

IN THE HOUSE OF REPRESENTATIVES  
HOUSE CONCURRENT RESOLUTION NO. 63  
BY HEALTH AND WELFARE COMMITTEE

1 A CONCURRENT RESOLUTION  
2 STATING FINDINGS OF THE LEGISLATURE AND AUTHORIZING THE LEGISLATIVE COUNCIL  
3 TO APPOINT A COMMITTEE TO UNDERTAKE AND PREPARE A MEDICAID WAIVER APPLI-  
4 CATION.

5 Be It Resolved by the Legislature of the State of Idaho:

6 WHEREAS, a significant number of Idahoans earning less than 100% of the  
7 federal poverty guideline (gap population) are medically underserved, in  
8 that their annual income is too high to qualify for Medicaid but too low to  
9 qualify for tax credits that would enable them to purchase private health  
10 insurance; and

11 WHEREAS, the existing state system to provide health care to the medi-  
12 cally underserved is in many ways inefficient and requires a review of the  
13 continuing benefit and viability of the county indigent and CAT fund pro-  
14 grams; and

15 WHEREAS, expanding access to health care to medically underserved Ida-  
16 hoans would improve their health and potentially save lives; and

17 WHEREAS, the Idaho Department of Health and Welfare is working on tran-  
18 sitioning the state Medicaid plan by 2020 to a managed care model, which will  
19 result in cost savings to the state and better health outcomes for Medicaid  
20 patients; and

21 WHEREAS, it is the belief of the Legislature that providing health care  
22 access to medically underserved Idahoans would best be accomplished through  
23 a state-driven managed care model using managed care experience and tools  
24 developed from the Medicaid transition to managed care; and

25 WHEREAS, expansion of traditional Medicaid is not acceptable to the  
26 Legislature due to cost, service and outcome inefficiencies, but Medicaid  
27 waiver options to use a state-driven managed care option should be explored  
28 to evaluate both the availability and benefit of federal funds to provide  
29 care to the gap population; and

30 WHEREAS, it is further the belief of the Legislature that partnerships  
31 between the state and health care providers, including community health cen-  
32 ters and hospitals, should be explored in order to facilitate the success of  
33 a state-driven managed care model using data, resources and delivery systems  
34 available through those partnerships; and

35 WHEREAS, the Legislature would benefit from a detailed study and anal-  
36 ysis conducted by its own members in order to craft a state-driven solution  
37 for providing effective medical care for the gap population.

38 NOW, THEREFORE, BE IT RESOLVED by the members of the Second Regular  
39 Session of the Sixty-third Idaho Legislature, the House of Representatives  
40 and the Senate concurring therein, that the Legislative Council is autho-  
41 rized to appoint a committee to undertake and prepare a Medicaid waiver  
42 application for a state-driven plan for delivering health care to the gap  
43 population, utilizing a community care organization approach to managed

1 care. The committee shall work with the Department of Health and Welfare to  
2 develop a state waiver that clearly articulates best practices for commu-  
3 nity-based coordinated care, emphasizing outcomes and elimination of the  
4 fee-for-service model and using Idaho-based evidence for population manage-  
5 ment. Specifically, the committee and the department shall look to the out-  
6 come-based models for primary care medical homes as currently being demon-  
7 strated to improve utilization patterns and outcomes. The committee and the  
8 department shall use the best aggregate data available for Idaho's gap pop-  
9 ulation from Idaho's community health centers, current health and welfare  
10 data, and data available from the state health innovation plan. Further, the  
11 waiver shall clearly articulate accountability for benefit recipients and  
12 providers. Using Idaho-based best practices, the waiver application shall  
13 clearly articulate risk-bearing, outcome-based incentives for community  
14 care organizations to ensure that every effort is made to link Idahoans with  
15 primary care providers and reduce inefficient care. Finally, the waiver  
16 shall clearly articulate best practices for population management being em-  
17 ployed in Idaho community health centers and in coordination with the find-  
18 ings of the state health innovation plan. Care shall be coordinated between  
19 primary medical, specialty medical and mental health resources through an  
20 outcome-based primary care medical home. The committee shall also make rec-  
21 ommendations for actions necessary to eliminate the county medical indigent  
22 and CAT fund programs. The Legislative Council shall determine the number  
23 of legislators and membership from each house appointed to the committee and  
24 shall authorize the committee to receive input, advice and assistance from  
25 interested and affected parties who are not members of the Legislature.

26 BE IT FURTHER RESOLVED that the committee shall report its findings,  
27 recommendations and proposed legislation, if any, or a request for reautho-  
28 rization, if necessary, to the First Regular Session of the Sixty-fourth  
29 Idaho Legislature. A waiver application shall not be submitted to the Cen-  
30 ters for Medicare and Medicaid Services without legislative approval.