

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Friday, February 10, 2012

**TIME:** 1:30 P.M.

**PLACE:** Room EW42

**MEMBERS:** Chairman McGeachin, Vice Chairman Bilbao, Representative(s) Loertscher, Shepherd, Thayn, Wood(27), Guthrie, Roberts, Rusche, Chew

**ABSENT/  
EXCUSED:** Rep(s). Bilbao, Loertscher, Wood(27)

**GUESTS:** Richard Eppink, Idaho Legal Aid Services; Arthur Evans, Tami Eide, Sheila Pugatch, Frank Powell, David Simnitt, Paul Leary, Department of Health and Welfare (DHW); Ed Hawley, State of Idaho Administrative Rules Division; Tony Smith, and Larry Benton, Benton Ellis; Kris Ellis, Idaho Optometric Association; Joie McGarvin and Russell Westerberg, America's Health Insurance Plans; Max Greenlee, Risch Pisca; Woody Richards and Larry Spenser, Idaho Resident.

**Chairman McGeachin** called the meeting to order at 9:12 a.m.

**MOTION:** **Rep. Thayn** made a motion to approve the minutes of the February 6, 2012, meeting. **Motion carried by voice vote.**

**Chairman McGeachin** turned the gavel over to **Rep. Roberts**.

**RS 21235:** **Rep. McGeachin** presented **RS 21235**. This legislation amends an existing inactive committee in statute to create a Federal Health Care Reform Oversight Committee designed to provide legislative direction and recommendations for compliance with and implementation of any federal health care, initiative, law, or regulation.

**Rep. McGeachin** explained that the Oversight Committee would meet as necessary, subject to the approval of the Speaker of the House and the President Pro Tempore. After legislative adjournment, the Oversight Committee would continue to meet to give direction to agencies and work with the executive branch. She stated that the ten-member committee would have five members each from the House of Representatives, appointed by the Speaker of the House, and the Senate, appointed by the President Pro Tempore. Each five-person group would have three majority and two minority party members.

**MOTION:** **Rep. Thayn** made a motion to introduce **RS 21235**. **Motion carried by voice vote.**

**RS 21247:** **Rep. McGeachin** presented **RS 21247**, a joint memorial to support the Respect for Rights of Conscience Act of 2011, HR 1179, a U.S. Congress amendment to the Patient Protection and Affordable Care Act. This amendment protects the rights of conscience with regard to mandated coverage for contraceptives, sterilization products, abortion medications and services.

**MOTION:** **Rep. Shepherd** made a motion to introduce **RS 21247**.

**Rep. Chew** spoke in **opposition** to the motion, stating that a doctor and patient decision should be without government involvement.

**VOTE ON  
MOTION:** **Rep. Roberts** requested a vote on the motion to introduce **RS 21247**. **Motion carried by voice vote.** **Rep. Chew** requested that she be recorded as voting **NAY**.

**RS 21248:** **Rep. McGeachin** presented **RS 21248** which amends the Disability Insurance Policies, Chapter 21, to limit disability insurance benefits for non-emergency coverage for contraceptives, sterilization products, abortion medications and services.

**MOTION:** Rep. **Thayn** made a motion to introduce **RS 21248**.

Rep. **Chew** spoke in **opposition** to **RS 21248**, stating that it is a woman's right to have equal access to available medical products, medications, and services.

**VOTE ON MOTION:** Rep. **Roberts** requested a vote on the motion to introduce **RS 21248**. **Motion carried by voice vote**. Rep. **Chew** requested that she be recorded as voting **NAY**.

Rep. **Roberts** returned the gavel to **Chairman McGeachin**.

**DOCKET NO. 16-0309-1104:** **David Simnitt**, Deputy Administrator, Division of Medicaid, presented **Docket No. 16-0309-1104**, legislation that applies to Medicaid Enhanced Plan Benefits, with specific direction from the **H 260** health care cost reduction. He then detailed the changes, which include collateral contact, chiropractic benefits, podiatrist services, hearing aid coverage, visions services, contact lens coverage, assessments, and Healthy Connections program tiers.

Responding to questions, **Mr. Simnitt** stated that collateral contact changes eliminate duplicate billing, impacting school-based services and mental health clinics. Providers indicated that some assessments were rule based, instead of patient based. He explained that monitoring is done to identify critical incidents or complaints and provide better flexibility for response. In a crisis, individual benefits can be modified within days; however, if an overall population change is required it would take longer since it would require rule changes.

**Chairman McGeachin** commented that this is a different mode for managing mental health care, moving away from the fee-for-service methodology and following the intent of **H 260**, with room for discussion as the state's economic status changes.

**Larry Benton**, Idaho Health Care Association, spoke in support of **Docket No. 16-0309-1104**.

**MOTION:** Rep. **Roberts** made a motion to approve **Docket No. 16-0309-1104**. **Motion carried by voice vote**.

**DOCKET NO. 16-0309-1101:** **Sheila Pugatch**, Principal Financial Specialist, Division of Medicaid, Office of Reimbursement, presented **Docket No. 16-0309-1101**, an extension of temporary rules to change the prescription reimbursement and dispensing fee payment to a tier structure.

**Chairman McGeachin** invited **Dr. Tami Eide** to respond to a question from the committee. Dr. Eide explained how they respond to the daily drug cost increases and the mechanisms in place to assure minimal impact to patients.

**MOTION:** Rep. **Roberts** made a motion to approve **Docket No. 16-0309-1101**. **Motion carried by voice vote**.

**DOCKET NO. 16-0310-1105:** **David Simnitt**, Deputy Administrator, Division of Medicaid, presented **Docket No. 16-0310-1105**, for Medicaid Enhanced Plan Benefits, with specific direction from **H 260** health care cost reduction. He then detailed the changes, which include psychosocial rehabilitation (PSR) collateral contact payments, developmental disabilities agencies (DDA), assessments, training duplication, service coordination coverage, serious emotional disturbance (SED) partial care coverage, PSR adult coverage, and individual developmental disabilities (DD) budgets. The change to selective contracts has not been pursued due to legal issues.

In response to questions, **Mr. Simnitt** said regular monitoring assures that both the rules are being followed and the expected outcomes are occurring. Their current monitoring incorporates the Molina claims data and the Medicaid Management Information System (MMIS). He agreed that incarcerated individuals are not eligible for medicaid, so have no claims. Regional mental health boards are monitoring cases they determine are of concern.

**Mr. Simnitt** said that specific participants can use crisis services and, in the event of an emergency for the entire population, a temporary rule authority is available to protect health and safety. He explained that there is a reconsideration process if an individual believes the budget amount is incorrect, with special health and safety adjustments available.

**Mr. Richard Eppink**, Attorney, Idaho Legal Aid Services, spoke **in opposition** to **Docket No. 16-0310-1105**, citing instances where the decrease in DD budgets has adversely affected individuals. He said that the use of a statistical model for cost prediction has questionable accuracy when compared to a customized approach.

**MOTION:** **Rep. Rusche** made a motion to reject **Docket No. 16-0310-1105**.

**Rep. Rusche** stated that it appears there have been significant injuries from the change of services.

**Rep. Chew**, said, in **support** of the motion, that she concurs with **Rep. Rusche** and it is important to protect the health and safety of our citizens.

**SUBSTITUTE MOTION:** **Rep. Guthrie** made a substitute motion to approve **Docket No. 16-0310-1105**.

**Rep. Guthrie** commented that problematic situations are being monitored and any necessary changes need to be in statute.

**Rep. Chew** spoke in **opposition** to the motion, stating that the monitoring isn't working.

**ROLL CALL VOTE ON SUBSTITUTE MOTION:** **Rep. Chew** requested a roll call vote on the substitute motion to approve **Docket No. 16-0310-1105**. **Motion carried by a vote of 4 AYE, 2 NAY, and 4 Absent/Excused**. **Voting in favor** of the motion: **Reps. Shepherd, Thayne, Guthrie, McGeachin**. **Voting in opposition** to the motion: **Reps. Rusche and Chew**. **Reps. Bilbao, Loertscher, Wood(27), Roberts, were absent/excused**.

**DOCKET NO. 16-0318-1101:** **David Simnitt**, Deputy Administrator, Division of Medicaid, presented **Docket No. 16-0318-1101**, which requires participants to share in the cost of their health care through co-pays. He detailed the amounts and requirements for co-payments, stating that providers need to check eligibility to determine if the participant is subject to a co-pay at the time of the visit. **Mr. Simnitt** said there is a monthly cost-sharing cap of 5% of their household income.

In response to committee questions, **Mr. Simnitt** explained that monitoring is done through primary care provider offices and critical incidents reports.

**MOTION:** **Rep. Guthrie** made a motion to approve **Docket No. 16-0318-1101**. **Motion carried by voice vote**.

**ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 11:01 a.m.

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Representative McGeachin  
Chair

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Irene Moore  
Secretary