarter, Director, Division of Direction, Idaho State Department of Education, presented information on Idaho Lives, which focuses on student emotional wellness. A partnership with the Suicide Prevention Advocacy Network (SPAN) led to a grant award of $1.3 million over three years, beginning in October, 2013.

One in seven students have self-reported thoughts of suicide and 13% of those students have made a completion plan. If a student is in that emotional frame of mind, all other educational subjects suffer. Idaho Lives joins with school communities to identify connectivity, capability, and hope for these isolated students. To achieve this they train gatekeepers to encourage identification of sources of strength. They also identify peer leaders from the school subgroups, who then work in concert with gatekeepers to identify warning signs, risk factors, and cultivate positive school climates.

Mr. McCarter gave an example of a program called "no one sits alone in the cafeteria," which came from the peer leaders who recognized the resulting impact of a student lunching alone in their school. He noted that after every act of suicide and school violence it was determined somebody knew something beforehand that could have prevented the violence. If friends know what to look for they can encourage help before any harm is done.

The juvenile justice facility Shield of Care is a best practice program for training clinicians, who then train detention center staff. In schools and juvenile facilities, contagion, copycat action, after a suicide event is a big problem that they hope to identify and train for in the future.

Responding to questions, **Mr. McCarter** said gatekeeper training attempts to cover a wide range of adults who have contact with young people. Freeing up training time for these professionals can be an issue, but their top goal is to train entire school staffs and communities.

Chairman Wood(27) and the Committee thanked our page, **Sara Garcia**, for her work for the Committee during the first half of this session.

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

___________________________	___________________________
Representative Wood(27)	Irene Moore
Chair	Secretary