

# Minutes of the Joint Legislative Oversight Committee

## January 27, 2022

### Room EW42, Capitol, Boise, Idaho



Cochair Senator Harris called the meeting to order at 4:02 p.m. Attending the meeting were Senators Dave Lent, Michelle Stennett, David Nelson, Representatives Ilana Rubel (cochair) Caroline Nilsson Troy, and Steve Berch. Representative Paul Amador was absent. Also present were Rakesh Mohan, director, and other staff from the Office of Performance Evaluations (OPE). Audience members included the following:

Representatives Bruce Skaug, Lori McCann, and Lauren Necochea  
Elke Shaw-Tulloch, administrator, Division of Public Health  
Wayne Denny, chief, Bureau of Emergency Services and Preparedness  
Krissey Veseth, senior financial management analyst, Division of Financial Management

#### ***Update: State Response to Alzheimer's Disease and Related Dementias***

Rakesh Mohan explained that the report was released in December 2020. The Department of Health and Welfare has worked hard at addressing the recommendations in the report and they have provided a two-page update. He introduced Sasha O'Connell, senior evaluator, to present the update.

Sasha began by reviewing some of the key findings from the 2020 report. She said that Alzheimer's and dementia are a growing public health issue and that Idaho's response is a little more fragmented in comparison to other states. Idaho has a state plan to address dementia that was developed in 2013. Sasha explained that very little progress had been made on the state plan when the evaluation was released, in part because no one was in charge of executing the plan.

Sasha reviewed two main recommendations from OPE's report: (1) develop a system-wide oversight entity, or task force, that would pull together stakeholders and give them a place to discuss ongoing issues and improve services for those affected by dementia and (2) develop a dementia program with an ongoing position in the Division of Public Health.

Sasha explained that since the release of OPE's report, the Legislature appropriated \$275,000 to create a dementia program. In June 2021, the Alzheimer's Disease and Related Dementias State Coordinator/Health Program Manager position was filled. In July 2021, the Division of Public Health received approval from the CDC for a previously failed grant application, providing an additional \$275,000 annually for two years.

Cochair Harris asked how much the grant was for. Sasha confirmed it was for \$275,000, which doubled the state's initial investment. Cochair Harris asked if there was a possibility of getting additional grants. Sasha deferred to Elke Shaw-Tulloch, division administrator, to answer this question later on.

Senator Stennett asked if Sasha was aware of any funds coming from the Governor's mental health services budget requests or ARPA funds. Sasha said that she would defer to Ms. Shaw-Tulloch. Senator Stennett asked at how much higher of a rate Idahoans are dying of dementia

than the national average. Sasha said that the statistic was in the initial report, and she would provide that information to her.

Representative Troy asked for clarification about the grant funds. Sasha clarified that the grant is for \$275,000 for each of the two years.

Sasha continued that a steering committee was formed in August of 2021, which included the Department of Health and Welfare and the Commission on Aging to guide program development. They also had the first statewide meeting of the ADRD alliance. The Commission on Aging requested \$750,000 this year for two activities: (1) fund a consumer directed respite program and (2) improve the navigation of services across the state.

Senator Stennett said that there have been many discussions about how Medicaid reimbursement is insufficient for facilities that take care of acute, long-term dementia and Alzheimer's patients. She asked Sasha how Medicaid is tackling that disparity in cost. Sasha explained that one of the key findings in the evaluation was that the reimbursement formula for residential care facilities was not taking into account some of the challenges individuals with dementia or other behavioral health conditions face. The Division of Medicaid has asked for additional funding to address this issue in direct response to the findings of the evaluation.

Cochair Harris invited Elke Shaw-Tulloch, an administrator from the Division of Public Health, to come before the committee. She began by saying how much the Division appreciates having this program. There have been challenges in the past and Idaho lacked competitiveness necessary to be awarded grants. That changed with the state's recent investment.

Senator Stennett asked how ARPA funds and funds from the Governor will help this program. Ms. Shaw-Tulloch responded that she would investigate.

Cochair Harris asked what challenges the new coordinator will face. Ms. Shaw-Tulloch said that even though the new coordinator has only been in her position for seven months, she has accomplished a lot. She came from the Center on Aging, and she has been able to connect with many community partners. Addressing funding and gaps will be necessary moving forward. Cochair Harris said he was excited for this new program and for the grant. Cochair Harris thanked Ms. Shaw-Tulloch for all the work being done.

Representative Berch asked if there is any additional funding that may come through JFAC. Ms. Shaw-Tulloch responded that there were no additional budget requests from the Division of Public Health.

### **Report presentation: *Volunteer Providers of Emergency Medical Services***

Rakesh explained that JLOC members authorized the release of the report in November of 2021 because the Legislature was not in session. Rakesh extended his appreciation to the Department of Health Welfare, the Bureau of Emergency Medical Services, EMS agencies across the state, the EMS advisory committee, the EMS Physician Commission, and the Time-Sensitive Emergency System Council. Rakesh introduced Sasha O'Connell to start the presentation.

Sasha began by introducing Mackenzie Moss, evaluator, and explained that Mackenzie would co-present. Sasha said they would also like to thank Dr. Curtis Sandy, Bob Thomas, and Elizabeth Grimm for their technical assistance and quality control. Sasha also extended thanks to all the EMS volunteers and paid providers who participated in the evaluation.

Sasha explained that they used a mixed methods approach which included a survey of all local EMS agency directors in Idaho in which 100 local agencies participated.

Mackenzie began by providing background information about how EMS works in Idaho. The Bureau of EMS reported that it has limited authority and capacity to expand its support of local agencies. Mackenzie explained that Idaho does not designate EMS as an essential government service, and therefore does not guarantee access to EMS for all Idahoans. Senator Nelson asked what the consequences and costs would be if Idaho designated EMS as an essential government service. Mackenzie responded that they would address that question later in the presentation.

Mackenzie stated that OPE's 2010 evaluation found that Idaho did not have a governing body with the authority to limit service duplication, require state-wide coverage, or mandate cooperation among agencies. There have been no statutory changes since the 2010 evaluation. Mackenzie explained that the bureau has decreased licensure requirements for ambulance and air medical staff, loosened requirements for administering training, and removed regulations for the EMS advisory committee. The bureau reported that narrow statutory authority is challenging. Mackenzie explained the importance of collaboration in providing EMS services. Only 36 percent of agencies reported being part of a formal partnership.

Sasha said that the state knows very little about EMS agency funding. Idaho does not have a formula to determine the cost of EMS readiness, nor does it ensure that each agency is funded accordingly. Agencies rely on different funding models and a patchwork of funding sources. She explained that the state doesn't know much about how tax district money trickles down to local agencies. Only 22 percent of directors who responded to OPE's survey reported having sufficient agency funding.

Sasha explained how EMS agencies face challenges in recuperating costs through billing. One funding resource they have is the EMS vehicle and equipment grant. The demand was more than double the available funding for this grant in 2021.

Tax districts have some flexibility in raising revenue for staffing EMS, but many ambulance and fire protection districts were at the three percent property tax budget limit in 2019. Many agencies reported their communities can't afford a property tax increase. Rural agencies are most affected by these limitations.

Representative Berch asked if there is a funding mechanism through the Department of Health and Welfare to provide more resources statewide. Sasha explained that the only statewide funding mechanism is the EMS vehicle and equipment grant. Sasha said multiple changes could be made if the Legislature wanted to increase funding.

Representative Berch asked if there is an estimate of the cost to bring Idaho's EMS system up to what is needed. Sasha explained that OPE's literature review revealed that EMS needs vary so much by community and governance varies so much by state, that it is difficult to develop a national formula for determining cost. She explained that a formula at the state level would be discussed later in the presentation.

Senator Stennett described a discussion with the Governor about rural community struggles in which it was suggested that these services have always been volunteer services in rural communities. Senator Stennett asked Sasha if the situation is becoming more dire. Sasha said both of those things are true. Idaho has always relied on volunteers for EMS, and the growing population is putting pressure on our emergency response systems.

Sasha continued that academic research suggests that Idaho relies more on volunteers than 40 other states. The number of EMS providers has not caught up with population growth and 63 percent of EMS directors reported insufficient staffing. Senator Lent asked if volunteers receive any compensation. Sasha responded that some volunteers receive a minimal amount like \$5 a day for being on-call and \$30 for responding to a call. Sasha explained that rural Idahoans have access to a lower level of care in an emergency because rural communities rely more on volunteers who are less likely to have a high licensure level.

During their annual licensing, the Bureau of EMS asks agencies to estimate their average and longest response times. For 2020, about four in ten agencies reported that their typical response time was more than 10 minutes. Nearly two thirds of agency directors reported having delayed response times due to staffing issues in the last year.

Sasha said that Idaho code and rules require agencies to respond 24 hours a day, otherwise they must apply for a waiver. The bureau is currently unable to monitor this. OPE recommends that the bureau improve monitoring and technical assistance for agencies to meet the 24-hour response requirement. The Legislature could provide the bureau with additional funding to help ensure that agencies meet these requirements.

Sasha explained that OPE identified 12 state policy approaches to address recruitment and retention concerns and asked agency directors to rank these approaches based on how effective they would be at the local level. They said the Legislature could support agency recruitment and retention efforts by providing financial compensation, benefits, and training.

Senator Lent asked for clarification about the identity of the bureau and where the money for stipends comes from. He asked Sasha if she had any interaction at the county level with county commissioners. Sasha said they spoke with many people at the county level and with the Idaho Association of Counties. Sasha clarified that the Bureau of EMS is under the Division of Public Health. They are the entity that oversees EMS licensing and training. Sasha added that OPE has very little information about agency-level budgets.

Representative Troy commented that this was a great report and asked what the bureau's responsibility is with training. Sasha responded that the bureau is primarily a regulatory agency. Representative Berch voiced concern about follow up. He explained that considering the previous update about Alzheimer's and this report, the common denominator is money. He said JLOC needs a process that brings this incredible work to the people who can take action like the chairs of the germane committees or department heads. Cochair Harris said JLOC can make recommendations and that they will act on this report.

Representative Troy said the Public Health budget is growing significantly, and she suggested if Ms. Shaw-Tulloch could discuss this.

Senator Nelson said the firefighters and EMS folks are the heart of the rural community. He particularly likes the recommendation about providing EMS with some compensation and benefits. He asked what we would need to do to get a good estimate if we wanted to provide health insurance to volunteers. Sasha explained that OPE estimated it would cost about \$6.4 million to provide health insurance to volunteers. Much better data could come from a robust survey of agency volunteers, but it could be difficult to get good participation.

Senator Nelson asked if there are any barriers in state law that we would have to fix to offer health insurance to volunteers. Sasha said she was not aware of any barriers, but they could look into it.

Cochair Harris invited Elke Shaw-Tulloch to speak again before the committee. Ms. Shaw-Tulloch introduced Wayne Denny, the chief of the Bureau of Emergency Services and Preparedness, and thanked Rakesh and his staff for this great evaluation. She explained that OPE's reports have done a great job of illuminating the fragmentation and the fragility of Idaho's EMS system and its reliance on uncompensated volunteers. The division welcomes the opportunity to collaborate with stakeholders and policymakers to explore real solutions and bring those back to the Legislature.

Ms. Shaw-Tulloch said the state faced a similar dilemma a few years ago when Idaho did not have an organized system of care for trauma, stroke, and heart attacks. Over the course of two years the department was able to form a stakeholder group and created the Time Sensitive Emergencies (TSE) System of Care. Declaring EMS as an essential service in Idaho Code is a good first step.

Senator Stennett asked how the Time Sensitive Emergencies System of Care structure was set up, who is paying for it, and how that might be replicated for EMS services.

Ms. Shaw-Tulloch replied that TSE was born out of the Health Quality Planning Commission. They made a recommendation to the Legislature and the Legislature passed a concurrent resolution that tasked the Department with exploring possibilities. The department then proposed the system to the Legislature. There were some limited general funds available to start the system.

Senator Stennett said that perhaps at some level they can do that with EMS. She discussed her concerns about recruiting youth to be EMS providers and potential post-traumatic stress. She asked Ms. Shaw-Tulloch if she thought opening recruitment to younger ages is a solution. Ms. Shaw-Tulloch deferred to Mr. Denny.

Cochair Harris asked Mr. Denny to address the committee. Representative Troy asked if the EMS budget increase will be used to address any of the findings uncovered in the report. Mr. Denny said they have a unique budget that includes a dedicated fund with motor vehicle and driver's license registration fees. They don't spend to the appropriation. They have \$18 million in an appropriation, but they can't spend to it every year. Mr. Denny expressed concern about funding new projects without long-term financial support.

Representative Troy said she would like to see if there is a way to use the money in this year's budget to shore up some of these issues. There may be an opportunity to invest in training that fits the state. Representative Troy is also concerned about pushback from small communities who have relied on rural ambulance services to the point where it is part of their culture.

Representative Troy asked if there is a solution for paid and volunteer services to coexist. Mr. Denny said that Moscow is unique because they are the only volunteer paramedic service in the state and one of only a few in the country.

Mr. Denny said that when he first started with the bureau 17 years ago it was true that people were very tied to their ambulance services being volunteer based. That is not as much so now. Mr. Denny told a story about a volunteer EMS provider telling him that he has been doing this

for 20 years and he's the one person who's gone on all the bad calls. He said if there is a child in that community who has died, it has probably been in his arms. He asked Mr. Denny, how can you ask me to keep volunteering to do this? Mr. Denny said people are proud of being volunteers but it's really starting to wear on them.

Mr. Denny addressed Senator Stennett's previous concern about reducing the age of applicants. He said they are concerned about the wear and tear on kids but lacking a paid system they must do what needs to be done. Mr. Denny said he would love to have a workgroup with a couple of legislators and agency administrators to address these concerns.

Representative Troy thanked Mr. Denny for sharing his story. She agreed that it is complicated to figure these issues out. If you offer health insurance to volunteer employees, then how many calls do they need to go on? She mentioned Senator Nelson had a suggestion for a health savings plan.

Representative Berch said that we need fiscal policies and an appropriation process for the fastest growing state in the nation to catch up. He suggested that the Governor should take the lead on putting together a policy proposal. He asked if that was something the Governor's office could do over the summer.

Krissy Veseth, senior financial management analyst, Division of Financial Management came forward and responded that she would discuss this with Sara Stover, policy advisor for Health and Human Services for Governor Little. She will follow up with Representative Berch.

Cochair Harris said there are some things we can do as a committee to address this report. One suggestion passed to him was to form an interim committee and he thought that was a noble way forward. Cochair Harris asked if there was a motion to present the EMS report to the germane Health and Welfare committees.

**Representative Troy motioned to have OPE present this report to the Health and Welfare germane committees and to keep the report open for a year to have the opportunity to track progress. Senator Nelson seconded the motion, and it passed by voice vote.**

Cochair Harris said that he and Representative Rubel will talk to the Speaker about an interim committee. They will also draft a letter, with Rakesh's help, to the germane Health and Welfare committees to hear this report.

### **Other committee business**

Rakesh announced that the next JLOC meeting will be Monday January 31 at 4:00 PM to release *K-12 Public School Buildings*.

Cochair Harris thanked OPE for their work and for the Department of Health and Welfare and the Governor's office for attending.

*The meeting adjourned at 5:30 p.m.*