MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE: Monday, January 16, 2012

TIME: 3:00 P.M.

PLACE: Room WW54

MEMBERS PRESENT: Chairman Lodge, Vice Chairman Broadsword, Senators Darrington, Smyser, Heider, Vick, Nuxoll, Bock, and Schmidt

ABSENT/ EXCUSED:

NOTE: The sign-in sheet, testimonies, and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

MINUTES: **Chairman Lodge** called the meeting to order at 3:00 P.M., and asked the Committee Secretary to take Roll Call. She stated the Committee will begin the rules review and passed the gavel to **Vice Chairman Broadsword**.

DOCKET NO. 16-0309-1103 **Rules Relating to Medicaid Basic Plan Benefits (Pending). Matt Wimmer**, Bureau Chief, Department of Health and Welfare, stated the primary purpose of this rule is to define benefits for dental services in accordance with legislative direction in **H 260**, limiting dental benefits for non-pregnant adults to emergency benefits only. He stated the effective date of this rule change is July 1, 2011. **Mr. Wimmer** requested the Committee approve **Docket No. 16-0309-1103.**

Supporting documents related to this testimony have been archived and can be accessed in the office of the Committee Secretary. (See Attachment #1).

Senator Darrington noted the retroactive date of the rule and asked if this rule went into effect on an emergency basis. **Mr. Wimmer** stated that these rule changes implement statutory changes adopted by the 2011 Legislature in **H 260**, effective July 1, 2011. **Senator Bock** asked what the substance of the conversations with the providers was, and if there were any objections, how those objections were resolved. He further asked for a definition of emergency procedures. **Mr. Wimmer** responded that the Idaho State Dental Association understood the situation that the Legislature was in last year, and their concern was that the benefit package made sense within those limits and was well defined so the emergency benefits could be collected. He stated that emergency benefits include such things as lancing abscesses, biopsies, tumors and supporting services such as evaluations and x-rays necessary for emergency care. It does not include dentures, fillings and teeth cleaning. **Vice Chairman Broadsword** noted that when **H 260** was adopted it was her impression that some of the changes were going to be implemented with temporary rules until the economy improved. **Mr. Wimmer** replied that in looking at **H 260** and the permanent changes to the statute in Idaho Code 56-255, the Department made these rule changes proposed rather than temporary. **Senator Schmidt** asked if there is a plan to track emergency services provided through Medicaid in emergency rooms. **Mr. Wimmer** advised that the Department is tracking emergency room use and hospitalizations with dental diagnosis codes. He advised he would forward this information by email to the Committee. In response to a question from **Senator Nuxoll**, **Mr. Wimmer** advised that all Idaho Medicaid beneficiaries obtain their dental services through Idaho Smiles.

MOTION: **Senator Heider** moved, seconded by **Senator Darrington**, that the Committee adopt **Docket No. 16-0309-1103**. The motion carried by **voice vote.**

DOCKET NO. 16-0310-1103 **Rules Relating to Medicaid Enhanced Plan Benefits (Pending). Mr. Wimmer** stated the primary purpose of this rule is to limit dental benefits for non-pregnant adults to emergency benefits only. This change completes moving all Medicaid participants into dental managed care under the direction of the Department's existing contract. He further commented the language related to fee for service benefits is eliminated since all Medicaid dental benefits are now provided through a managed care arrangement. **Mr. Wimmer** requested the Committee approve **Docket 16-0310-1103**.

Supporting documents related to this testimony have been archived and can be accessed in the office of the Committee Secretary. (See Attachment #2).

Senator Nuxoll asked what the process is for choosing an insurance provider. **Mr. Wimmer** advised that the Idaho Dental Association selects the provider through an open and competitive bidding process. **Vice Chairman Broadsword** asked if a Request for Proposal was utilized for selection of the insurance provider. **Mr. Wimmer** replied, Yes.

MOTION: **Senator Nuxoll** moved, seconded by **Senator Heider**, that the Committee adopt **Docket No. 16-0310-1103**. The motion carried by **voice vote**.

DOCKET NO 16-0309-1106 **Rules Relating to Medicaid Basic Plan Benefits (Pending). Mr. Wimmer** stated the primary purpose of this rule is to define procedures and requirements for certified professional midwives licensed by the Idaho Board of Midwifery to enroll as Medicaid health care providers, and receive a reimbursement for allowable services at a level 15 per cent less than that provided to physicians for similar services. **Mr. Wimmer** requested the Committee approve **Docket No. 16-0309-1106**.

Supporting documents related to this testimony have been archived and can be accessed in the office of the Committee Secretary. (See Attachment #3).

Senator Darrington inquired if the bill providing for licensing of midwives included a provision that they were eligible for Medicaid, or was that done by Department rule after the fact. **Vice Chairman Broadsword** advised the **H 165** adopted in 2011 directed the Department to do this. It was adopted last year as a stand-alone piece of legislation and was not the licensure bill. **Mr. Wimmer** confirmed that statement. He further advised that there had been no applications for midwifery certification under these provisions since January. **Senator Schmidt** noted licensed midwives have a limited scope of service, and asked if they can order certain tests such as ultrasound, and would that fall under the payment to the midwife or would it fall under a different payment program. **Mr. Wimmer** advised that licensed midwifes can order ultra sound which he believes is covered under a separate payment. **Senator Nuxoll** noted the limit of six weeks follow up care, asking if that is a normal procedure with doctors as well. **Mr. Wimmer** advised it is within the scope of their licensing to provide follow up care up to six weeks.

MOTION: **Senator Symser** moved, seconded by **Senator Nuxoll**, that the Committee adopt **Docket No. 16-0309-1106.** The motion carried by **voice vote**.

DOCKET NO 16-0309-1107

Rules Relating to Medicaid Basic Plan Benefits (Pending). Mr. Wimmer stated the primary purpose of this rule is to align physical, occupational, and speech therapy services with annual Medicaid caps. This change limits physical therapy and speech therapy combined to a cap based on Medicare limits, and also limits occupational therapy alone to Medicare caps. This change does allow for services in excess of the cap to be provided to participants under age 21 in keeping with federal requirements. It also allows for services in excess of the cap to be provided to adults under some circumstances when appropriate documentation is made available to Medicaid. **Mr. Wimmer** requested the Committee approve **Docket No. 16-0309-1107**.

Supporting documents related to this testimony have been archived and can be accessed in the office of the Committee Secretary. (See Attachment #4).

Senator Vick asked if there is a federal match with this program. **Mr. Wimmer** stated yes; it is 70/30.

MOTION:

Chairman Lodge moved, seconded by **Senator Vick**, that the Committee adopt **Docket No. 16-0309-1107**. The motion carried by **voice vote**.

DOCKET NO 16-0309-1201

Rules Relating to Medicaid Basic Plan Benefits (Temporary). Mr. Wimmer stated recent changes in federal laws and regulations governing state Medicaid programs require coverage of tobacco cessation products for pregnant women and children under age 21. This rule change aligns Idaho regulations with federal requirements. **Mr. Wimmer** requested the Committee approve **Docket 16-0309-1201**.

Supporting documents related to this testimony have been archived and can be accessed in the office of the Committee Secretary. (See Attachment #5).

Senator Vick asked for a definition of the difference between legend and non-legend tobacco cessation products. **Mr. Wimmer** deferred the question to **Paul Leary**, Administrator, Division of Medicaid, Department of Health and Welfare, who advised that a legend drug is a drug that requires a prescription and an over-the counter drug would be a non-legend drug. **Senator Nuxoll** asked if there is any documentation on how well the tobacco cessation products work. **Mr. Wimmer** responded that there is evidence related to nicotine gum and nicotine patches but he would need to contact the pharmaceutical staff to obtain this information and will forward it.

MOTION:

Senator Schmidt moved, seconded by **Senator Heider**, that the Committee adopt **Docket No. 16-0309-1201**. The motion carried by **voice vote.**

DOCKET NO 16-0318-1101

Rules Relating to Medicaid Cost-Sharing (Pending Fee). David Simnitt, Deputy Administrator, Department of Health of Welfare, stated the 2011 Legislature through **H 260**, directed the Department to establish, within the federal limitations of Medicaid laws and regulations, enforceable cost sharing in the form of co-payments to increase the awareness and responsibility of Medicaid participants for the cost of their health care. Eligible participants are subject to a co-payment of $3.65 for podiatry, optometry, and chiropractic office visits. Co-payments are also required for physical therapy, occupational therapy, speech therapy and doctor's office visits except when the visit is for preventative services, immunizations, family planning, or urgent care in an urgent care facility. **Mr. Simnitt** requested the Committee approve **Docket No. 16-0318-1101**.

Supporting documents related to this testimony have been archived and can be accessed in the office of the Committee Secretary. (See Attachment #6).

Senator Schmidt asked how the public hearings went. **Mr. Simnitt** advised that the public hearings were not well attended and the Department heard from some providers that they were not planning to collect the copays, others indicated that they would. **Senator Schmidt** noted that one of the exemptions for the requirement of the copay is an urgent care facility and asked if that is part of the federal code. **Mr. Simnitt** responded that is not part of the federal requirements, but the Department wanted to encourage appropriate use of the urgent care center. **Senator Schmidt** noted there are instances where an office sees regularly scheduled patients and also has an attached urgent care facility, and a patient would be responsible for the copay if they scheduled an appointment, but not if they used the urgent care side of the office. **Mr. Simnitt** advised that the Department recognizes that as well; that all of these patients are involved with Healthy Connections physicians, and the Department will be monitoring to make sure that the coordination of care continues. If it sees this situation, it will take appropriate action. **Senator Bock** inquired what happens if the patient cannot pay the copay. **Mr. Simnitt** indicated it would be up to the physician's office to set policy on what they would do under those circumstances, whether they would go ahead and see the patient that day and bill the copay or whether they would waive the copay. He added that for participants that are subject to a copay that $3.65 would be deducted from the reimbursement paid to the doctor.

MOTION: **Senator Darrington** moved, seconded by **Chairman Lodge**, that the Committee adopt **Docket No. 16-0318-1101**. The motion carried by **voice vote**.

ADJOURN: **Vice Chairman Broadsword** returned the gavel to **Chairman Lodge**. There being no further business to come before the Committee, the meeting was adjourned at 3:33 P.M.

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Senator Lodge
Chairman

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Lois Bencken
Secretary

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Janet Drake
Assistant Secretary