MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, February 07, 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 3:05 p.m.

GUBERNATORIAL APPOINTMENT HEARING

Michael D Gibson of Nampa, ID was appointed to the Commission for the Blind & Visually Impaired to serve a term commencing July 1, 2011 and expiring July 1, 2014. **Mr. Gibson** stated that he owes a great deal of his success to the training and assistance he received through the Commission. It was through their training that he learned the skills that he needed to operate independently and be able to safely walk to the Capitol from Boise State University (BSU). **Mr. Gibson** stated he appreciates this reappointment to the Commission and provided the Committee with a short biography of his professional and personal life. He currently is employed as Assistive Technology Coordinator at BSU and indicates he enjoys interacting with people who have disabilities and helping them improve their lives.

Supporting documents related to this testimony have been archived and can be accessed in the office of the Committee Secretary (see Attachment #1).

Senator Bock asked **Mr. Gibson** to relate his experiences with the Commission. **Mr. Gibson** stated that he is honored to have a small part, through working with Director Jones and her staff, in seeing that the Commission is at or near the top of state agencies as far as performance placement and clients served.

After hearing **Mr. Gibson's** story of how he missed his bus and had to walk from BSU to the Capitol, **Chairman Lodge** asked how he was planning to get from the Capitol to wherever he needed to go. **Mr. Gibson** stated that he would be walking over to the Commission to pick up some materials he needs for a presentation he is giving to some Eagle Scouts the next day and then will walk back downtown to take the bus home to Nampa.

Chairman Lodge expressed her admiration of **Mr. Gibson**, who has done so well and is helping others to become the best they can possibly be.

Vice Chairman Broadsword asked if, due to budget cutbacks in recent years, the Commission has taken advantage of technology for video or audio conferencing instead of face-to-face board meetings. **Mr. Gibson** replied that they have incorporated conference calling and email communications but, due to Director Jones's expertise and skill, there have been ample funds to continue meeting face-to-face every quarter. In August of 2011, they were able to hold a Commission board meeting in eastern Idaho so that they could meet with the clients and interested stakeholders in that part of the state.

GUBERNATORIAL APPOINTMENT

Chairman Lodge announced that the appointment of **Allan R. Schneider** of Emmett, ID to the Commission for the Blind & Visually Impaired is being held at **Mr. Schneider's** request and will be heard at a later date.

RS 21166 **A Concurrent Resolution Stating Findings of the Legislature and Rejecting Certain Rules of the Department of Health and Welfare. Vice Chairman Broadsword** advised that this legislation rejects specific subsections in the Medicaid Enhanced Plan Benefits rule related to cost surveys and is in accordance with the action taken by the Committee on **Docket No. 16-0310-1104.** She explained that the effect of this concurrent resolution, if adopted by both houses, would be to prevent the rejected subsections from going into effect. She requested that **RS 21166** be sent to print.

Senator Schmidt moved, seconded by **Senator Nuxoll**, that **RS 21166** be sent to print. The motion carried by **voice vote**.

RS 21167 **A Concurrent Resolution Stating Findings of the Legislature and Rejecting A Certain Rule of the Bureau of Occupational Licenses. Vice Chairman Broadsword** stated that this concurrent resolution would reject a line of text relating to the education requirements portion of a pending rule of the Bureau of Occupational Licenses relating to Rules of the Board of Drinking Water and Wastewater Professionals and is in accordance with action taken by the Committee on **Docket No. 24-0501-1101.** She explained that the effect of this concurrent resolution, if adopted by both houses, would be to prevent the rejected line from going into effect. She requested that **RS 21167** be sent to print.

Senator Vick moved, seconded by **Senator Nuxoll**, that **RS 21167** be sent to print. The motion carried by **voice vote**.

PRESENTATION: **John Watts**, of Veritas Advisors, representing Idaho Primary Care Association (IPCA) introduced **Denise Chuckovich**, Executive Director, Idaho Primary Care Association, who provided the Committee with an update on Community Health Centers (CHCs), including current issues and initiatives and what is anticipated in the future.

Ms. Chuckovich advised that CCHs are private, not-for-profit organizations governed by community-based boards of directors. Idaho's first Community Health Center (CHC) was Terry Reilly Health Services in Nampa, which opened in 1971. Community Health Centers provide primary preventative medical care, mental health, and dental services. They are not free clinics; everyone is welcome but all are expected to contribute. The uninsured are expected to pay for their care based upon a sliding fee scale. She reported that, in 2010, Idaho's CHCs served 133,000 patients - almost one in 11 Idahoans.

Ms. Chuckovich highlighted three key issues with regard to CHCs and health care in Idaho:

1. Access to care;
2. Providing high quality care; and
3. Containing cost.

CHCs are growing and the demand for their services is growing. There are now 13 CHCs with clinics in 37 Idaho communities. The clinics are primarily located in small, rural communities and are often the only source of care in the community. To a large extent, patients are low-income, uninsured, or with private insurance on Medicaid or Medicare. In 2010, 48 percent of CHC patients were at or below the federal poverty level and 49 percent were uninsured. Another key access issue, **Ms. Chuckovich** explained, is the continued, severe work force shortage. Idaho is currently 48th in the country in the ratio of family practice physicians to population.

Ms. Chuckovich related that the IPCA supports the Idaho Medical Home Collaborative established by Governor Otter in 2010 and is continuing to transform the clinics into Patient-Centered Medical Homes (PCMH). This is a model of primary care where each provider has an identified panel of patients whom he or she cares for. The health care staff works together as a team to provide preventative primary care; the focus is on keeping patients healthy and costs low. Care is coordinated with other parts of the health care system such as specialists or hospitals, as needed, to reduce duplication and avoid unnecessary costs. Ms. Chuckovich reported that 13 of the clinics will receive national recognition as PCMH in March of 2012; all of the clinics have committed to transforming their clinics into PCMH.

Ms. Chuckovich reported that they are also working closely with the Medicaid program to develop a health home model for patients with chronic conditions, often among the most expensive patients to care for, including patients with diabetes, hypertension, and various mental health issues.

Ms. Chuckovich stated that the electronic health record, or computerized medical chart, is an integral part of having a successful PCMH. She stated that presently ten of the CHCs have transitioned to electronic health records and the other three are in the process. This allows providers to more efficiently track patient status, their medications, referrals, etc.

Ms. Chuckovich stated that the average cost for a year's worth of care at a CHC is $588 per person. Idaho's CHCs currently serve 12 percent of all Medicaid beneficiaries at a total cost of only 1.1 percent of Idaho's Medicaid budget. She stated funding is always a challenge when 49 percent of the patients do not have insurance. She expressed her appreciation to the Legislature who, in 2008, appropriated $1,000,000 to Community Health in a grant program, which provided the funding to open eight (8) new dental clinics. Since the funds were "one-time only," they invested in equipment and bricks and mortar.

Ms. Chuckovich discussed the future of the changing health care environment in Idaho. She stated that their role in managed care will be keeping patients healthy and up to date on preventive care, managing patient referrals to appropriate specialty care, preventing unnecessary emergency department visits, and managing a patient's care following a hospitalization so they can avoid re-admittance.

Ms. Chuckovich advised that If the current health care law prevails and eligibility expands, many additional Idahoans - including many of their current patient population who are uninsured and of very low income - will be eligible for Medicaid or for insurance in 2014. She estimates that 35,000 of their current patients will become Medicaid patients and another 14,000 of their currently uninsured patients would be eligible for insurance. In looking forward, they see the need to get their systems prepared for the coming changes.

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

Senator Schmidt asked, with regard to the PCMH, if there are provisions for integration with hospital care and, if so, how do these rural clinics interact with hospitals in another town. **Ms. Chuckovich** responded that all of their CHCs work with the hospitals that are within their proximity. She stated they try to perform as much of the care as possible at the health center. In locations such as Council, where the closest hospital is in Weiser or McCall, they have a procedure room

in which a variety of care can be performed that a normal clinic would not be set up to handle. There is also a heli-pad that LifeFlight utilizes as needed. They are currently not connected electronically and must rely on faxes, telephone and emails. In working with Medicaid in Pocatello, they are developing an agreement between the hospital and Health West that the hospital will fax a message when they see one of their patients in the emergency room, including information on diagnosis and care provided; then the health center can call and try to follow-up

Senator Nuxoll asked if they are private, if they receive any grants, and if there is anyone on their board appointed by the Governor. **Ms. Chuckovich** replied that each health center is a private, not for profit, member organization run by a community-based board of directors, none of whom are appointed by the Governor. In fact, 51% of the board must be patients of the health center. She stated that her own board of directors is made up of representatives from all of the CHCs.

Vice Chairman Broadsword asked if any of the CHCs have invested in the needed technology and, if not, where do they see the funds coming from to make use of this technology. **Ms. Chuckovich** responded that 10 of their CHCs already have electronic health records, and that they "fell into the money by hook or by crook." The remaining three CHCs are currently in the process of finalizing those contract choices. Although the installation and ongoing costs of this technology are very expensive, the investment pays off in the benefits derived. **Chairman Lodge** asked which are the three CHCs that are still in process. **Ms. Chuckovich** replied they are Family Health Services, Adams County, and Valley County.

Senator Smyser asked what the plan is regarding the expansion in 2014. **Ms. Chuckovich** indicated they are anticipating more demand, in general, so they may open new sites if there is an adequate number of patients to support additional care. Clinic spaces are expensive due to the need for many items that are not required in a general office. CHCs must get by on very little and are quite creative in doing so. They are viewed as an asset in the community; as such, they receive great support, sometimes through foundation funding.

Vice Chairman Broadsword asked for clarification as to whether or not all PCMH will be CHCs. **Ms. Chuckovich** replied that they are, although they would like to see every primary care physician in the country become a PCMH because they believe the model provides high quality care and is very cost effective.

Chairman Lodge asked how many of the CHCs have a dental clinic associated with them. **Ms. Chuckovich** responded 11. The two that do not have dental clinics contract with local dentists because every health center is required by federal law to either provide or offer access to dental care. Of the 37 clinics in the state, she believes 33 provide dental care within the clinic.

The meeting was adjourned by **Chairman Lodge** at 3:44 p.m.

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Senator Lodge
Chairman

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Lois Bencken
Secretary

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Diana Page
Assistant Secretary