

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, February 22, 2012

TIME: 1:30 PM or Upon Adjournment

PLACE: Room EW42

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

**ABSENT/
EXCUSED:** None

GUESTS: Robert Luce, Chad Cardwell, Dieuwke A. Dizney-Spencer, Paul Leary, Jane Smith, Department of Health and Welfare (DHW); Alice Beattie, Community Action Partnership of Idaho; Hannah Brass, Planned Parenthood; Caitlin Lavelle, Gallatin Public Affairs; Kathie Garrett, Idaho Academy of Family Physicians; Dr. Stephanie Long, Family Medicine Residency of Idaho; Max Greenlee, Risch Pisca; David Sincerbeaux and Matthew Gamette, Idaho State Police, Woody Richards, Attorney; Tony Smith, Benton Ellis; Mark Johnston and Darcy Aslett, Board of Pharmacy; Joie McGarvin, America's Health Insurance Plans; Julie Taylor, Blue Cross of Idaho; John Watts, Veritas Advisors.

Chairman McGeachin called the meeting to order at 2:52 p.m.

MOTION: **Rep. Bilbao** made a motion to approve the minutes of February 10 and February 16, 2012. **Motion carried by voice vote.**

H 502: **Mark Johnston**, Executive Director, Board of Pharmacy, presented **H 502**, legislation that aligns the statute with the 2011 Drug Enforcement Agency (DEA) update, and deletes all reference to human chorionic gonadotropin (HCG), which has no potential for abuse and is not federally scheduled. By an amendment, synthetic tetrahydrocannabinol language is updated.

MOTION: **Rep. Chew** made a motion to send **H 502** to the floor with a **DO PASS** recommendation.

Responding to questions, **Mr. Johnston** stated that the schedule is annually reviewed and updated, with change notification via quarterly newsletters, website notifications, and fax blasts.

AMENDED MOTION: **Rep. Chew** made an amended motion to send **H 502** to General Orders with amendments attached. **Rep. Wood** seconded the motion. **Motion carried by voice vote. Rep. Chew** will sponsor the bill on the floor.

H 503: **Susie Puliot**, Idaho Medical Association, presented **H 503**, legislation to clarify when a prescription can be written without a provider-patient relationship. She explained that previous legislation to restrict internet prescribing has hindered medical providers and detailed the seven circumstances now allowed.

Dieuwke Dizney-Spencer, Chief, Bureau of Clinical and Preventive Services, Division of Public Health, testified in **support** of **H 503**, describing a meningitis occurrence at a college and how quick dispensing medication minimized the infectious disease toll.

Hannah Brass, Legislative Director, Planned Parenthood, testified in **support** of **H 503**, stating that the change allows expedited partner therapy for sexually transmitted infections.

Dr. Stephanie Long, Family Medicine Residency of Idaho, testified in **support** of **H 503**, stating that this legislation allows care to be provided in an effective manner in a number of settings.

MOTION: **Rep. Wood** made a motion to send **H 503** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Wood** will sponsor the bill on the floor.

Chairman McGeachin turned the gavel over to **Vice Chairman Bilbao**.

H 555: **Rep. McGeachin** presented **H 555**, establishing a Federal Health Care Oversight Committee, by amending an existing code committee structure, to work with the executive branch of government on health care challenges. The joint committee will contain five Speaker appointed House members and five President Pro Tempore appointed Senate members, with majority and minority representation. The committee will meet at the call of the Chair, subject to approval by the Speaker and President Pro Tempore.

Rep. McGeachin stated that the committee will provide oversight, policy direction, and recommendations with respect to any federal health care regulation, law, or initiative, detailing examples of each. Prior to implementing portions of the federal health care reform, a report will be required from applicable agencies listing the impact, implementation, cost to implement, and non compliance consequences.

She said that the Governor's concerns about the legislative and executive separation of powers led to this bill, which is a revision of **H 529**, and structures the committee as a reporting mechanism that makes recommendations, subject to the limitations of the U.S. and Idaho constitutions.

Responding to questions, **Rep. McGeachin** stated that any mandates from Human Health Services (HHS) to the DHW that arrive after adjournment would require a report to the oversight committee, although the DHW could start activity immediately. This legislation may not apply if a non-government Health Insurance Exchange was established. She emphasized that this non-regulatory committee would oversee health care reform to assure a new federal law doesn't interfere with what is already occurring at the state level.

Rep. Roberts commented that, although he would prefer to retain jurisdiction in the legislative branch, he respects the executive branch's desire to be involved. He suggested that the Patient Protection and Affordable Care Act of 2009 may not be the last version from Washington D.C. and a legislative focus group is a good way to support this issue since the Health Care Task Force has other issues to handle.

MOTION: **Rep. Roberts** made a motion to send **H 555** to the floor with a **DO PASS** recommendation.

Rep. Rusche commented that **H 555** has significant problems, including 39-9005 (2), which states that "Prior to implementing any portion of federal health care reform that is passed by the United States congress after March 1, 2010, an Idaho department or agency shall report to the special oversight committee on health care reform established in section 67-456, Idaho Code." He said that this indicates that the legislature has to be involved before anything can be done, which is an undue restriction. **Rep. Rusche** stated he also disagreed with the author on Section 1 and would, for these reasons, be voting "no."

VOTE ON MOTION: **Rep. Bilbao** called for a vote on the motion to send **H 555** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Reps. Rusche** and **Chew** requested they be recorded as voting **NAY**.

H 529 MOTION: **Rep. Roberts** made a motion to **HOLD H 529** in committee. **Motion carried by voice vote.**

Vice Chairman Bilbao returned the gavel to **Chairman McGeachin**.

PRESENTATION: **David Simnitt**, Deputy Administrator, Division of Medicaid, DHW, presented an update on the Children's System Redesign Implementation. He provided a short history of children's developmental disabilities services (DD) and described the various committees and groups in the project structure. The redesign objectives include increased family involvement, maintenance of existing supports, elimination of conflicts of interest, evidenced-based therapy services, support service options, and maintenance of cost.

Mr. Simnitt said that the redesign involved the change from a one-size-fits-all system to a level of need continuum of care system that includes supports, respite, parent training, and therapy. The DD methodology assigns budget categories based on research and level of care needs with an array of services outside the budget. He detailed an example of a \$14,900 waiver budget for a 12-year old, including school provided services.

The phased implementation described by **Mr. Simnitt** requires simultaneously operating two systems to allow a gradual transition. He said that the assessment and case management services have been available since July 1, 2011, new benefits were available as of October 1, 2011, and 119 families are currently receiving the new services. A statewide independent assessment contract is in place; however, there are only two case management contracts (Ada and Canyon Counties), so department staff continue to provide case management for other areas of the state while contracts are pursued.

Responding to questions, **Mr. Simnitt** stated that he did not have the dollar amount paid per eligible individual with him and estimated it to be 3,300 children receiving \$12-16,000 per year. He remarked that the crisis management plan recognizes individual needs or triggers and could include family training, additional staff, or a short-term out-of-home placement as the needed services are developed or reassessed. **Mr. Simnitt** explained that the developmental therapy (DT) and intensive behavioral intervention (IBI) will eventually be removed and replaced with comprehensive habilitation services.

Chad Cardwell, Field Program Manager, Division of Family and Community Services, DHW, presented an update on Children's Redesign System Operations. He discussed the number of applications sent to parents, completed by parents, and families receiving redesign services. He then commented on outreach efforts to parents and providers, including meetings, transition letters, and website announcements. He said they had contacted 34 of the 50 identified participants from the Idaho Parents Unlimited, Inc., (IPUL) Parent Feedback Survey Report of January 12, 2011, with positive results, and are working with survey originators to better understand all responses.

Mr. Cardwell stated that implementation challenges include the delay in additional case management contracts, operating two systems simultaneously, and providers not offering the new services. It has become clear from comments that they also need to make the literature easier to understand.

He said they continue moving children into the new system, establishing additional case management contracts, monitoring the program, and increasing their outreach to families who have not responded to application notices or have expressed confusion.

Responding to questions, **Mr. Cardwell** stated that current enrollees are from metropolitan areas, since rural contracts do not exist at this point. They are currently negotiating a contract for region seven. He said they do not accept bids that are beyond their budget and that rural areas remain challenged by access to professionals.

He remarked that the IPUL survey's lack of personal information makes it difficult to follow up individually on the issues expressed, except for the 50 families who filled in the information. They are contacting those families, which is the first step to better understanding the problems. The next step is to contact eligible families who are not on the program and setting up one-on-one meetings. They are also working with IPUL to synchronize future surveys.

Mr. Cardwell remarked that DD waivers has a quality control system to monitor items that reflect regression issues, which typically happen at the one-year mark.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 5:16 p.m.

Representative McGeachin
Chair

Irene Moore
Secretary