

**AMENDED #1 AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
1:30 P.M.
Room EW42
Thursday, January 12, 2012**

SUBJECT	DESCRIPTION	PRESENTER
	Organizational Meeting	
	Discussion of Rules Process	
	Patient Protection and Affordable Care Act (PPACA) Implementation in Idaho	
	- Health Insurance Exchange	
	- Medicaid Readiness	

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman McGeachin

Vice Chairman Bilbao

Rep Loertscher

Rep Shepherd

Rep Thayn

Rep Wood(27)

Rep Guthrie

Rep Roberts

Rep Rusche

Rep Chew

COMMITTEE SECRETARY

Irene Moore

Room: EW14

Phone: (208) 332-1138

email: imoore@house.idaho.gov

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, January 12, 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:** Representative(s) Loertscher, Shepherd
GUESTS: Dennis Tanikuni, Idaho Food Bank; Heidi Low, ACS CAN; Sarah Fuhriman, Roden Law Office; Elizabeth Criner, John Waffs, Veritas Advisors LLP; Tony Smith, Benton Ellis; Joi McGarvin, America's Health Insurance Plans; Julie Taylor, Blue Cross of Idaho; Frank Powell, Department of Health & Welfare; Hannah Brass, Planned Parenthood; Ryan Fitzgerald, Principle Strategic; Brent Olmstead, Magellan Health Services; Kathie Garrett, Idaho Academy of Family Physicians; Jayson Bonk, Idaho Association of Commerce & Industry; Colley Cameron, Sullivan Reberger Eiguren; Corey Surber, Saint Alphonsus; Mrs. G. Westlake, Idaho Resident.

Chairman McGeachin called the meeting to order at 1:34 p.m.

Chairman McGeachin welcomed the members of the committee and introduced the page, Abby Prigge.

Chairman McGeachin stated that the rules process would be the same as last session, including online documentation, so every committee member must bring a computer to each meeting.

Chairman McGeachin then had the pages file into the committee room with printed copies of the Patient Protection Affordable Care Act (PPACA), which were handed out to each committee member. She stated that she had the nine hundred and six page Act printed since it would be integral during this session and each member would need to be familiar with it in order to clarify and delve into the issues brought before the Committee.

She emphasized that this was not required reading and talked about the law and some of it's resulting concerns. She also pointed out that the costs for printing were from her own funds and not through the state, commenting that printing costs were lower through a private Boise business than in the Capitol Print Shop.

Chairman McGeachin said that she will also be facilitating meetings, beginning next Tuesday at 4:00 p.m. in a room yet to be determined. The meetings will focus on reviewing the parameters of the establishment of the law. She then read a portion of the Act describing the exchange basic functions. She stated that education about the PPACA is necessary to cast a vote.

Rep. Rusche requested clarification if we were addressing state or federal law.

Chairman McGeachin responded that it is part of the educational process, with choices given in the federal law to assist with the establishment of an exchange, so we need to know what is being asked of our state and if we agree with the request.

Rep. Rusche stated that he appreciates a fair, open discussion of consequences or decisions.

Rep. Wood stated that the health care reform occurs in two laws and the Committee needs to be cognizant that there is another half of the reform that may not be represented in the document presented to them.

Chairman McGeachin agreed that the Committee needed to keep that in mind as the session progresses.

Rep. Rusche requested that notice of the educational meetings be made public enough in advance so anyone wishing to attend can be there to compare their knowledge.

Chairman McGeachin reiterated that there is a lot to learn about the Act and the meeting sessions will definitely be posted publicly, including the date, time, and location, so anyone who wishes can attend.

ADJOURN:

There being no further business to come before the committee, the meeting was adjourned at 1:54 p.m.

Representative McGeachin
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
 1:30 P.M.
 Room EW42
 Monday, January 16, 2012

SUBJECT	DESCRIPTION	PRESENTER
	Idaho State Board of Pharmacy	Mark Johnston, Executive Director
27-0101-1101	Chapter Repeal	
27-0101-1102	Chapter Rewrite to promulgate new and reorganized rules to provide Board licensees and registrants an updated and more comprehensive set of rules governing the practice of pharmacy in Idaho.	
RS20811	Prescription Monitoring Program (PMP) data to practitioners licensed outside of Idaho	
	Idaho State Board of Dentistry	Susan Miller, Executive Director
19-0101-1101	The proposed rule change will correct an unintended negative impact to licensees; delete an advertising standard; distinguish incorporated documents as professional standards; correct conflict regarding dental hygienist rules of practice; clarify board's role in approving dental assistant curriculum; and, make some general housekeeping changes.	
19-0101-1102	The proposed rule change will authorize a dentist who holds a moderate enteral sedation permit to administer enteral sedation to patients who are sixteen (16) years of age and older and one hundred (100) pounds and over.	
Presentation	Health Care Costs In The Nation	Rep. Thayn

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman McGeachin	Rep Wood(27)
Vice Chairman Bilbao	Rep Guthrie
Rep Loertscher	Rep Roberts
Rep Shepherd	Rep Rusche
Rep Thayn	Rep Chew

COMMITTEE SECRETARY

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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, January 16, 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:** Representative Shepherd

GUESTS: Nancy Kerr, Board of Medicine; Glen Luke, Board of Pharmacy; Michael Groessinger, Rolando Rodriguez, Sean Weber, Yishane Memerran, Jessie Vitke, Cristi Dambitis, Elizabeth Thompson, Yanjie Zou, Idaho State University Pharmacy; Susan Miller, Board of Dentistry; Benjamin Davenport, and Max Greenlee, Risch Pisca; Molly Prongaman, Idaho Resident; Tony Smith, and Larry Benton, Benton Ellis; Jeremy Pisca, PhRMA; Dennis Stevenson, Department of Administration; Joie McGarvin, Americas Health Insurance Plans; Kerry Ellen Elliott, Idaho Public Health Districts; Kathy Garrett, Partners in Crises; Corey Surber, St. Alphonsus; Lyn Darrington, Regence Blue Shield of Idaho.

Chairman McGeachin called the meeting to order at 1:33 p.m.

DOCKET NO. 27-0101-1101 **Mark Johnston**, Executive Director, Board of Pharmacy, presented **Docket No. 27-0101-1101**, a repeal of existing rule.

Chairman McGeachin instructed **Mr. Johnston** that the committee would hear **Docket No. 27-0101-1102** first and then vote on both dockets.

DOCKET NO. 27-0101-1102 **Mark Johnston**, Executive Director, Board of Pharmacy, presented **Docket No. 27-0101-1102**, which is a rewrite that updates, aligns, streamlines, and better defines current practices. It also adds new fees and makes more efficient use of staff.

Mr. Johnston stated that overlaps of federal law and Idaho Code were eliminated. Additionally, this rewrite consolidated information repeated in multiple areas, including updated definitions. Poison control instructions and archaic information were deleted or updated.

Several areas were standardized, including record retention, applications, discipline, and reinstatement. Sections were created to cover specific topics in a sequence that separates licensing and registration from practice standards.

The electronic record keeping system was improved to detail requirements, audit trails, security, back up, downtime and grandfathering. Other electronic updates include specifying parameters of patient counseling documentation, drug order validity, and dispensing total prescription quantity. The pharmacist independent practice was expanded to include and detail crossing state lines.

Labeling is now defined in four sections: standard, institutional facility, parenteral admixture, and prepackaged product. Automatic dispensing and storage (ADS) was modified to address institutions, retail, filled prescriptions, access, stocking, security, reports, pharmacist reviews, and returned or wasted drugs.

The student pharmacist section was expanded to include discipline, eliminate direct supervision, include the use of phones and name badges, and remove the annual renewal.

Changes to the Technician section eliminated the verification program, increased the in-training annual renewal, and revamped prohibited tasks.

Unprofessional conduct was updated to allow the board to take action without having to prove addiction.

Pharmacy rules were changed to include Lexicomp, locations of bathrooms, alarm requirements, breaks by Pharmacists within a drug outlet, security of the pharmacy, and better defined closing parameters. A Pharmacist's absence in a hospital was also addressed to cover Registered Nurse access requirements and log, E-kits, crash carts, floor stock, and emergency room dispensing.

Retail Telepharmacy was expanded from the pilot program and now includes regulations for constant audio/visual use, technician capabilities, and maintenance of records at a remote site.

The Institutional Rules Review Committee section includes responsibilities by the hospital, the director, and parameters for both administration and destruction of prescriptions.

Drug outlet changes included a revamp of veterinary drug outlet order processing and provides for inspection of in-state-manufacturers. Rules covering positive identification, ADS, counseling documentation, sterile product preparation, and drug packaging and storage.

Mr. Johnston remarked that the Board of Medicine was concerned with the definition of pharmaceutical care services and the use of the word "complete". Additional concern was voiced by the Veterinarians regarding the requirement of new Drug Enforcement Administration (DEA) weekly reports for controlled substances. Their concern hinged on the small quantities of controlled substances that are dispensed and the additional time and/or cost of weekly reporting. Mr. Johnston stated that this regulation has been in effect for ten months and is working smoothly. Focus is on education of the new reporting requirements, not on disciplinary action. Reports can be e-mailed or faxed and his office will enter the information into the system.

In response to committee questions, **Mr. Johnston** stated that the drug disposal rule was designed to be in keeping with federal guidelines. The goal for professional conduct is covered in other agency rules, so they focused on protection of the consumer. Drug disposal is handled through a reverse distributor.

Nancy Kerr, Executive Director, Idaho Board of Medicine, spoke **in favor** of **Docket No. 27-0101-1102**, stating that they had no interest in striking **Section 11.09** because of one word. Instead they will work with Mr. Johnston to address the issue.

MOTION: **Rep. Wood** made a motion to accept **Docket No. 27-0101-1102**. **Motion carried by voice vote.**

MOTION: **Rep. Wood** made a motion to accept **Docket No. 27-0101-1101**. **Motion carried by voice vote.**

RS 20811 **Mark Johnston**, Executive Director, Board of Pharmacy, presented **RS 20811**, legislation to allow release of Prescription Monitoring Program (PMP) data to practitioners licensed outside of Idaho. It also covers when the access may be blocked for cause, misdemeanor charges for not safeguarding the information, and a proposal that other misdemeanor charges become felonies.

An amendment to **RS 20811** was presented to the committee to be included as **Section 2**. It stipulates that the Board of Pharmacy maintains the prescription tracking program, under what conditions information from the tracking program can be released, and to whom.

- MOTION:** **Rep. Rusche** made a motion to introduce **RS 20811** with the additional amendments as defined in the distributed copies. **Motion carried by voice vote.**
- DOCKET NO. 19-0101-1101:** **Susan Miller**, Executive Director, Idaho State Board of Dentistry, presented **Docket No. 19-0101-1101**, which is legislation that clarifies professional standards, non compliance of those standards, the restorative function, and updates terminology, advertising standards, and continuing education.
- MOTION:** **Rep. Wood** made a motion to approve **Docket No. 19-0101-1101**. **Motion carried by voice vote.**
- DOCKET NO. 19-0101-1102** **Susan Miller**, Executive Director, Idaho State Board of Dentistry, presented **Docket No. 19-0101-1102**, a rule change that authorizes a dentist with a moderate enteral sedation permit to administer enteral sedation to patients who are sixteen years of age and one hundred or more pounds. This is a decrease from the current minimum of 18 years of age.
- Responding to questions from the committee, **Ms. Miller** stated that the American Dental Association (ADA) standard is a minimum of 12 years of age. Oregon and Washington follow the ADA suggested age.
- MOTION:** **Rep. Wood** made a motion to accept **Docket No. 19-0101-1102**. **Motion carried by voice vote.**
- PRESENTATION:** **Rep. Thayne**, Idaho House of Representatives, spoke on "Reduce Medical Costs - Focal Point of Entitlement Reform".
- In his presentation, **Rep. Thayne** listed the reasons the Department of Health and Welfare (DHW) budget is unsustainable due to the increasing percentage of the general fund, growth of the population served, rising medical costs, economic uncertainty, and federal budget deficits.
- The biggest driver of the increase is medical costs, which includes medicaid, state employee health insurance, county and city insurance, public education insurance and the Catastrophic fund (CAT). He then discussed the historical and projected medical costs, and the percent of Gross Domestic Product (GDP). **Rep. Thayne** compared a variety of categories between Singapore and the United States (USA), with a total expenditure on health as a percentage of GDP to be 3.4 (Singapore) to 15.3 (USA).
- Medical costs are increasing due to a variety of reasons. Among those are over usage, which includes extra tests and emergency room visits for non-emergency procedures. Other factors include third party payers paying from first dollar cost, abuse, fraud, paperwork costs, lawsuits, and a departure from free market principles. He stated that few patients know what a procedure actually costs. The Patient Protection Affordable Care Act (PPACA) moves us into a third party payer environment.
- Rep. Thayne** stated that health insurance used to be for unexpected costs and has developed into a prepaid medical care system. The proposed PPACA and Health Exchanges are expensive, grow government, harm the economy, and weaken the people. These systems will lead to increased government involvement, which pays the first dollar and provides no connection between use and payment. This transfers power to make choices and control costs from the person to the insurance or government agents.
- He then suggested a better way would be to empower people to make those choices and control the money. This could be through a high-deductible policy, a health savings account (HSA) they control, and transparency of cost. A high-deductible policy could save over \$9,000 per state employee and offer several insurance options. Savings could be as much as \$35,000,000 in the second year.

In his vision, **Rep. Thayn** would have legislators lead the way to the new options, then the plan would be open to all state workers, followed by city and county workers after some history and success. Next, the public school employees could be included and then everyone in the private sector. This alternate plan could replace federal Medicaid with a state-run system not dependent upon federal funding.

He cautioned that once the bureaucracy is in place there will be no turning back and the only way out would be for the economy to collapse and the government to back out of its promises.

Representative McGeachin
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
1:30 P.M.
Room EW42
Wednesday, January 18, 2012

SUBJECT	DESCRIPTION	PRESENTER
Presentation	Medicaid Readiness	Richard Armstrong, Director Department of Health & Welfare
	Licensing and Certification	
16-0417-1101	Establish Residential Habilitation Program Coordination for Certified Family Home (CFH) Providers.	Eric Brown, Program Supervisor DDA/RH Survey and Certification
16-0319-1101	Certified Family Home (CFH) Licensing Fee Changes.	Debbie Ransom, Chief Bureau of Facility Standards
RS20876	Early Childhood Coordinating Council	Rep. Phylis King

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman McGeachin
Vice Chairman Bilbao
Rep Loertscher
Rep Shepherd
Rep Thayn

Rep Wood(27)
Rep Guthrie
Rep Roberts
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, January 18, 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:** Representative Loertscher

GUESTS: Wendy Norbom, Kami Norbom, Amika Dupree, Doug McKnight, Ruth McKnight, Kathie Garrett, Mike Sandvig, John Tanner, National Alliance on Mental Illness; Christine Tiddens, and Lancus Rossi, Catholic Charities of Idaho; Debby Ransom, Eric Brown, Frank Powell, Department of Health and Welfare (DHW); Michael Wilson, Idaho Residential Support Living Association (IRSLA); Delanie Valentine, Easter Seals-Goodwill; Ed Hawley, Department of Administration; Corey Surber, Saint Alphonsus; David Simnitt, Medicaid; Elwood Kleaver, Department of Insurance; Joie McGarvin, America's Health Insurance Plan; Katherine Hansen, Community Partnerships of Idaho; Colby Cameron, Sullivan Reberger Eiguren.

Chairman McGeachin called the meeting to order at 1:31 p.m.

MOTION: **Rep. Bilbao** made a motion to approve the minutes of the January 12, 2012, meeting. **Motion carried by voice vote.**

PRESENTATION: **Richard Armstrong**, Director, Department of Health & Welfare (DHW) presented to the committee on "Medicaid Readiness". He discussed briefly the correlation between the Patient Protection & Affordable Care Act (PPACA), Medicaid rules and eligibility, Exchange rules and Internal Revenue Service (IRS) rules.

Director Armstrong stated that there are three federal requirements that will be handled in phases over the next 23 months. He added that pending Supreme Court rulings will impact phases two and three. The first phase, simplification, involves modifications which have long been considered by several programs, including Medicaid. Medicaid expansion of eligibility to all qualifying adults is the second phase. The final phase addresses connection to insure data and information is shared, requirements are met and systems are streamlined.

He then explained the distinctions and funding options of Medicaid readiness and the exchange, which is yet to be determined and defined by the federal government. The enhanced match on new eligible populations will gradually decrease by 2020 and the subsidy management portion will be coordinated with the IRS.

Connection will require the systems to interface with an exchange to share eligibility information. Real time enrollment will use a new seamless application process, with integration of application portals.

Director Armstrong remarked that the DHW goals are to effectively implement the required law, insure technology or functionality implemented provides overall value to the system, and implement it in line with the federal information release.

The total cost for Medicaid readiness is \$34.8M. Of that amount, \$23.1M modifies Idaho's Benefit and Eligibility System (IBES), \$4.5M modifies Medicaid Management Information System (MMIS), and \$7.2M improves the technology infrastructure.

Phase one will deal with current system interface issues and archaic paper-based verification processes. It will improve customer service, adding 24-hour service, and provide for a disaster recovery system. These solutions would be more costly under welfare funding at 50/50 than with the Medicaid Enhanced Funding at 90/10. This phase uses the bulk of the funds and will take 14 months of the 23-month project. During that time he expects the federal government to provide more information on the exchange program. Additional programs, such as the Temporary Assistance for Families in Idaho (TAFI), Idaho Child Care Program (ICCP), Aid to the Aged, Blind and Disabled (AABD), and Food Stamp Program (FS) will also benefit from the system-wide improvements.

Phase two, which is expected to be implemented in October, 2013, will address modifications to IBES which were not done when it was purchased and will insure Idaho can meet the new federal reporting requirements. The improvements will allow for 100,000 new eligible clients. The date and phase allow for compliance of new federal rules to insure certification and pending legal rulings.

Phase three deals with federal compliance, requiring interface with the exchange, real-time data sharing, reporting continuity, and integration of portals.

Director Armstrong remarked that the phases were designed to provide immediate improvements early and often. The changes will also improve long-term business value and administrative processes. Once completed, the Medicaid program will be more effective with capacity gains and reduced future costs.

Responding to questions, **Director Armstrong** stated that the original IBES cost was \$250M, with additional implementation costs of \$27M for IBES and \$36M for MMIS. All costs have been paid. He also indicated that the information shared with the IRS will be provided through Medicaid applications, and not necessary for those applying directly to the Exchange, unless they apply first for Medicaid eligibility. The template referred to in federal law does not exist yet, only bits and pieces. He anticipates that this and other guidelines will be provided closer to the 2013 deadline, which was a consideration when the phases were designed. Medicaid does not require each state have the same system, so he expects that the portal connectivity will follow those guidelines.

Director Armstrong answered additional questions, stating that the few existing companies who could design and sell exchange systems are already working with the federal government at a better rate than they could get from states such as Idaho. The uniqueness of IBES and it's connection with Molina makes it more improbable that any outside company could offer a package that would be attractive. He shared his concerns about meeting the federal deadline, stating that he had sent a letter to Secretary Sebelius and has had no response. He then stated that previous discussions indicate some federal leniency, although it is restricted since this is a statute.

**DOCKET NO.
16-0417-1101**

Eric Brown, Program Supervisor, State Licensing and Certification (the Department) presented **Docket No. 16-0417-1101** which clarifies the certification requirements for residential habilitation agency providers, the health and safety critical incident reporting requirements, and certification enforcement procedures.

Responding to a question, **Mr. Brown** stated that there was no contest to any of the language in the rules, but there was discussion about the reporting process. He added that they are working with providers at this time to remedy their concerns.

Michael Wilson, Representative, Idaho Residential Supportive Association, spoke in opposition to **Docket No. 16-0417-1101**, stating that **Section 404.04** involves critical incident reporting and is of concern because they do not define what the approved process is and what constitutes an incident rising to "critical" level. This lack of a clear definition can lead to over reporting and lack of efficiency. Protocol requires basic reporting with additional supporting documentation submitted within a time frame that is not stated in this section. There is also no exception for weekend or holiday reporting, although the Department is closed. Larger agencies may need a full time employee to comply with the additional paperwork necessary. His association is also concerned that passing **Docket No. 16-0417-1101** without changes will diminish the incentive for the Department to work with providers to capture data in a better way. Mr. Wilson requested that the committee reject **Section 404.04**.

In response to questions, **Mr. Wilson** said assurances today that the Department will continue working on this issue are good, but are not binding if there are staff changes in the future.

MOTION: **Rep. Wood** made a motion to approve **Docket No. 16-0417-1101**.

In support of the motion, **Rep. Wood** stated that both the DHW and the legislature share a willingness to assure that industry is not burdened by too many regulations, bearing in mind that patient safety is paramount.

SUBSTITUTE MOTION: **Rep. Thayn** made a motion to approve **Docket No. 16-0417-1101** with the exception of **Section 404.04**.

Eric Brown was called upon to answer a question posed by the committee regarding working on the definition while the docket is before the committee. He stated that the Department and provider association are working on defining the process and the Bureau Chief is heading the team that is writing the procedure, and the two groups are working actively together to get a final product that will not burden the providers.

Upon additional questions, **Mr. Brown** deferred to **David Simnitt**, Deputy Administrator, Division of Medicaid, who stated that they are working on the process, but are not sure how long it will take. He stated he would commit to continue to clear up the issue since federal assurances are required for impact and monitoring authority. In response to another committee question, Mr. Simnitt stated that this issue was addressed after incidences of death and injury.

VOTE ON SUBSTITUTE MOTION: **Chairman McGeachin** called for a vote on the substitute motion to accept **Docket No. 16-0417-1101** with the exception of **Section 404.04**. **Motion carried on voice vote.** **Reps. Wood, Rusche** and **Chew** asked to be recorded as voting NAY.

DOCKET NO. 16-0319-1101: **Debby Ransom**, Bureau Chief, Licensing and Certification, presented **Docket No. 16-0319-1101**, which aligns with **HB260** and the DHW 2012 appropriation. The staff administering the certification process for Certified Family Homes (CFH) is now solely funded by fees. These rules are associated with a one-time, non-refundable application fee of \$150 and a monthly certification fee of \$25 which is invoiced quarterly. The rules allow the Department to take action against the certificate if the provider does not pay the certification fees. In situations where the CFH is a family, the resident would still be eligible to received Home and Community Based waiver services.

In response to questions from committee members, **Ms. Ransom** stated that reduction of the next month's payment as a response to non-payment of quarterly invoices would have to go through the Molina system and would not be as clean a process. Additionally part of the opposition to the rule changes refers to the lack of CFH cost-of-living increases.

David Simnitt, Deputy Administrator, Division of Medicaid, stated, in response to a request by the committee for clarification, that there had been a minor increase in CFH income under the 2007 Rehabilitation Program, but he did not know the dollar amount.

MOTION: **Rep. Thayn** made a motion to approve **Docket No. 16-0319-1101** with the exception of **Subsection 02**.

Chairman McGeachin spoke in opposition to the motion, commenting that this was part of the Medicaid budget reduction, follows the intent of HB260 to meet financial obligations, and was negotiated with the association representing CFH although it may not speak for all of CFH.

Rep Bilbao spoke in support of the motion, stating that he is having difficulty since some CFH are struggling, acknowledging that although the reduction was passed, he thought something less than the \$25 would be more appropriate.

SUBSTITUTE MOTION: **Rep. Roberts** made a motion to approve **Docket No. 16-0319-1101**

Rep. Roberts spoke in support of the motion, stating that the issue was debated in the last legislature as part of budget scenarios and is one of those things that were part of the package. If there is interest in changing what was approved, then separate legislation needs to be presented to remove the fees since the fiscal impact on the general fund would be debated. This reflects code changes made last year.

ROLL CALL VOTE ON SUBSTITUTE MOTION: **Rep. Roberts** requested a roll call vote on **Docket No. 16-0319-1101**. **Motion passed by a vote of 6 AYE, 3 NAY, and 1 ABSENT. Voting in favor of the motion: Reps. Shepherd, Thayn, Wood(27), Guthrie, Roberts, McGeachin. Voting in opposition to the motion: Reps. Bilbao, Rusche, Chew. Absent: Rep. Loertscher.**

RS 20876 **Rep Phylis King** presented **RS 20876**, which affects the Early Childhood Coordinating Council. This legislation is similar to **SB 1080** and updates language, allows the collection of donated funds, connects stakeholders and codifies what is already in practice under Executive Order No. 2011-13F. It also changes the age range from 0-8 years to 0-5 years. This change was deemed necessary since education handles the needs from age 5.

MOTION: **Rep. Rusche** made a motion to introduce **RS 20876**. **Motion carried on voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 3:15 p.m.

Representative McGeachin
Chair

Irene Moore
Secretary

**AMENDED #1 AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
1:30 P.M.
Room EW42
Friday, January 20, 2012**

SUBJECT	DESCRIPTION	PRESENTER
16-0506-1101	Clarification of the process for receiving and accessing an applicant's criminal history check records.	Steve Bellomy Bureau Chief Audits & Investigations
16-0501-1101	Rule update to meet federal requirements for the Child Abuse Prevention and Treatment and Adoption Reform Act.	Shirley Alexander Child Welfare Program Manager
RS20965	Prohibit sales of electronic cigarettes with nicotine to minors.	Rep. Nonini

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman McGeachin
Vice Chairman Bilbao
Rep Loertscher
Rep Shepherd
Rep Thayn

Rep Wood(27)
Rep Guthrie
Rep Roberts
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Friday, January 20, 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:** Representative Shepherd

GUESTS: Fernando Castro, Shirley Alexander, Steve Bellomy, Frank Powell, Dave Taylor, Department of Health & Welfare (DHW); Dennis Stevenson, Legislative Services Office; Brad Hunt, Office of Autism Research Coordination (OARC); Heidi Low, American Cancer Society; Representative Bob Nonini, Idaho House of Representatives.

Chairman McGeachin called the meeting to order at 1:35 p.m.

DOCKET NO. 16-0506-1101: **Steve Bellomy**, Bureau Chief, Audits and Investigations presented **Docket No. 16-0506-1101**, which distinguishes between various manslaughter convictions that can be discovered in the background check process for various programs. Additional minor changes update references, as well as clarify and improve the usefulness of existing rules.

Mr. Bellomy explained that these changes were a result of a discovery last year of citizens who failed their background checks because of past vehicular manslaughter convictions. The Department reviewed the criminal code for manslaughter, the history of convictions in the state for three years, took an employer survey on how they wanted such charges treated, and held hearings for public comments.

Permanent disqualification would occur for voluntary manslaughter, involuntary manslaughter, vehicular manslaughter with gross negligence, and vehicular manslaughter under the influence of alcohol or drugs, as defined in Idaho Code 18-4006. There is a five-year disqualification when the conviction is for vehicular manslaughter with commission of an unlawful act not amounting to a felony and without gross negligence.

Responding to questions by the committee, **Mr. Bellomy** stated that opposition has not been active and has been regarding the five-year disqualification, with opposition on both sides of the issues

MOTION: **Rep. Thayn** made a motion to approve **Docket No. 16-0506-1101**. **Motion carried on voice vote.**

DOCKET NO. 16-0501-1101: **Shirley Alexander**, Child Welfare Program Manager, Division of Family and Community Services, presented **Docket No. 16-0501-1101**, legislation that addresses the parameters of confidential information release. She explained that this section was inadvertently deleted in 2004 when the rules were modified for the Health Insurance Portability and Accountability Act (HIPAA).

MOTION: **Rep. Rusche** made a motion to accept **Docket No. 16-0501-1101**. **Motion carried on voice vote.**

RS 20965: **Rep. Nonini**, Idaho House of Representatives, presented **RS 20965**, proposed legislation to make the sale of electronic cigarettes containing nicotine to minors illegal. Idaho law addresses only tobacco, not nicotine, which is a dangerous drug. This legislation was brought by the Panhandle Heath District for sponsorship and addresses a serious issue. In response to questions from the committee, Rep. Nonini stated that this would not impact sales to adults.

MOTION: **Rep. Wood** made a motion to introduce **RS 20965**. **Motion carried on voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 1:51 p.m.

Representative McGeachin
Chair

Irene Moore
Secretary

**AMENDED #1 AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
1:30 P.M.
Room EW42
Tuesday, January 24, 2012**

SUBJECT	DESCRIPTION	PRESENTER
<u>24-1001-1101</u>	Rules of the State Board of Optometry	Roger Hales Administrative Attorney Bureau of Occupational Licenses
<u>24-1101-1101</u>	Rules of the State Board of Podiatry	Roger Hales
<u>24-1301-1101</u>	Rules of the Physical Therapy Licensure Board	Roger Hales
<u>24-1401-1101</u>	Rules of the State Board of Social Work Examiners	Roger Hales
<u>24-1501-1101</u>	Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists	Roger Hales
<u>24-1601-1101</u>	Rules of the State Board of Dentistry	Roger Hales
<u>24-1701-1101</u>	Rules of the State Board of Acupuncture	Roger Hales
<u>24-1901-1101</u>	Rules of the Board of Examiners of Residential Care Facility Administrators	Roger Hales
<u>24-2301-1101</u>	Rules of the Speech and Hearing Services Licensure Board	Roger Hales

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman McGeachin
Vice Chairman Bilbao
Rep Loertscher
Rep Shepherd
Rep Thayn

Rep Wood(27)
Rep Guthrie
Rep Roberts
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, January 24, 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:** Representative Chew

GUESTS: Rodney White, Idaho State Board of Optometry; Shirlie Meyer, Board of Residential Care; Roger Hales and Brian White, Idaho Bureau of Licensing; Max Greenlee, Risch Pisca; Larry Benton and Tony Smith, Benton Ellis, Jon Glick, Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists.

Chairman McGeachin called the meeting to order at 1:30 p.m.

MOTION: **Rep. Bilbao** made a motion to approve the minutes of the January 18, 2012, and January 20, 2012, meetings. **Motion carried by voice vote.**

DOCKET NO. 24-1001-1101: **Roger Hales**, Administrative Attorney, Bureau of Occupational Licenses presented **Docket No. 24-1001-1101** on behalf of the State Board of Optometry. The rule changes are in keeping with **SB 1137** by eliminating the ballot process for appointment of board members and striking inconsistent language.

MOTION: **Rep. Thayn** made a motion to approve **Docket No. 24-1001-1101**. **Motion carried by voice vote.**

DOCKET NO. 24-1101-1101: **Roger Hales**, Administrative Attorney, Bureau of Occupational Licenses, presented **Docket No. 24-1101-1101** on behalf of the State Board of Podiatry (Board). This legislation is a fee increase for the 73 podiatric physician members, resulting from legal and other disciplinary expenses. It will affect annual license fees, increasing them to \$500, for an annual revenue of \$7,000. The Board is currently \$170,000 in the red with \$32,000 in revenue and \$44,000 - \$60,000 in annual expenses. They continue to minimize other expenses to turn this around and be self-sufficient.

Responding to committee questions, **Mr. Hales** stated that there is a mechanism in place to recover costs and court fees in a normal disciplinary setting, but may be of little help in their current legal situation. He speculated that financial recovery could take a number of years, and emphasized that the Board is very conscious of the situation.

MOTION: **Rep. Roberts** made a motion to accept **Docket No. 24-1101-1101**. **Motion carried by voice vote.**

DOCKET NO. 24-1301-1101: **Roger Hales**, Administrative Attorney, Bureau of Occupational Licenses, on behalf of the Physical Therapy Licensure Board, presented **Docket No. 24-1301-1101**, which amends continuing education rules to clarify the number of hours required and the relevant courses approved from specific entities.

MOTION: **Rep. Wood(27)** made a motion to accept **Docket No. 24-1301-1101**. **Motion carried by voice vote.**

DOCKET NO. 24-1401-1101: **Roger Hales**, Administrative Attorney, Bureau of Occupational Licenses, on behalf of the State Board of Social Work Examiners, presented **Docket No. 24-1401-1101**, a rule change that defines the approved colleges or universities, establishes improved accredited social work programs, and reserves the right to approve additional programs.

- MOTION:** **Rep. Bilbao** made a motion to accept **Docket No. 24-1401-1101**. **Motion carried by voice vote.**
- DOCKET NO. 24-1501-1101:** **Roger Hales**, Administrative Attorney, Bureau of Occupational Licenses, on behalf of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists, presented **Docket No. 24-1501-1101**. Mr. Hales detailed the updates, which include definitions, supervision specifications, code of ethics, board meeting schedule, informed consent form, professional requirements, accrediting bodies, qualifications, successful exams, public intern disclosure, out-of-state license transfer, rule copies, continuing education and practice expansion.
- In response to questions from the committee, **Mr. Hales** explained that the board attempted to streamline the out-of-state endorsement requirements with an approach that concentrates on the applicant's practice in the other state. **Chairman McGeachin** invited **Dr. Jon Glick**, Chairman, Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists, to reply to questions about the change in the board meeting dates. Dr. Glick stated that the original dates, established in 2002, proved inflexible with the various graduation schedules. Mr. Hales then explained the minimum of one hour face-to-face requirement. Upon invitation, Dr. Glick further explained the face-to-face requirement, stating that the term "consultation" was changed to "supervision," which better describes the role of directing students. Mr. Hales clarified that the supervision hours have always totaled 200, and now identifies the supervisory professionals for 100 of those hours, with no additional cost incurred. He stated that all changes were fully supported by the board members who are American Family Therapists.
- MOTION:** **Rep. Roberts** made a motion to accept **Docket No. 24-1501-1101**. **Motion carried by voice vote.**
- DOCKET NO. 24-1601-1101:** **Roger Hales**, Administrative Attorney, Bureau of Occupational Licenses (Bureau), on behalf of the Board of Dentistry, presented **Docket No. 24-1601-1101**, which requests an annual license renewal fee increase from \$600 to \$750. The last five years of revenue and expenses indicate that they are \$27,000 in the red, with an improvement from last year due to fines. The additional funds from the fee will increase their revenue to \$17,000, which is above the previous year's \$14,000 expenses, and should bring them back to self-sufficiency. Mr. Hales stated that there was no opposition to the increase expressed by the 21 members.
- In answer to committee questions, **Mr. Hales** explained that the members consider it important to have an independent board. He said that they issued two new licenses in 2011. The Bureau has a single expense account used by all boards under contract. The account does not require interest and, in the event any board runs out of money, it helps them continue their practice. The use of the account and the financial information of each board is tracked very closely and financial information for any board can be viewed on the bureau's website.
- MOTION:** **Rep. Rusche** made a motion to accept **Docket No. 24-1601-1101**. **Motion carried by voice vote.**
- DOCKET NO. 24-1701-1101:** **Roger Hales**, Administrative Attorney, Bureau of Occupational Licenses, on behalf of the Board of Acupuncture, presented **Docket No. 24-1701-1101**, which is a result of **H 46** and changes the status of a technician certificate to a trainee permit, as well as establishing fees for trainee applications, permits and renewals. Revisions include licensed acupuncturist, certified acupuncturist, and further defines teaching qualifications.
- MOTION:** **Rep. Bilbao** made a motion to accept **Docket No. 24-1701-1101**. **Motion carried by voice vote.**

DOCKET NO. 24-1901-1101: **Roger Hales**, Administrative Attorney, Bureau of Occupational Licenses, on behalf of the Board of Examiners of Residential Care Facility Administrators, presented **Docket No. 24-1901-1101**, which updates and clarifies the experience and educational qualifications for licensure as a Residential Care Facility Administrator, with board discretion for exceptions.

MOTION: **Rep. Roberts** made a motion to accept **Docket No. 24-1901-1101**. **Motion carried by voice vote.**

DOCKET NO. 24-2301-1101: **Roger Hales**, Administrative Attorney, Bureau of Occupational Licenses, on behalf of the Speech and Hearing Services Licensure Board, presented **Docket No. 24-2301-1101**, legislation that allows for licensure by endorsement and establishes the requirements and parameters for Idaho practice by out-of-state licensees.

MOTION: **Rep. Wood** made a motion to accept **Docket No. 24-2301-1101**. **Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 2:30 p.m.

Representative McGeachin
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
 1:30 P.M.
 Room EW42
 Thursday, January 26, 2012

SUBJECT	DESCRIPTION	PRESENTER
	<u>Division of Public Health</u>	
<u>16-0101-1101</u>	Emergency Medical Services (EMS) Advisory Committee	Wayne Denny, Manager, Idaho EMS Bureau Standards and Compliance
<u>16-0107-1101</u>	EMS Personnel Licensing Requirements	Wayne Denny
<u>16-0107-1102</u>	EMS Personnel Licensing Requirement Fees	Wayne Denny
<u>16-0112-1101</u>	EMS Complaints, Investigations and Disciplinary Actions	Wayne Denny
<u>16-0203-1101</u>	Emergency Medical Services	Wayne Denny
<u>16-0225-1101</u>	Fees Charged by the State Laboratory	Dr. Chris Ball Bureau Chief, Idaho Bureau of Laboratories
	<u>EMS Physician Commission</u>	
<u>16-0202-1101</u>	Rules of the EMS Medical Services	Dr. Murry Sturkie, Emergency Medicine Physician

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman McGeachin	Rep Wood(27)
Vice Chairman Bilbao	Rep Guthrie
Rep Loertscher	Rep Roberts
Rep Shepherd	Rep Rusche
Rep Thayn	Rep Chew

COMMITTEE SECRETARY

Irene Moore
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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, January 26, 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:** None

GUESTS: Dr. Christopher Ball, Wayne Denny, Bev Barr, Idaho Department of Health and Welfare; Dr. Murry Sturkie, Emergency Medical Services (EMS) Physician Committee; Brad Hunt, Office of Autism Research Coordination.

Chairman McGeachin called the meeting to order at 1:36 p.m.

DOCKET NO. 16-0101-1101: **Wayne Denny**, Bureau Chief, EMS Bureau, Division of Public Health, presented **Docket No. 16-0101-1101** explaining that this and other dockets are being moved from **IDAPA 16, Title 02, Chapter 03** into individual chapters within **IDAPA 16, Title 01**. This legislation pertains to the EMS Advisory Committee (EMSAC) to change the seat formerly designated for the Board of Medicine to be held by the Idaho Transportation Department's (ITD) Office of Highway Operations and Safety.

Responding to questions from the committee, **Mr. Denny** stated that the Board of Medicine has not filled the seat since 2006 and have indicated they are not interested in filling it in the future, since there are physicians who attend the EMSAC meetings. The Board of Nursing is represented and is very active on the EMSAC.

Rep. Roberts noted the committee member descriptions and asked about rural services representation, expressing his concern that rural provider views be represented, and that the rules and regulations accommodate their unique situations. **Mr. Denny** stated that they are mindful that geographic statewide representation exists on the committee and that volunteer Emergency Medical Technicians (EMT) be well represented. He detailed the outcome of the twelve rural town hall meetings and said that EMSAC is cautious to not write specific area rules.

MOTION: **Rep. Thayn** made a motion to approve **Docket No. 16-0101-1101**. **Motion carried by voice vote.**

DOCKET NO. 16-0107-1101: **Wayne Denny**, Bureau Chief, EMS Bureau of the Division of Public Health, presented **Docket No. 16-0107-1101**, legislation for personnel licensure, which updates the standards of professional conduct, initial EMS licensure, certification examination, personnel transition, terminology, continuing education, eligibility, lapse or loss of license, renewal requirements, and references to other rules.

In response to question, **Mr. Denny** said that they found online courses to take less time than comparable courses in a classroom and modified the continuing education hours to reflect that difference. He also referred to the 2011 legislative session ski slope personnel issue, stating that the ski patrol members are not reflected in the regulations. Feedback from rural areas about volunteer time and affordability led to the removal of the refresher course requirement.

MOTION: **Rep. Wood** made a motion to approve **Docket No. 16-0107-1101**. **Motion carried by voice vote.** **Reps. Roberts** and **Shepherd** asked to be recorded as voting NAY.

DOCKET NO. 16-0107-1102: **Wayne Denny**, Bureau Chief, EMS Bureau of the Division of Public Health, presented **Docket No. 16-0107-1102**, companion legislation to personnel licensure rules, with unchanged licensure fees for EMS personnel.

- MOTION:** **Rep. Guthrie** made a motion to approve **Docket No. 16-0107-1102**. **Motion carried by voice vote.**
- DOCKET NO. 16-0112-1101:** **Wayne Denny**, Bureau Chief, EMS Bureau of the Division of Public Health, presented **Docket No. 16-0112-1101**, which pertains to the increased need for direct management and investigations. Updates include the complaint intake process, when an investigation will be opened, the types of violations, subsequent licensure actions, administrative and confidentiality details, the peer review process, the procedure to levy fines, and the reinstatement of revoked licenses.
- MOTION:** **Rep. Bilbao** made a motion to approve **Docket No. 16-0112-1101**. **Motion carried by voice vote.**
- DOCKET NO. 16-0203-1101:** **Wayne Denny**, Bureau Chief, EMS Bureau of the Division of Public Health, presented **Docket No. 16-0203-1101**, legislature that contains housekeeping updates, with no substantive changes.
- MOTION:** **Rep. Rusche** made a motion to approve **Docket No. 16-0203-1101**. **Motion carried by voice vote.**
- DOCKET NO. 16-0225-1101:** **Dr. Christopher Ball**, Chief, Bureau of Laboratories, presented **Docket No. 16-0225-1101**, which updates and simplifies the rules governing fees charged by the Bureau of Laboratories, rectifying problems from the 2009 rule rewrite. Changes simplify test menus, eliminate technical jargon, and make the content more durable and flexible. Additional changes consolidate test information into panels and delete the reference section. Fee changes that occurred with resultant increases and decreases are expected to have no net impact on receipts.
- In response to questions from the committee, **Dr. Ball** stated that needed tests from panels could be run and billed individually, under a "not otherwise specified" denotation to keep from overcharging the customer.
- MOTION:** **Rep. Rusche** made a motion to approve **Docket No. 16-0225-1101**. **Motion carried by voice vote.**
- DOCKET NO. 16-0202-1101:** **Dr. Murry Sturkie**, Emergency Physician at St. Luke's Medical Center, Chairman, EMS Physician Commission, presented **Docket No. 16-0202-1101**, legislation resulting from the Scope of Practice changes necessary for integration with the overall health care and nationwide licensure systems.
- Changes include the version number, medical supervision plan request, terminology that clarifies supervision plans, effective date, ultimate process models, eligibility for each licensure level, state-specific education, and any other skills restrictions. Extrication awareness is a knowledge requirement and was removed from the skills grid.
- Responding to committee questions, **Dr. Sturkie** stated that EMS Directors will only submit medical supervision plans upon request by the EMS Bureau since the annual review of one hundred and fifty agency plans is not feasible. He then discussed the curriculum license level changes, noting that they include national and idaho-specific requirements. Dr. Sturkie detailed the most controversial change, the deletion of the EMT airway management requirement. Optional modules for the curriculum levels are also noted. Practices outside of the skill scope could be investigated and subject to liability. There are new procedures which are often easier skills to maintain and on a par with deleted skill requirements.
- Rep. Wood(27)** commented that more time is needed to review the charts. **Rep. Roberts** stated that he would like time to review the changes and get input from his constituents.
- MOTION:** **Rep. Wood(27)** made a motion to **HOLD Docket No. 16-0202-1101** for time certain February 1st, 2012. **Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 2:56 p.m.

Representative McGeachin
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
1:30 P.M.
Room EW42
Monday, January 30, 2012

SUBJECT	DESCRIPTION	PRESENTER
Presentation	Idaho Department of Correction and Idaho Criminal Justice Commission Updates	Dr. Brent Reinke Chairman
RS20814C1	Fees/Taxes, Insurance Funding	Paul Leary Administrator Medicaid Plan
RS20985	Nursing Home, Administrator-In-Training	Robert Vande Merwe Idaho Health Care Association
RS20948	County and Catastrophic Board, Indigent Health Care Costs	Tony Poinelli Idaho Association of Counties
H 405	Electronic Cigarette Sales to Minors	Representative Nonini
H 388	Early Childhood/Intervention Services	Representative King

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman McGeachin
Vice Chairman Bilbao
Rep Loertscher
Rep Shepherd
Rep Thayne

Rep Wood(27)
Rep Guthrie
Rep Roberts
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, January 30, 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:** None

GUESTS: The sign-in sheet will be retained in the committee secretary's office until the end of the session. Following the end of the session, the sign-in sheet will be filed with the minutes in the Legislative Services Library.

Chairman McGeachin called the meeting to order at 1:34 p.m.

PRESENTATION: **Dr. Brent Reinke**, Chairman, Idaho Criminal Justice Commission (ICJC), presented an update on the ICJC and the Idaho Department of Correction (IDOC). Dr. Reinke introduced **Shane Evans**, Director, Educational Treatment and Entry, who would also present to the committee.

Dr. Reinke detailed the incarcerated population growth, stating that recent increased numbers are under review and appear to be from treatment front-end loading options, which are creating additional court sentencing options. In reporting on executions, Dr. Reinke remarked that the November experience has resulted in three pieces of legislation and will strengthen the protocol for future events.

Shane Evans, Director, Educational Treatment and Entry, presented an update on the Substance Use Disorder System (SUDS), stating that the new intake process has enhanced reports to the court, and the extended services are based on risk as well as clinical need, which is critical to public safety. Clinical teams communicate regularly on a variety of issues, providing a way to measure treatment effectiveness. Spending is monitored and bills budgeted by IDOC. The SUDS focus is to provide treatment for the neediest clientele while maintaining clinical and fiscal guidelines. The number of clients remains a challenge.

Dr. Reinke detailed the 25 member ICJC and subcommittees. He stated that the Misdemeanor Probation Project gives counties the authority to provide services to the extent that they can collect service fees. **SJR 102** adds the word "felony" to Section 1.5 as it pertains to adult probation and parole, an addition that allows the county system to stay in tact. This change is based on a constitutionality issue that received a limited decision in Kootenai County.

Responding to questions, **Dr. Reinke** said that safety has increased and gang activity has decreased dramatically. Savings have resulted from their task force partnership.

RS 20814C1: **Paul Leary**, Administrator, Division of Medicaid, presented **RS 20814C1**, legislation that amends **IDAPA Title 41, Chapter 4**, to allow available funding to be used for program expenditures to the Children's Health Insurance Program, Children's Access Card, and the Small Business Health Insurance Pilot Program. Current specific program funding can under fund one program and over fund another. There is no impact to the General Fund with this amendment.

MOTION: **Rep. Rusche** made a motion to introduce **RS 20814C1**. **Motion carried by voice vote.**

RS 20985: **Robert Vande Merwe**, Executive Director, Idaho Health Care Association, presented **RS 20985**, which allows the required one-year administrator-in-training (AIT) internship to begin before completion of a baccalaureate degree. AIT's are required to complete two internships, which could be simultaneous under this change.

Responding to committee questions, **Mr. Vande Merwe** stated that the training period would still be a full year and is compatible with the baccalaureate degree load.

MOTION: **Rep. Bilbao** made a motion to introduce **RS 20985**. **Motion carried by voice vote.**

RS 20948: **Tony Poinelli**, Idaho Association of Counties, presented **RS 20948**, legislation to allow the Catastrophic Health Care Cost Program (CAT) and counties to investigate alternative programs to manage and control health care costs for indigent persons.

In response to questions, **Mr. Poinelli** explained that the county and CAT share any over-limit costs for premiums. This legislation delineates payment for costs and necessary medical services. He stated that future presentations of this legislation would include a breakdown of the statewide savings, details of the policies, the responsibility of the insured, and the level of the deductible. The current law is based on an individual's ability to pay, which is often assisted by counties.

MOTION: **Rep. Rusche** made a motion to introduce **RS 20948**. **Motion carried by voice vote.**

H 405: **Rep. Nonini** presented **H 405**, legislation that makes it illegal to sell electronic cigarettes (e-cigarettes) to minors. He reviewed the code changes for definitions, inclusion with referenced tobacco products, time frame for sales, fines and civil penalties for violation, sales to minors, age of minors, and shipping requirements. He stated that there is approximately 1.2 mg. nicotine in cigarettes and up to 20 mg. in cartridges, detailing nicotine's toxicity. He said that the Reynolds Tobacco Company is in support of this legislation and do not condone sales of e-cigarettes to minors.

Responding to committee questions, **Rep. Nonini** stated that e-cigarettes are not taxed as a tobacco product. In discussing the age verification requirements, he explained the difference between "no permittee" and "no seller." The legislature also addresses a child's use of an adult's card, with attention to online purchases, when proof of age is not required. Adults without a debit or credit card would not be able to purchase online with someone else's card and would have to purchase locally with cash. Rep. Nonini stated that there were numerous conversations about the wording of this legislation between the health districts and the Legislative Services Office.

Lora Whalen, Director, Panhandle Health District, spoke **in support of H 405**. She detailed how the e-cigarette works, and stated that Coeur d'Alene, Post Falls, and Hayden have city ordinances banning sales to minors. Ms. Whalen discussed dosage, toxicity with skin contact, lack of child safety locks or regulation, and how both the flavors and advertising target youth. She said the cost varies from a disposable pack of 2 e-cigarettes at \$10-15 to a starter kit at \$75-\$100, with online coupons available. The FDA has announced that they are looking into regulation.

In response to questions, **Ms. Whalen** said federal law states that it is legal to purchase e-cigarettes and other states have limited the sales to minors and use in public. The definition of e-cigarettes in this legislation includes all components. The product is being sold where cigarettes are located and in mall kiosks.

MOTION: **Rep. Rusche** made a motion to send **H 405** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Nonini** will sponsor the bill on the floor.

H 388:

Rep. Phylis King presented **H 388**, which updates the code for the Early Childhood Coordinating Council (EC3), and the Individuals with Disabilities Education Act (IDEA) in response to **Executive Order No. 2011-15**. The changes in this legislation update terminology, provide for donated funds, connect stakeholders, codify current practice, and define the ages of the children, without changing eligibility.

Responding to questions, **Rep. King** stated that the council advises and assists professionals who are members and serve 3 to 5 year old special needs children, with no additional funds expended. The part time and administrative assistant salaries would have to be covered by the Infant Toddler Program if the federal grant money was not available. She clarified that not all children with developmental delays are disabled, so the definition was changed to "special needs". Screening is done by community volunteers or on line with ages and stages questionnaires.

Wayne Hoffman, Executive Director, Idaho Freedom Foundation, spoke in **opposition to H 388**. He advised that the age adjustment is an expansion of existing statute that previously covered infants and toddlers. He said that this legislation refers to program standards as "national acceptable standards," which allows the statute instead of the legislature to dictate what constitutes program standards. He discussed the references to US code, stating that a change of federal law would automatically impact this legislation, taking the legislative power away from the state legislative body, which is an unconstitutional delegation of authority.

The written testimony of **Amanda Holloway**, Idaho Council on Development Disabilities, is attached per the request of **Chairman McGeachin**.

Lorraine Clayton, Director, EC3, stated that EC3 is in place for families and children for coordination and identification of gaps in resources. This Council is the only one in Idaho, and is specific to young children with special needs and their families. She stated that the EC3 is required in order to receive the federal funds, they work with private partners, and collaborate with the Attorney General and Treasurer for scholarships for special need children.

In response to questions, **Ms. Clayton** stated that the term "special needs" in place of "disabled" is not an expansion of services, but a more acceptable term. Federal code references include the Headstart Reorganization Act of 2007 and the IDEA Act, Part C (20 US Code). The sponsors of the bill were not able to clarify all references to federal code. The "other services" definition pertains specifically to early intervention services and use of funds, with only the reference to the bill changed.

MOTION:

Rep. Wood(27) moved to send **HB 388** to the floor with a **DO PASS** recommendation.

Rep. Wood(27) stated that before the national standard, the health care cost drivers had variations based on individual regions of the country and the sectors of health care that were utilized. The national standards were developed for the best courses of treatment and tools for diagnosis and identifying early problems. To miss preventive services or screening early in life would result in a huge cost later.

Rep. Thayne remarked in **opposition to HB 388** that the work of the Council is important to give children a start in life. However, Mr. Hoffman raises an interesting issue on the federal laws referenced in the legislation and exercising care to include federal rules that might change without allowing the state to agree or disagree.

**ROLL CALL
VOTE:**

Rep. Bilbao requested a roll call vote on **H 388**. **Motion carried by a vote of 5 AYE, 4 NAY, 1 Absent/Excused. Voting in favor of the motion: Reps. Bilbao, Wood(27), Guthrie, Rusche, Chew. Voting in opposition to the motion: Reps. Loertscher, Shepherd, Thayn, McGeachin. Rep. Roberts was absent/excused. Rep. King** will sponsor the bill on the floor.

ADJOURN:

There being no further business to come before the committee, the meeting adjourned at 3:47 p.m.

Representative McGeachin
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
1:30 P.M.
Room EW42
Thursday, February 02, 2012

SUBJECT	DESCRIPTION	PRESENTER
Presentation	Health Care Exchange	Michael Cannon Director of Health Policy Studies Cato Institute
16-0202-1101	Rules of the EMS Medical Services	Dr. Murry Sturkie, Emergency Medicine Physician
16-0309-1108	Medicaid Basic Plan Benefits non-Medicare coordination of benefits	Lisa Hettinger Bureau Chief Medicaid Financial Operations
16-0313-1101	Consumer-Directed Services developmental disabilities individual budget modification	Art Evans Bureau Chief Medicaid Developmental Disability Services

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman McGeachin
Vice Chairman Bilbao
Rep Loertscher
Rep Shepherd
Rep Thayn

Rep Wood(27)
Rep Guthrie
Rep Roberts
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

- DATE:** Thursday, February 02, 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:** Representative(s) Bilbao, Loertscher
- GUESTS:** Arthur Evans, Lisa Hettinger, David Simnitt, Division of Medicaid; Dr. Murry Sturkie, Emergency Medical Services (EMS) Physician Care; Wayne Denny, EMS Bureau, Department of Health & Welfare (DHW); Max Greenlee, Risch Pisca; Penelope Schwiebent, Health Information Exchange; Ed Kawley, Legislative Services Offices, Administrative Rules; Steve Thomas, Law and Health Initiative; Bev Barr, DHW; Joie McGarvin and Russell Westerberg, America's Health Insurance Plan; Jim Baugh, Disability Rights, Idaho; Erik Makrush, Idaho Freedom Foundation; Julie Taylor, Blue Cross of Idaho; John Graham, Pacific Research Institute; Christie Herrera, American Legislative Exchange Council.
- Chairman McGeachin** called the meeting to order at 1:39
- MOTION:** **Rep. Thayn** made a motion to approve the minutes of the January 16, 2010, meeting. **Motion carried by voice vote.**
- MOTION:** **Rep. Thayn** made a motion to approve the minutes of the January 24, 2010, meeting. **Motion carried by voice vote.**
- MOTION:** **Rep. Thayn** made a motion to approve the minutes of the January 26, 2010, meeting. **Motion carried by voice vote.**
- DOCKET NO. 16-0202-1101** **Rep. Roberts** stated that although this rule was held over from the January 26, 2012, meeting, additional time is needed for further discussions with rural EMS groups.
- MOTION:** **Rep. Roberts** made a motion to **HOLD Docket No. 16-0202-1101** subject to the call of the Chair. **Motion carried by voice vote.**
- DOCKET NO. 16-0309-1108** **Lisa Hettinger**, Bureau Chief, Division of Medicaid Financial Operations, presented **Docket No. 16-0309-1108**, legislation that aligns state rules with federal requirements by clarifying payments to providers when a third party is primary to Medicaid. There is no anticipated fiscal impact. In response to questions, Ms. Hettinger stated that the coordination is automated with an increase in accuracy over the last year.
- MOTION:** **Rep. Wood(27)** made a motion to approve **Docket No. 16-0309-1108**. **Motion carried by voice vote.**
- DOCKET NO. 16-0313-1101** **Arthur Evans**, Bureau Chief, Developmental Disability Services (Department), Medicaid, presented **Docket No. 16-0313-1101**, pertaining to consumer directed services. The changes are in keeping with **H 260** and specify that the Department respond with budget modifications under specific circumstances, with additional language regarding unpaid supports, both community and natural.
- Responding to committee questions, **Mr. Evans** assured that a participant is not required to secure unpaid or natural supports or services and the use of such services or supports have no impact of the participant's set budget.
- MOTION:** **Rep. Thayn** made a motion to approve **Docket No. 16-0313-1101**.

In opposition to the motion, **Rep. Rusche** stated that the volunteer services language is confusing and could require the participant and support broker to exhaust volunteers, which decreases legally required plan services.

Rep. Wood(27) spoke to the opposition stating that he agrees that the rule should be rejected if a legal review indicates the language is confusing, even though the Department has said it's not the current practice.

Rep. Thayne spoke to the opposition stating that **Mr. Evans** has assured that the Department is more permissive.

VOTE ON MOTION:

Chairman McGeachin called for a vote on the motion to approve **Docket No. 16-0313-1101. Motion carried by voice vote. Rep. Rusche** requested that he be recorded as voting **NAY**.

PRESENTATION: **Chairman McGeachin** invited **Christie Herrera**, Task Force Director, American Legislative Exchange Council (ALEC), to present to the committee on Health Insurance Exchanges (HIX).

Ms. Herrera stated that ALEC is opposed to the HIX for several reasons. Their first concern is the lack of flexibility in the federal rules and standards that the states have to follow. The second concern regards the continuing changes of deadlines and timetables. Additionally, in her opinion, federal law gave neither subsidies nor funding to the U.S. Department of Health and Human Services (HHS). She cited funding alternatives being pursued by other states.

Responding to questions, **Ms. Herrera** said that neither state nor federal exchanges will promote flexibility for citizens since every section will be tethered with ongoing federal regulation. She then discussed issues with the existing Utah and Massachusetts health exchanges. **Ms. Herrera** stated that the states are responsible for ongoing funding mechanisms, with congress determining funding the federal program. There has been no direction from HHS on funding, although as a federal program a federal decision is required. The law allows grants to set up the exchange, which is difficult for any state to do with no guidelines. Essential health benefits guidance has been given from HHS with increased benefit options possible, as long as the actual value is not lower than federal standards.

John Graham, Pacific Research Institute, continued the HIX presentation, stating that the Patient Protection and Affordable Care Act (PPACA) exchanges will not be the same as the existing Utah Exchange, which is voluntary and not subject to tax subsidies or federal law. He believes PPACA will be more expensive and all costs will be the burden of the states. There is no requirement that anything will be operational before 2014 and the Supreme Court ruling is not expected until later in 2012.

Responding to committee questions, **Mr. Graham** stated that the lack of guidelines coupled with missed deadlines suggest it is better to hold off investing in an exchange that may be found to be unconstitutional.

ADJOURN:

There being no further business to come before the committee, the meeting was adjourned at 2:36 p.m.

Representative McGeachin
Chair

Irene Moore
Secretary

**AMENDED #1 AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
1:30 P.M.
Room EW42
Monday, February 06, 2012**

SUBJECT	DESCRIPTION	PRESENTER
<u>16-0309-1103</u>	Medicaid Basic Plan Benefits - Dental Services	Matt Wimmer Program Manager Medicaid
<u>16-0309-1106</u>	Medicaid Basic Plan Benefits - Midwife Services	Matt Wimmer
<u>16-0309-1107</u>	Medicaid Basic Plan Benefits - Physical Therapy, Speech Therapy, and Occupational Therapy Services	Matt Wimmer
<u>16-0309-1201</u>	Medicaid Basic Plan Benefits - Smoking Cessation	Matt Wimmer
<u>16-0310-1103</u>	Medicaid Enhanced Plan Benefits - Dental Services	Matt Wimmer
<u>16-0310-1005</u>	Medicaid Enhanced Plan Benefits - Mental Health	Pat (Guidry) Martelle Program Manager Medicaid
<u>RS21067</u>	Minors - Phototherapy/Tanning Devices	Rep. Rusche
<u>RS21123</u>	Mental Health - Commitment Costs	Tony Poinelli Idaho Association of Counties

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman McGeachin	Rep Wood(27)
Vice Chairman Bilbao	Rep Guthrie
Rep Loertscher	Rep Roberts
Rep Shepherd	Rep Rusche
Rep Thayn	Rep Chew

COMMITTEE SECRETARY

Irene Moore
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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

- DATE:** Monday, February 06, 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:** None
- GUESTS:** Matt Wimmer, Bev Barr, Paul Leary, Department of Health & Welfare (DHW); Kurt Stembridge, State Government Affairs; Heidi Low, American Cancer Society; Melissa Machacek, Jared Nye, Mike Slulton, All Seasons Mental Health; Tony Poinelli, Idaho Association of Counties; Debbie Johnson, Idaho Resident; Chris Culp, Mental Health Providers Association; Ed Hawley, State of Idaho Administrative Rules Division; Max Greenlee, Risch Pisca; Christine Pisani, Developmental Disabilities Council; Matt Kaiserman, Gallatin; David Simnitt, Medicaid; Tony Smith, Benton Ellis; Jim Baugh, Disability Rights of Idaho; Katherine Hansen, Community Partnerships of Idaho; Elizabeth Crirer, Veritas Advistors LLP; Kathie Garrett, National Alliance on Mental Illness; Kris Ellis, Idaho Midwifery Council.
- Chairman McGeachin** called the meeting to order at 1:34 p.m.
- RS 21067:** **Rep. Rusche** presented **RS 21067**, legislation that bans the use of tanning beds by minors, unless prescribed by a physician. Classified as a known human carcinogen, he cited various studies that have found tanning beds to be harmful to anyone under 18 years of age. Rep. Rusche stated that the marketing targets youth and providers believe it's healthy. More than thirty states have either banned tanning bed use by minors or require parental permission.
- MOTION:** **Rep. Roberts** made a motion to introduce **RS 21067. Motion carried by voice vote.**
- RS 21123:** **Tony Poinelli**, Idaho Association of Counties, presented **RS 21123**, legislation that deals with mental health laws and stipulates that the county paid facility reimbursement rate be the contracted rate, the Medicaid rate, or, in the case of a freestanding mental health facility such as Intermountain Hospital, the Medicaid rate of a near-proximity hospital. He also said that a court ordered commitment serves as a release of information.
- MOTION:** **Rep. Rusche** made a motion to introduce **RS 21123. Motion carried by voice vote.**
- Chairman McGeachin** directed the Committee to remember that the following rule dockets are part of **H 260** and direction by the federal government.
- DOCKET NO. 16-0309-1201:** **Matt Wimmer**, Bureau Chief, Division of Medicaid (the Department), presented **Docket No. 16-0309-1201**, which aligns the rules with federal requirements and the state Medicaid program changes by requiring coverage of tobacco cessation, including nicotine replacement therapies, for all participants.
- Responding to questions, **Mr. Wimmer** stated that all available products are part of the nicotine replacement and tobacco cessation requirements of the Affordable Care Act (PPACA), with no modification available to individual states. Mr. Wimmer said he could provide the drug list to the committee.
- MOTION:** **Rep. Rusche** made a motion to accept **Docket No. 16-0309-1201.**

In answer to additional questions, **Mr. Wimmer** explained that removal of any medication from the drug list would take either federal action or a concurrent resolution, with little federal latitude. Physicians have to sign a statement that the risks and benefits have been discussed with the patient, who has made an informed course of action decision, with no requirement that a drug is prescribed. He stated that no female Medicaid participants to date have accessed Chantix or other nicotine replacement therapy.

Rep. Rusche spoke in favor of the motion, citing his clinical experience and stating that the decision to use any drug should be up to the patient and physician on an individual basis with an understanding of the risk of both the disease and the medications.

Rep. Wood(27) spoke in favor of the motion, stating that all medications have a risk benefit ratio that has to be balanced. He said the decision is between the patient and the physician, with consideration of extenuating circumstances. He concluded that options need to be left open.

Chairman McGeachin spoke in opposition to the motion, stating concerns about drugs like Chantix and studies that link them to increased rates of depression and suicide, noting that the Federal Aviation Agency has banned the use of Chantix by pilots. She said that the Millennium Committee refused funding for this issue and emphasized that just because the Federal Drug Administration (FDA) approves something doesn't mean its best for Americans.

Rep. Bilbao spoke in opposition to the motion, stating that he is concerned about allowing the federal government to dictate medication without personal physician input. He would prefer a statement in the legislation that it's up to the patient's personal physician to make the medication recommendation.

**ROLL CALL
VOTE ON
MOTION:**

Roll call vote was requested on **Docket No. 16-0309-1201**. **Motion failed by a vote of 3 AYE and 7 NAY. Voting in favor** of the motion: **Reps. Wood (27), Rusche, Chew. Voting in opposition** to the motion: **Reps. Bilbao, Loertscher, Shepherd, Thayne, Guthrie, Roberts, McGeachin.**

**SUBSTITUTE
MOTION:**

Rep. Loertscher made a motion to reject **Docket No. 16-0309-1201**.

In answer to questions from the committee, **Mr. Wimmer** stated that without a concurrent resolution **Docket No. 16-0309-1201**, which passed the Senate, would be approved, even if rejected by this committee. Future changes to this rule could state that physicians are not required to prescribe specific medications.

**VOTE ON
SUBSTITUTE
MOTION:**

Chairman McGeachin called for a vote on the motion to reject **Docket No. 16-0309-1201**. **Motion carried by voice vote.**

**DOCKET NO.
16-0309-1103:**

Matt Wimmer, Bureau Chief, Division of Medicaid, presented **Docket No. 16-0309-1103**, legislation that defines the benefits for Medicaid dental services in accordance with **H 260** and changes the dental service for non-pregnant adults to emergency benefits only.

Debbie Johnson, Idaho Resident, spoke in opposition to **Docket No. 16-0309-1103**, describing her daughter's condition and the difficulty of regular and emergency dental visits. She stated that most dentists do not have hospital privileges and the one dentist they found with such privileges has not been renewed by Medicaid. She is unsure of the outcome the next time her daughter needs dental services and emphasized that this is a big barrier for severely handicapped patients and families.

Jim Baugh, Disability Rights in Idaho, spoke in opposition to **Docket No. 16-0309-1103**, stating that he understands the changes are in compliance with the rules established last year, that statute takes precedence, and the changes are considered a temporary removal of services. He requested a review of this change and a return to the previous care.

Kathryn Hansen, Community Partnerships of Idaho, spoke in opposition to **Docket No. 16-0309-1103**, and described the plight of a gentleman with Downs Syndrome and his care provider. She stated that the emergency visits only cover tooth pulling and abscesses. Ms. Hansen added that other health conditions can be affected by dental disease.

Paul Leary, Administrator, Division of Medicaid, was invited to answer questions from the committee. He stated that the provision for case-by-case treatment is provided in the budget for health and safety, and dental care that is a medical need can be covered under this category. He said the Department and the dental association are tracking this population and would appreciate stories shared during the meeting reported to his or **Mr. Wimmer's** office. Mr. Leary explained that in order to determine if the need for medical coverage exists, the Department's Medical Director has a physician-to-physician consultation to identify the appropriate benefit. He said they also have a dental consultant on staff.

Christine Pisani, Idaho Council on Disabilities, asked for clarification of the rule. She said the option to address dental health under health and safety was unknown to her before now. She thought that prevention was completely cut and emergency services were the only way dental issues could be covered.

- MOTION:** **Rep. Roberts** made a motion to approve **Docket No. 16-0309-1103**.
- SUBSTITUTE MOTION:** **Rep. Chew** made a substitute motion to reject **Docket No. 16-0309-1103**.
- ROLL CALL VOTE ON SUBSTITUTE MOTION:** **Rep. Chew** requested a roll call vote on the substitute motion to reject **Docket No. 16-0309-1103**. **Substitute motion failed by a vote of 2 AYE and 8 NAY**. **Voting in favor** of the motion: **Reps. Rusche** and **Chew**. **Voting in opposition** to the motion: **Reps. Bilbao, Loertscher, Shepherd, Thayn, Wood(27), Guthrie, Roberts, McGeachin**.
- VOTE ON ORIGINAL MOTION:** **Chairman McGeachin** called for a vote on the motion to approve **Docket No. 16-0309-1103**. **Motion carried by voice vote**. **Reps. Rusche** and **Chew** requested they be recorded as voting **NAY**.
- DOCKET NO. 16-0309-1106:** **Matt Wimmer**, Bureau Chief, Division of Medicaid, presented **Docket No. 16-0309-1106**, which updates procedures and requirements for medicaid reimbursement for midwives.
- MOTION:** **Rep. Rusche** made a motion to approve **Docket 16-0309-1106**. **Motion carried by voice vote**.
- DOCKET NO. 16-0309-1107:** **Matt Wimmer**, Bureau Chief, Division of Medicaid, presented **Docket No. 16-0309-1107**, legislation that aligns annual medicare caps for the same services provided by physical therapists, occupational therapists, and speech therapists. Services in excess to the cap are allowed in keeping with children's services, or, for adults, when proper documentation is provided.
- MOTION:** **Rep. Thayn** made a motion to approve **Docket No. 16-0309-1107**.
In response to a committee question, **Mr. Wimmer** stated that there is an appeals process for medical necessity determinations.
- VOTE ON MOTION:** **Chairman McGeachin** called for a vote on the motion to approve **Docket No. 16-0309-1107**. **Motion carried by voice vote**.

DOCKET NO. 16-0310-1103: **Matt Wimmer**, Bureau Chief, Division of Medicaid, presented **Docket No. 16-0310-1103**, which defines dental service benefits in accordance with **H 260**. The revisions limit dental services to emergency benefits only for non-pregnant adults, complete the move of all participants into managed dental care, and remove the fee-for-service language.

Marilyn Sword, Director, Council on Disabilities, spoke **in opposition to Docket No. 16-0310-1103**, stating that, as in the previous docket, there is concern about the impact of this legislation on people with developmental disability services. Ms. Sword said that the legislation states that complaints and appeals are handled through a process between Idaho Smiles and the Department and doesn't speak to how an individual can appeal the lack of services. She encouraged greater clarification in the rules.

In response to a committee question, **Mr. Wimmer** stated that there are actively enforced adequacy standards for managed care contract members and he will gladly make them available to the committee.

MOTION: **Rep. Wood(27)** made a motion to approve **Docket No. 16-0310-1103**.

SUBSTITUTE MOTION: **Rep. Chew** made a substitute motion to reject **Docket No. 16-0310-1103**.

ROLL CALL VOTE ON SUBSTITUTE MOTION: **Rep. Chew** requested a roll call vote on **Docket No. 16-0310-1103**. **Motion failed by a vote of 2 AYE and 8 NAY. Voting in favor** of the motion: **Reps. Rusche**, and **Chew**. **Voting in opposition** to the motion: **Reps. Bilbao, Loertscher, Shepherd, Thayn, Wood(27), Guthrie, Roberts, McGeachin**.

VOTE ON ORIGINAL MOTION: **Chairman McGeachin** called for a vote on the motion to approve **Docket No. 16-0310-1103**. **Motion carried by voice vote**. **Reps. Rusche** and **Chew** requested they be recorded as voting **Nay**.

DOCKET NO. 16-0310-1005 **Pat Martelle**, Program Manager, Office of Mental Health & Substance Abuse, Division of Medicaid, presented **Docket No. 16-0310-1005**, legislation that promotes improved quality, effectiveness and efficiency in the delivery of psychosocial rehabilitation (PSR) services by requiring that unlicensed workers obtain national certification consistent with the requirements of the United States Psychosocial Rehabilitation Association (USPRA).

In response to questions, **Ms. Martelle** stated that feedback indicated concern about the cost of the certificate, although she was unsure of the exact cost. Establishing Idaho licensure was a previously considered alternative.

Chris Cole, Idaho Health Providers of Idaho, testified that the exam cost is under one-thousand dollars. He stated that PSR licensure legislation did not pass during the 2010 legislative session.

MOTION: **Rep. Wood(27)** made a motion to approve **Docket No. 16-0310-1005**. **Motion carried by voice vote**.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 3:01 p.m.

Representative McGeachin
Chair

Irene Moore
Secretary

**AMENDED #1 AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
1:30 P.M.
Room EW42
Wednesday, February 08, 2012**

SUBJECT	DESCRIPTION	PRESENTER
23-0101-1002	Medication Assistant Certification	Judy Nagel Associate Director Idaho Board of Nursing
16-0309-1102	Medicaid Basic Plan Benefits - Hospital Costs	Sheila Pugatch Principal Financial Specialist, Division of Medicaid
16-0310-1104	Medicaid Enhanced Plan Benefits - Nursing Facilities and Intermediate Care Facilities	Sheila Pugatch
RS20792	Occupational Therapy	Roger Hales Board of Occupational Licensing
RS20796	Counselor/Therapist, Board Provision Reviewed	Roger Hales
RS20810C2	Control Substances	Mark Johnston Executive Director State Board of Pharmacy
RS21087C1	Health Care Provider Prescriptions	Susie Pouliot, CEO Idaho Medical Association
16-0202-1101	Rules of the EMS Medical Services	Dr. Murry Sturkie Emergency Medicine Physician

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman McGeachin
Vice Chairman Bilbao
Rep Loertscher
Rep Shepherd

Rep Thayn
Rep Wood(27)
Rep Guthrie
Rep Roberts

Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14 Phone: (208) 332-1138
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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, February 08, 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. Guthrie

GUESTS: Roger Hales, Board of Licensing; Judith Nagel, Jan Edmonds, Roger Gabal, Board of Nursing; Bev Barr, Paul Leary, Sheila Pugatch, Department of Health & Welfare; Greg Dickerson, Human Supports of Idaho; Matt Kaiserman, Gallatin; Dr. Jeff Wright, Mental Health Providers Association of Idaho; Ryan Fitzgerald, Idaho Association of Care Providers; Susie Pouliot, Idaho Medical Association; Ed Hawley, State of Idaho Administrative Rules; Kathrine Hansen, Idaho Association of Developmental Disabilities Agencies; David Simnitt, Division of Medicaid; Mark Johnston, State Board of Pharmacy; Elizabeth Criner, Idaho State Dental Association.

Chairman McGeachin called the meeting to order at 1:37 p.m.

Rep. Bilbao made a motion to approve the minutes for January 30, 2012 and February 2, 2012. **Motion carried by voice vote.**

DOCKET NO. 23-0101-1002: **Judith Nagel**, Associate Director, Idaho Board of Nursing, presented **Docket No. 23-0101-1002**, legislation that clarifies requirements and application procedures for medication assistant certification through processes other than testing.

MOTION: **Rep. Bilbao** made a motion to approve **Docket No. 23-0101-1002**. **Motion carried by voice vote.**

DOCKET NO. 16-0309-1102: **Sheila Pugatch**, Principal Financial Specialist, Division of Medicaid, presented **Docket No. 16-0309-1102**, which updates the hospital floor covered charges reimbursement rate maximum of 91.7% to reflect additional rates for in state hospitals at 100%, critical access in state hospitals at 101%, and out-of-state hospitals at 87.1%.

MOTION: **Rep. Wood(27)** made a motion to approve **Docket No. 16-0309-1102**. **Motion carried by voice vote.**

DOCKET NO. 16-0310-1104 **Sheila Pugatch**, Principal Financial Specialist, Division of Medicaid (the Department), presented **Docket No. 16-0310-1104**, legislation in accordance with **H 260** that continues rate freezes for intellectual disabilities (ICF/ID), removes provider efficiency payments, and defines patient discharge date. She requested that the committee accept the docket with the exceptions of **Sections 119.02.b, 119.03, 140.08.b, 140.09, 659.01.b, 659.02, 706.04, 706.05, 736.09, and 736.10**. These sections reflect the cost survey. She said that the calculation methodology is in place via the state plan.

Greg Dickerson, Human Supports of Idaho, spoke **in opposition** to **Docket No. 16-0310-1104**, as published, and is **in favor** of the rules with the deletions. He said that rate reductions have caused loss of income and service. Mr. Dickerson stated that the current methodology is invalid and provider budget requests to the Department have been ignored. The provider community is willing to meet with the Department to address more complicated problems than a survey.

Dr. Jeff Wright, Clinical Director, Life Counseling Center, spoke **in favor** of **Docket No. 16-0310-1104** with the sections removed. In response to a committee question, he said he could not recall a market rate study request.

Kathryn Hansen, Vice President, Idaho Association of Disabilities Agencies, testified **in favor** of **Docket No. 16-0310-1104** with the sections removed. She expressed her desire to work on the process and the rules for a higher level of participation among all providers. She asked consideration of a change in **H 260** to require the Department to report on cost studies to the germane committees.

- MOTION:** **Rep. Roberts** made a motion to approve **Docket No. 16-0310-1104** with the exception of **Sections 119.02.b, 119.03, 140.08.b, 140.09, 659.01.b, 659.02, 706.04, 706.05, 736.09, and 736.10**. **Motion carried by voice vote.**
- RS 20792:** **Roger Hales**, representing the Board of Occupational Therapy, presented **RS 20792**, which relates to the approval of continuing education courses.
- MOTION:** **Rep. Rusche** made a motion to introduce **RS 20792**. **Motion carried by voice vote.**
- RS 20796:** **Roger Hales**, representing the Board of Professional Counselors and Marriage and Family Therapists, presented **RS 20796**, housekeeping legislation for the previous inclusions of clinical counselor, marriage and family therapists, and associate marriage and family therapists.
- MOTION:** **Rep. Wood(27)** made a motion to introduce **RS 20796**. **Motion carried by voice vote.**
- RS 20810C2:** **Mark Johnston**, Executive Director, State Board of Pharmacy, presented **RS 20810C2**, a statutory update of controlled substance schedules in alignment with the Drug Enforcement Administration (DEA). If approved, an amendment to the bill will be presented at the hearing that strengthens the reference to the drug "spice".
- MOTION:** **Rep. Wood(27)** made a motion to introduce **RS 20810C2**. **Motion carried by voice vote.**
- RS 21087C1:** **Susie Pouliot**, Idaho Medical Association, presented **RS 21087C1**, legislation that clarifies the Pharmacy Practice Act and allows physicians and other providers to prescribe medications, under specific conditions, without a physician/patient relationship. This addresses previous changes for online drug prescription procedures that now hinder practices.
- MOTION:** **Rep. Rusche** made a motion to introduce **RS 21087C1**. **Motion carried by voice vote.**
- DOCKET NO. 16-0202-1101** **Rep. Roberts** made a motion to continue to hold **Docket No. 16-0202-1101** at the call of the Chair. **Motion carried by voice vote.**
- ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 2:28 p.m.

Representative McGeachin
Chair

Irene Moore
Secretary

**AMENDED #2 AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
Upon Adjournment
Room EW42
Friday, February 10, 2012**

SUBJECT	DESCRIPTION	PRESENTER
<u>16-0309-1101</u>	Medicaid Basic Plan Benefits - Pharmacy Reimbursement	Sheila Pugatch Principal Financial Specialist Division of Medicaid Office of Reimbursement
<u>16-0309-1104</u>	Medicaid Basic Plan Benefits - Chiropractic, Podiatry, Mental Health, Audiology, and Vision.	David Simnitt Deputy Administrator Division of Medicaid
<u>16-0310-1105</u>	Medicaid Enhanced Plan	David Simnitt
<u>16-0318-1101</u>	Medicaid Cost Sharing - Copayments	David Simnitt
<u>RS21235</u>	Federal Health Care Reform Oversight Committee	Rep. McGeachin
<u>RS21247</u>	Joint Memorial to Congress on Right of Conscience Act	Rep. Bilbao
<u>RS21248</u>	Disability Insurance Policy Amendment	Rep. Bilbao

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman McGeachin
Vice Chairman Bilbao
Rep Loertscher
Rep Shepherd
Rep Thayn

Rep Wood(27)
Rep Guthrie
Rep Roberts
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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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 Conscious 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.

Representative McGeachin
Chair

Irene Moore
Secretary

**AMENDED #1 AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
1:30 P.M.
Room EW42
Tuesday, February 14, 2012**

SUBJECT	DESCRIPTION	PRESENTER
Presentation	Private Health Care Solutions	Rep. Nonini Dr. Loel Fendwick Brent Regan
16-0202-1101	Rules of the EMS Medical Services	Dr. Murry Sturkie Emergency Medicine Physician
H 439	Control Substance Prescription Database	Rep. Rusche
H 441	Indigent Health Care	Rep. Rusche
H 442	Nursing Home, Administrator-In-Training	Kris Ellis Idaho Health Care Association

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman McGeachin	Rep Wood(27)
Vice Chairman Bilbao	Rep Guthrie
Rep Loertscher	Rep Roberts
Rep Shepherd	Rep Rusche
Rep Thayn	Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: (208) 332-1138
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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, February 14, 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:** None.

GUESTS: Kris Ellis, and Serge Newberry, Idaho Health Care Association; Bev Barr, Department of Health & Welfare; Woody Richards, Lobbyist; Dr. Murry Sturkie, Idaho Emergency Medical Services Physician Commission; Denise Chuckovich, Idaho Primary Care Association; Julie Taylor, Blue Cross; Ed Hawley, State of Idaho Administrative Rules Division; Wayne Denny, Emergency Medical Services Bureau; Mark Johnston and Darcy Aslett, Bureau of Pharmacies; Kurt Stembridge, GlaxoSmithKline; Mas Greenlee, Risch Pisca; Tony Poinelli, Idaho Association of Counties; Elizabeth Criner, Pfizer.

Chairman McGeachin called the meeting to order at 1:32 p.m.

Rep. Bilbao made a motion to approve the minutes of the February 8, 2012, meeting. **Motion carried by voice vote.**

PRESENTATION: **Rep. Nonini** introduced **Brent Regan**, Regan Design, and **Dr. Loel Fenwick**, Phillips + Fenwick, who will present "A Health Care Pilot Program."

Mr. Regan, described the 2012 meeting of health care experts to develop practical solutions to the current health care system. He detailed the issues of increased health care costs, consumer procedural choice barriers, lack of cost information, and outcome transparency. Mr. Regan explained how both low insurance deductibles and legal jeopardy encourage unnecessary service use. Two final problem areas were the compliance costs and lack of consumer involvement.

He explained how the search for an applicable system led to Cosmetic, Bariatric, and LASIK program, all of which have experienced lowering costs, improved outcomes, and more procedural choices as a direct result of consumer involvement.

Mr. Regan detailed the features of a health care solution as the transparency of cost and outcome so patients can make informed decisions; competition, which drives down costs; patient empowerment to eliminate the taxpayer bearing all health care costs; and, compensation of injured patients through a malpractice administrative law process similar to workers' compensation, with an immediate determination.

In introducing the Health Responsibility and Savings Account (Health RASA), **Mr. Regan** explained how the consumer would use funds from this account for health care expenses and deductibles. He stated that the account maintenance would be handled by insurance providers and the consumer would retain ownership, with the ability to transfer the funds to an IRA, heirs, or an estate. Unused funds would be retained in the account and the consumer could withdraw 10% annually for any purpose.

Mr. Regan said that public websites could be developed to list the costs and the effectiveness of both procedures and medications. He concluded that health care problems are linked to how we shop and pay for them. Through the proposed methods, consumers are rewarded and given incentives to use only needed services, while free market competition is stimulated.

Dr. Loel Fenwick described his background and how he learned that empowerment is a smoother, less-expensive process than force. He stated that single-room maternity care, which synchronizes a family's wants with a natural birth process, is analogous to the current situation with the rising care costs. His research indicates that the areas showing the most increase were medical prices and utilization.

He then remarked that the out-of-pocket expense decline is linked to the lack of consumer budgets. **Dr. Fenwick** stated that the actual expenditure amounts are difficult to obtain, which would not be the case in a free-market system. He talked about the human nature drivers for physicians, including additional defensive medicine and paperwork, and queried about what a prudent consumer would spend for cost-effective health care.

Dr. Fenwick talked about the historical use of insurance for catastrophic care, how it's changed to cover routine health care, and the effect of a consumer responsible HealthRASA primary health care fund. He said that such a fund would also eliminate back office paper costs since payments would be made at the time of service.

Both **Dr. Fenwick** and **Mr. Regan** encourage legislation to develop a pilot program that could be expanded to other states, creating a generation of self-sufficient people. **Dr. Fenwick** said that time is an issue since the Patient Protection and Affordable Care Act will mandate insurance purchase and eliminate consumers for the pilot programs.

Responding to questions, **Dr. Fenwick** explained that the HealthRASA account is similar to the current Health Savings Account, but without the major limitations. He said that legislation for a HealthRASA system would require only state legislation, as long as it was not used with a federally funded program.

**DOCKET NO.
16-0202-1101:**

Chairman McGeachin stated that **Docket No. 16-0202-1101**, which was presented by **Dr. Murry Sturkie** on January 26, 2012, is before the committee.

Rep. Roberts stated that, after discussions, it is apparent that there is a need to delay implementation of this rule to allow time to work with rural emergency medical service (EMS) agencies and return with a more mutually agreeable process.

MOTION:

Rep. Roberts made a motion to reject **Docket No. 16-0202-1101**.

Rep. Rusche commented that the issue of how to acquire and maintain first responders in rural areas is important, and additional standards would impair that ability. He said that it is obvious that a lot of work went into this rule to articulate a national standard, but this is the wrong way to assure quality and quantity of first responders throughout Idaho.

Rep. Chew stated that the table was confusing, especially the continuing education portions, which she was under the impression would include online training.

**VOTE ON
MOTION:**

Chairman McGeachin called for a vote on the motion to reject **Docket No. 16-0202-1101**. **Motion carried by voice vote**. **Reps. Rusche** and **Chew** requested they be recorded as voting **NAY**.

H 439:

Rep. Rusche presented **H 439**, which allows the release of controlled substance information to practitioners licensed outside of Idaho. This legislation includes an amendment stipulating that the Board of Pharmacy maintains the prescription tracking program, under what conditions information can be released, and to whom it can be released.

Mark Johnston, Executive Director, Board of Pharmacy, spoke in **support** of **H 439**, stating that this is a reciprocal change that helps practitioners who live near borders, with licenses in other states, access the Prescription Monitoring Program (PMP) data. It still allows the Board of Pharmacy to block access to PMP data if they believe it's use would be illegal. The amendment allows the Board to distribute unsolicited reports which could avoid inappropriate use of controlled substances.

MOTION: **Rep. Wood(27)** made a motion to send **H 439** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Rusche** will sponsor the bill on the floor.

H 441: **Rep. Rusche**, presented **H 441**, legislation which authorizes county commissioners and the board of the Catastrophic Health Care Cost Program (CAT) to pay for authorized expenses to manage health care costs for indigent persons. He stated that these are qualified patients who are expected to have ongoing treatment. They may have Cobra coverage available or qualify for high risk insurance program. This bill allows the counties and CAT to save money by sharing the cost of the insurance premiums.

Tony Poinelli, Idaho Association of Counties, spoke in **support** of **H 441**, stating that the counties review a variety of programs, preventative care, and insurance coverage in order to manage or reduce the health care costs for indigent individuals. This legislation would allow CAT and the counties to share insurance premiums equally.

Responding to questions, **Mr. Poinelli** stated that applicants must be deemed indigent. The premium payments are considered a loan with repayment and lien processes still in effect.

MOTION: **Rep. Loertscher** made a motion to send **H 441** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Rusche** will sponsor the bill on the floor.

H 442: **Kris Ellis**, Idaho Health Care Association, presented **H 442**, which allows a nursing home administrator in training, who is still in school, the ability to begin the required intern program prior to receiving a baccalaureate degree. This doesn't change licensing requirements, it just allows them to meet their internship requirements simultaneously.

Serge Newberry, Licensed Home Administrator, testified in **support** of **H 442**, stating that the current shortage of nursing home administrators was due to the fact that an applicant, who has finished 4 years of college, with the related costs, finds it difficult to wait another year to finish the administrator-in-training internship.

MOTION: **Rep. Guthrie** made a motion to send **H 442** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Loertscher** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 2:52 p.m.

Representative McGeachin
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
1:30 P.M.
Room EW42
Thursday, February 16, 2012

SUBJECT	DESCRIPTION	PRESENTER
H 530	Disability Insurance, Abortifacients	Rep. Bilbao
HJM 10	Rights of Conscience Act	Rep. Bilbao
H 500	Occupational Therapy	Roger Hales Board of Occupational Licensing
H 501	Counselor/Therapist, Board Provision Revised	Roger Hales
H 486	Minors, Phototherapy/Tanning Device	Rep. Rusche
Presentation	Idaho's Community Health Center System	Denise Chuckovitch

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman McGeachin
Vice Chairman Bilbao
Rep Loertscher
Rep Shepherd
Rep Thayn

Rep Wood(27)
Rep Guthrie
Rep Roberts
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, February 16, 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:** None

GUESTS: The sign-in sheet will be retained in the committee secretary's office until the end of the session. Following the end of the session, the sign-in sheet will be filed with the minutes in the Legislative Services Library.

Chairman McGeachin called the meeting to order at 1:38 p.m. She addressed the committee and public, stating that since the committee agenda was not posted on the internet within the 24-hour time frame, today's meeting will consist of testimony, with no action on the legislation. Monday, February 20th, additional testimony will be heard and action on the legislation will be taken at that time.

H 530: **Rep. Bilbao** presented **H 530**, legislation regarding the Health and Human Services (HHS) mandate for contraception and sterilization insurance coverage. In his view this mandate impacts the First Amendment and an individual's right of conscience, which is also a part of Idaho Code. He said that HHS has made the rules permanent with a non-binding promise to revisit the religious rights issue. Rep. Bilbao stated that no one has a right to interpret or restrain anyone's religious freedom.

Responding to questions, **Rep. Bilbao** stated that constitutionality is the issue, whether it be a corporation or individual providing the insurance. He agreed that **H 530** does not outlaw insurance that provides coverage for these services, but removes the mandate requiring that they be offered.

Hannah Brass, Legislative Director, Planned Parenthood, testified **in opposition to H 530**, detailing the importance of access to birth control to women and their families. She said that lack of coverage by an employer's insurance plan could lead to more unintended pregnancies as women forgo the products. Ms. Brass emphasized that the mandate does not force prescriptions or the use of contraceptives, it just makes sure they are available.

HJM 10: **Rep. Bilbao** presented **HJM 10**, a joint memorial to Congress to stipulate that the Patient Protection and Affordable Care Act does not allow stakeholders, who have moral or religious objections, to decline specific required items or services. **HJM 10** authorizes the Idaho legislature to urge Congress to support the Respect for Rights of Conscience Act.

Monica Hopkins, Executive Director, ACLU of Idaho, testified **in opposition to HJM 10**, stating that individuals should have affordable access to a full range of contraceptive options to plan their lives and protect their health. Insurance policies providing such services do not infringe on religious liberty; instead, employers who would deny such coverage would infringe on women's rights to choose.

Responding to questions, **Ms. Hopkins** stated that an amendment from the President's Administration allows religious groups exemptions from providing such coverage themselves.

Hannah Brass, Legislative Director, Planned Parenthood, spoke **in opposition to HJM 10**, stating that birth control costs are often a financial issue, even when covered by insurance. Churches and non-profit, religious organizations are exempt from providing or subsidizing coverage, and referring for coverage. It will require the employer's health insurer to provide coverage free of charge. The Right of Conscientious Act also allows denial of antidepressant and AIDS medication coverage.

H 500: **Roger Hales**, Board of Occupational Therapy, presented **H 500**, legislation for a self-governing board of Occupational Therapists that eliminates ambiguous language that implies that the only continuing education courses allowed are those recommended by the board.

H 501: **Roger Hales**, Board of Counselors and Marriage and Family Therapists, presented **H 501**. Because Clinical Counselors, Marriage and Family Therapists, and Associate Marriage and Counselor Therapists were added at different times, some clarification and cleanup is needed. The changes include their scope of practice, terminology, out-of-state counselors and therapists, Clinical Professional Counselors, supervisory titles, disciplinary action, and the informed consent form.

Responding to questions, **Mr. Hales** stated that there are currently 1,700 licensees in Idaho. **Chairman McGeachin** invited **Dr. Brenda Freeman**, Counselor of Education, Board of Counselors and Marriage and Family Therapists, to answer additional questions. Dr. Freeman said that the face-to-face process for the three-thousand hour criteria will make no difference to a new applicant. The change from "supervised" to the face-to-face process merely clarifies that the supervision is clinical.

H 486: **Rep. Rusche** presented **H 486**, legislation that bans the use of tanning beds by minors. He explained that both genetic background and exposure to ultra violet (UV) light contribute to skin cancer, with data showing a significant melanoma increase in young adults.

Mr. Blake Sampson, University of Washington Medical Student, representing various medical organizations **in support of H 486**, spoke to the committee about his personal experience, the data used, his findings, and his sponsorship of this legislation. He said this is an opportunity to protect our youth and educate the public. He discussed how 36 states currently regulate the use of UV tanning devices by minors. In areas where it has been banned, the tanning salons have experienced an increase in revenue from customers, including minors, who now use the more expensive spray tan products.

In response to questions, **Mr. Sampson** said California has already passed a bill banning the use of tanning beds by minors. Eighteen other states are considering legislation to regulate, limit, or ban their use by minors. He stated that the age cap of eighteen follows societal establishment for other important decisions.

Testifying **in support of H 486** were **Dr. Lindsay Sewell**, Dermatologist, Idaho Falls, **Dr. Linda Borton**, Dermatologist, Boise, **Heidi Low**, Director, Government Relations, American Cancer Society, **Lisa Winters**, Idaho Resident, **Dr. Tom Patterson**, Pediatrician, President, American Academy of Pediatrics, **Susie Poulliot**, Chief Executive Officer, Idaho Medical Association, **Robin Martin**, Melanoma Survivor, Idaho Sol Survivors Member, **Christy Christiansen**, Boise Resident, Former Health Teacher, **Dr. KaLynne Harris**, Dermatologist, Canyon County, **Dr. Steven Mings**, Dermatologist, Boise, **Christina McElvoy**, Melanoma Survivor, Idaho Resident, **Dr. Chris Scholes**, Dermatologist, Twin Falls, **Lisa Buelow**, Founder, Idaho Sol Survivors Group.

They described experiences with skin cancer, either personal or professional, and detailed the deeper and more aggressive melanomas being seen, with follow up treatment lasting for years. Testifiers expressed concern about the increasing melanoma rates, lack of education about the hazards, base tans that only provide 2 to 4 SPF (sun protection factor), the view that tanning is a time of bonding for family members, the possible physiological addiction, and the lack of regulatory follow up. They stated that it is our obligation to protect our youth and their health until they are old enough to make their own decisions.

Responding to questions, **Ms. Christiansen** stated that high school students, mostly girls, appear to pursue tanning as a way to impress the opposite sex, with increased use before big events, and a tendency toward a minimum of weekly visits.

Testifying in opposition to H 486 were **Brook Taylor**, All Hours International, and **Leo Taylor**, Salesman, tanning products,

They pointed out that tanning salon suppliers provide equipment with clearly marked warnings as well as education and training for their operators. They expressed concern that Idaho's outdoor lifestyle, with lots of sun exposure, can cause skin cancers and pointed out that studies from the National Cancer Institute indicate melanoma deaths occur primarily in men who work outdoors. They said that tanning salons are federally regulated, clients are skin typed to determine their safe tanning program, and tanning bed lamps are the same as phototherapy lamps. They were concerned about over regulation and it's effect on small businesses. Responding to questions, **Ms. Taylor** said that the skin type maximum equals the dosage of sunlight you could get in one day and that there is no state regulation, only the Federal Drug Administration and Federal Trade Commission, which regulate tanning at the salon level, including over-exposure issues.

Rep. Rusche introduced an amendment to H 486 that removes references to "phototherapy device."

Chairman McGeachin thanked Abigail Prigge for her services as the committee's page for the first half of the session.

PRESENTATION: Due to time constraints, **Chairman McGeachin** asked **Denise Chukovitch**, Executive Director, Idaho Primary Care Association, if her presentation on the importance of Idaho Community Health Centers could be rescheduled. Ms. Chukovitch agreed to reschedule the presentation.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 4:04 p.m.

Representative McGeachin
Chair

Irene Moore
Secretary

**AMENDED #1 AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
1:30 P.M.
Room EW42
Monday, February 20, 2012**

SUBJECT	DESCRIPTION	PRESENTER
H 530	Disability Insurance, Abortifacients	Rep. Bilbao
HJM 10	Rights of Conscience Act	Rep. Bilbao
H 500	Occupational Therapy	Roger Hales Board of Occupational Licensing
H 501	Counselor/Therapist, Board Provision Revised	Roger Hales
H 486	Minors, Phototherapy/Tanning Device	Rep. Rusche
H 555	Federal Health Care Reform Oversight Committee	Rep. McGeachin
Presentation	Idaho Academy of Nutritionists and Dietetics	Sue Linja, President Roseanna Holiday, Incoming President

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman McGeachin
Vice Chairman Bilbao
Rep Loertscher
Rep Shepherd
Rep Thayne

Rep Wood(27)
Rep Guthrie
Rep Roberts
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, February 20, 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:** None.

GUESTS: The sign-in sheet will be retained in the committee secretary's office until the end of the session. Following the end of the session, the sign-in sheet will be filed with the minutes in the Legislative Services Library.

Chairman McGeachin called the meeting to order at 1:31 p.m.

H 500: **Roger Hales**, Board of Occupational Therapy, presented **H 500**, legislation that eliminates ambiguity in the Idaho Code regarding continuing education.

MOTION: **Rep. Thayn** made a motion to send **H 500** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Thayn** will sponsor the bill on the floor.

H 501: **Roger Hales** Board of Counselors and Marriage and Family Therapists, presented **H 501**, legislation that clarifies the previous Idaho Code additions of Clinical Counselors, Marriage and Family Therapists, and Associate Marriage and Counselor Therapists.

MOTION: **Rep. Thayn** made a motion to send **H 501** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Chew** will sponsor the bill on the floor.

Chairman McGeachin introduced the committee's new page, Rachel Uhlenkott.

H 530: **Chairman McGeachin** explained to the audience the procedure and etiquette for giving testimony.

Testifying in **opposition** to **H 530** were Sylvia Cheriton, Vice President Public Policy, American Association of University Women in Idaho; Monica Hopkins, Executive Director, American Civil Liberties Union of Idaho; Erin Capener, Idaho Resident, Resident Nurse; Bonnie Douglas, former State Representative, Idaho Resident; Muriel Roberts, Director of Advocacy, The League of Women Voters of Idaho; Lisa Bousad, Idaho Resident, Nursing Student; Chris Cooke, Idaho Student Association, Idaho resident; Yvette Sedlewicz, Dominique Howell, Darcy James, Eve Palmer, Elaine Kuzakoff, Elizabeth Littman, Pilar Howell, Alexander Grad, Dr. Roberta Olson, James Gravatt, Kay Markword, Justin Blakely, Patti Moran, Idaho Resident.

Those testifying detailed medical conditions that rely on birth control products. They indicated that affordability without insurance becomes an issue which could lead to non use and future cost consequences that affect the entire community. It was stated that by singling out products used by women, **H 530** violates the state's responsibility to allow equal freedom and neither employers nor insurance companies should dictate coverage. It was expressed that **H 530** takes away control of an individual's life and health and that many religions disagree with other unregulated basic health care options.

Testifying in **support of H 530** were Julie Lynde, Executive Director, Cornerstone Family Counseling, and Jason Herring, President, Right to Life.

They stated that this legislation protects our state rights and women's freedom. It was pointed out that our state policy prefers live birth over abortion. Those testifying disagree with the government injecting itself into any individual's decision and forcing employer insurance companies to provide coverage against their conscience.

Rep. Bilbao stated that the real issue is with mandates, which oppose the First Amendment. Although contraceptives can be used for medical reasons, he objects to those that end life, which will be covered and paid for with taxpayer dollars. He shared his disappointment in statements of assurance made by the federal government at the same time bills that eliminate any option were being passed by Health and Human Services (HHS). **Rep. Bilbao** stated that we must pay for our own choices.

MOTION: **Rep. Bilbao** made a motion to send **H 530** to the floor with a **DO PASS** recommendation.

Rep. Rusche stated that contraceptives are not abortifacients. The definition of abortifacients is unclear in this legislation and could apply to almost any medication, including chemotherapy. Additionally, **H 530** would exclude services for women, but not those for men. He would not be able to support this legislation because it enables an employer to force personal values on his or her employees.

Rep. Wood(27), said he would be unable to support **H 530**, which is preempted by federal law and rule and would require federal court action to be set aside, spending tax dollars. He noted that oral contraceptives are also used for other medical reasons.

SUBSTITUTE MOTION: **Rep Wood(27)** made a substitute motion that **H 530** be held in committee. **Rep. Bilbao** requested a roll call vote.

Rep. Thayn said that the intent in writing **H 530** was to keep Idaho's status quo. Insurance companies are not required to offer abortifacients, but do, because it makes sense to them. In his opinion, if this bill passes, most insurance companies, for financial reasons, would still continue to offer these services. However, he is unable to support **H 530** because of the vagueness of the abortifacient definition.

AMENDED SUBSTITUTE MOTION: **Rep. Roberts** made an amended substitute motion to hold **H 530** subject to the call of the Chair.

Rep. Roberts stated that he supports the sponsor's motive, but the potential unintended consequences need addressing.

Rep. Rusche stated his opposition to holding **H 530** for time certain, that the bill was irreparable and if returned could still invite legal expenditures.

ROLL CALL VOTE ON AMENDED SUBSTITUTE MOTION: **Rep. Bilbao** requested a roll call vote. **Motion carried by a vote of 7 AYE, 3 NAY.** **Voting in favor of the motion: Reps. Bilbao, Loertscher, Shepherd, Thayn, Guthrie, Roberts, McGeachin.** **Voting in opposition to the motion: Reps. Wood(27), Rusche, Chew.**

HJM 10: **Marcie Wilske**, Chancellor, Roman Catholic Diocese of Boise, testified in **support** of **HJM 10**, stating that HHS mandated that all private health care plans must cover sterilization, abortion-inducing drugs, and contraceptives. A final rule issued on February 10th would exempt religious employers, but not their insurance companies. With automatic insertion into policies, coverage would still be employer paid. Ms. Wilske encouraged the committee members to speak out for religious liberties by supporting this joint memorial.

Dave Ripley, Idaho Chooses Life, testified in **support** of **HJM 10**, stating that this is federal coercion for a political social agenda that is objectionable.

In closing, **Rep. Bilbao** stated that **HJM 10** is the Idaho legislative direction to Congress to consider the Respect for Right of Conscience Act of 2011.

MOTION: **Rep. Roberts** made a motion to send **HJM 10** to the floor with a **DO PASS** recommendation.

Rep. Chew said she was unable to support **HJM 10** because it is discriminatory.

ROLL CALL VOTE ON MOTION: **Rep. Roberts** requested a roll call vote on the motion. **Motion carried by a vote of 7 AYE, 2 NAY, 1 Absent/Excused. Voting in favor of the motion: Reps. Bilbao, Loertscher, Shepherd, Thayn, Guthrie, Roberts, McGeachin. Voting in opposition to the motion: Reps. Rusche, Chew. Rep. Wood(27) was absent/excused. Rep. Bilbao will sponsor the bill on the floor.**

H 486: **Jerry Deckard**, Capitol West Public Policy Group, Idaho Indoor Tanning Association, testified in **opposition** to **H 486**, stating that there is no indication of the method of enforcement. He stated that tanning facilities already require parental permission without the need for a law and its penalties. Mr. Decker expressed concern that inclusion of home use would be an over reach that is unenforceable.

Wayne Hoffman, Executive Director, Idaho Freedom Foundation, testified in **opposition** to **H 486**, expressing his concern with the removal of parental decision making. In answer to a question, he said that parental involvement is better than government involvement on any issue.

Patti Moran, Idaho Resident, testified in **support** of **H 486**. She stated that behavioral changes could prevent melanoma skin cancer and resulting deaths. Ms. Moran cited several studies and reports that indicate the extensive use of tanning beds by teenage girls.

Lauren Douty, Idaho Resident, spoke in **support** of **H 486**. She described her tanning experience and the resulting surgical scars, stating that she wished someone would have stopped her from using tanning beds. Ms. Douty said her friends admit to multiple weekly visits to different salons, since there is no common exposure record kept between the various salons.

Jared Scott, Dermatologist, Boise Valley Dermatology Society, spoke in **support** of **H 486**, stating his concern for our youth and his experience as a dermatologic surgeon who removes skin cancer often from teens and has to explain the result of their risky behavior. Dr. Scott stated that the increase in tanning salon popularity is in line with the epidemic skin cancer increase. He explained that even 1mm melanoma penetration is very serious and can spread to other areas of the body.

In closing remarks, **Rep. Rusche** stated that tanning in tanning beds is a known cancer causing condition that has been demonstrated to increase the incidences of skin cancer and fatal skin cancer. Whether in salons or homes, tanning bed usage needs to be treated like other carcinogens, as a misdemeanor, with imprisonment and a fine. He described the Federal Drug Administration protections, which are only for the medical devices, stating that they do not prescribe the exposure frequency or duration, and have recommendations for only the first week of tanning. Responding to questions, Rep. Rusche said law enforcement would be handled through multiple police and sheriff entities. The amount of the fine is up to the discretion of the judge, with both the minor and the salon owner liable.

MOTION: **Rep. Roberts** made a motion to send **H 486** to general orders with amendments. **Rep. Rusche** seconded the motion. **Motion carried by voice vote.** **Rep. Rusche** will sponsor the bill on the floor.

H 555: **Chairman McGeachin** requested unanimous consent from the committee to postpone **H 555** until the next committee meeting.

PRESENTATION: **Sue Linja**, Registered Dietitian (RD), Licensed Dietitian (LD), President, Idaho Academy of Nutrition and Dietetics, presented "Healthy Idaho: Licensed Registered Dietitians, The Nutrition Experts!" She stated that there are 550 licensed, registered dietitians and dietetic students in Idaho. Licensing is under the Board of Medicine statute and requires a minimum 4 year degree, internship, passage of a national registration exam, and continuing education.

Ms. Linja stated that health care costs can be reduced by adopting the view that nutrition plays a key role in the prevention of every disease. As educated experts, licensed, registered dietitians would like to be involved in any health care discussions.

RoseAnna Holiday, LD, RD, President-Elect, Idaho Academy of Nutrition and Dietetics, stated that they advocate for health related issues, including improved school lunches and meals for elderly citizens. She detailed the estimated state savings that is possible through nutrition improvement, noting that classes are available on line as well as in classrooms. The current obesity epidemic has an underlying cause of poor nutrition and inactivity, which leads to medical issues. She said that prevention through nutrition is the key to health care cost reductions.

In response to questions, **Ms. Holiday** stated that one of the preventative cost saving services would involve the patient meeting with a registered dietitian to discuss their health issues. The meeting could be annually or monthly, but would be individualized for their particular need. Some physicians are referring patients to dietitians, but the Idaho Academy of Nutrition and Dietetics is just starting to advertise who they are and what they can do.

In answer to questions, **Ms. Linja** stated that the Department of Health and Welfare's Infant and Children Program has a strong nutritional component and the Federal Food Stamp Program could include nutritional educational.

Ruth Schneider, Dietetic Internship Clinical Coordinator, Idaho State University Meridian Health Science Center, was invited to answer a question about state waiver possibilities for the federal Special Needs Assistance Programs (SNAPS). She stated that SNAPS is a general diet and the Women, Infants, and Children (WIC) Program is for specific foods. She supports education of program members so they can plan their diets.

Ms. Linja stated that they would like to be included in any discussions about cost savings through nutrition and nutrition prevention, such as those mentioned in the Patient Protection and Affordable Care Act.

ADJOURN

There being no further business to come before the committee, the meeting was adjourned at 4:12 p.m.

Representative McGeachin
Chair

Irene Moore
Secretary

**AMENDED #1 AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
1:30 PM or Upon Adjournment
Room EW42
Wednesday, February 22, 2012**

SUBJECT	DESCRIPTION	PRESENTER
<u>H 502</u>	Control Substances / Schedule I/II/IV/V	Mark Johnston Executive Director State Board of Pharmacy
<u>H 503</u>	Prescription Drug Orders	Susie Pouliot, CEO Idaho Medical Association
<u>H 555</u>	Federal Health Care Reform Oversight Committee	Rep. McGeachin
<u>H 529</u>	Federal Health Care Reform Oversight Committee	Rep. McGeachin
	<u>Department of Health & Welfare</u> Children's System Redesign Update	David Simnitt Deputy Administrator and Chad Cardwell Field Program Manager

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman McGeachin	Rep Wood(27)
Vice Chairman Bilbao	Rep Guthrie
Rep Loertscher	Rep Roberts
Rep Shepherd	Rep Rusche
Rep Thayn	Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: (208) 332-1138
email: imoore@house.idaho.gov

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

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
8:00 A.M.
Room EW42
Friday, February 24, 2012

SUBJECT	DESCRIPTION	PRESENTER
H 541	Health Care Organizations	Ken McClure Idaho Medical Association
SCR 114	H&W, Rules Rejected	Rep. McGeachin
	Medicaid Managed Care Update	Leslie Clement Deputy Director Department of Health & Welfare

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman McGeachin
Vice Chairman Bilbao
Rep Loertscher
Rep Shepherd
Rep Thayn

Rep Wood(27)
Rep Guthrie
Rep Roberts
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Friday, February 24, 2012

TIME: 8:00 A.M.

PLACE: Room EW42

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

**ABSENT/
EXCUSED:** Rep. Wood(27)

GUESTS: Ken McClure, Idaho Medical Association; Christy Neuhoff, St. Luke's Health System; Toni Lawson, Idaho Hospital Association; Steve Thomas, Idaho Association of Health Plans; Leslie Clement, Department of Health and Welfare; Kris Ellis and Tony Smith, Benton Ellis; Kathie Garrett, Idaho Academy of Family Physicians; Jeremy Pisca, Saint Alphonsus Health System; Molly Steckel, Idaho Medical Association.

Chairman McGeachin called the meeting to order at 7:59 a.m.

H 541: **Ken McClure**, Attorney, Idaho Medical Association, presented **H 541**, which clarifies that hospitals can establish their own criteria for medical staff membership, but cannot deny membership to a doctor who practices elsewhere, has ownership in another facility, or is a competitor of other staff doctors. He stated that exclusive contracts between the hospital and doctor can exist.

Responding to questions, **Mr. McClure** said a large multi-specialty clinic would be included in this legislation. He explained that hospitals are free to specify contract terms and, since maintaining a specialist is important, second privileges can be denied, if there is not enough business to fulfill the existing contract. A federally allowed self referral is also allowed under the statute.

Christy Neuhoff, General Counsel, Saint Luke's Health System, testified in **support of H 541**, stating that St. Luke's does not use any prohibited criteria such as indicated in this bill, but has heard concerns from physicians about other hospitals using such criteria to deny privileges.

Toni Lawson, Vice President, Idaho Hospital Association, stated she **supports H 541**.

Steve Thomas, Idaho Association of Health Plans, stated he is **neutral** on **H 541** since it does not apply to health insurance companies.

MOTION: **Rep. Guthrie** made a motion to send **H 541** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Guthrie** will sponsor the bill on the floor.

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

SCR 114: **Rep. McGeachin** presented **SCR 114**, which is a rejection of seven subsections and three paragraphs in a Department of Health and Welfare (DHW) pending rule for Medicaid Enhanced Plan Benefits. Both the provider community and the DHW asked for these rejections.

MOTION: **Rep. Loertscher** made a motion to send **SCR 114** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. McGeachin** will sponsor the bill on the floor.

PRESENTATION: Leslie Clement, Deputy Director, DHW, presented an update on Idaho Medicaid Managed Care. She explained that Medicaid is a major state budget driver, critical health care services payor, and provider of coverage for the uninsured. Ms. Clement then discussed the challenges of Medicaid management and the increasing number of enrollees. She stated that the current approach has exhausted short-term budget strategies and Medicaid is now paying for volume rather than value.

Ms. Clement reported that the Medicaid programs in twenty-six states contract with managed care organizations, thirty-one states operate primary care case management programs, and nearly all states have limited-benefit plans, with many plans expanding managed care to improve service delivery and payment systems.

She stated the results of the prepaid ambulatory care plan, special needs plan, primary care case management, and selective contracting. The utilization management, preferred drug list, and Idaho home choice program are all working well, achieving their purpose, and on track for savings targets.

Ms. Clement presented an actuarial overview for fiscal years 2009 to 2011 that summarized the number of enrollees, with total expenditures for physical health, mental health, long-term care, and pharmacy. Managed care opportunities exist in six areas: dual eligibles, mental health carve out, health home (mental health and chronic care conditions), disabled medicaid, pregnant women and newborns, along with the temporary assistance for needy families (TANF) and children's health insurance (CHIP) programs. Ms. Clement said that the analysis revealed a high prevalence of common chronic conditions among nonpregnant, adult populations and detailed the analysis by co-morbid conditions.

As a result of meetings with Medicaid experts from Oregon and Utah, **Ms. Clement** shared what is working, what isn't working, and what they find challenging. Common focuses are anchoring the change on the medical home, integrated benefit management, outcome rewards, and quality.

Ms. Clement presented public forum results for behavioral health managed care, health plan collaboration (duals), long-term care managed care, and Medicaid managed care.

Hospitals and health systems suggestions included patient-centered regional integrated, coordinated care, accountable managed care, and electronic health records. They stated that commercial insurance companies could become another layer between Medicaid and providers, and indicated that they are not ready for risk-based arrangements.

Physicians and medical practices shared their concern for the current physician/patient ratio. They described their regulatory and reimbursement pressures, and encouraged the use of an integrated model, including electronic outcome and claims data.

Community Health Centers expressed their desire to be recognized as essential providers. They discussed the variety of pressures they encounter, and medical homes as the foundation of care. They indicated that focus needs to be on increased access, improved quality, and reduced costs.

She detailed the combined panel's five key elements, which were patient-centered medical home improvements, patient incentives, real time data sharing, feedback reports, and payment incentives for high risk populations.

Ms. Clement said that an application has been made to the National Association of State Health Policy to adopt or adapt the North Carolina Community Care model. She said they plan to learn how one state has managed Medicaid services through community provider networks anchored by the patient-centered medical home to achieve improved health outcomes at reduced costs. Then they will draft a state work plan to pilot a similar approach with Idaho health system providers.

She reviewed the current medical home pilots and initiatives, which are the governor's multi-payer medical home collaborate, health homes, Children's health care improvement collaborative, and the dual eligibility plan.

Ms. Clement said there are two one-time budget requests for support staff for both the managed care design services and the continued medical home developments. She concluded that the Medical Care Advisory Committee keeps track of developments, providing oversight with subcommittee focus on different managed care approaches.

Responding to questions, **Ms. Clement** stated that precise actuarial information is available and she is expecting additional regional information on Idaho's capitation fee. During the forums repeated requests were made, because of the population's vulnerability, to make sure any implementation is working well.

Ms. Clement remarked that the Dual Eligible Discussion (Duals) office has offered all states the chance to review new financing models. Of interest is the three-way contract between Medicaid, Medicare, and health plans, because it reduces the complexity of three plans to one plan that includes all benefits under a single capitation.

In answer to additional questions, she explained that the Idaho Health Data Exchange (IHDE) is a practice-to-practice service for patient records, so information is not directly available. There are two incentive programs for funding to eligible providers to help pay for electronic health records. She said that funding from the American Recovery and Reinvestment Act (ARRA) is available for physicians with 30% or more Medicaid patients (20% or more for pediatricians).

She described how the medical home team model engages team members in their areas of expertise, and their need of an informational system

ADJOURN:

There being no further business to come before the committee, the meeting was adjourned at 10:03 a.m.

Representative McGeachin
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
 1:30 or Upon Adjournment
 Room EW42
 Tuesday, February 28, 2012

SUBJECT	DESCRIPTION	PRESENTER
	Hospital Assessment	Larry Tisdale Vice President, Finance Idaho Hospital Association
H 566	Medical Savings Accounts	Rep. Nonini
H 573	Health Savings Accounts	Rep. Thayn
H 569	Uniformed Controlled Substances	Rep. Loertscher
	Patient Protection and Affordable Care Act	Dr. Epperly Executive Director, CEO Family Medicine Health Center
H 558	Residential Care / Provisional Permits	Kris Ellis Idaho Health Care Association

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman McGeachin	Rep Wood(27)
Vice Chairman Bilbao	Rep Guthrie
Rep Loertscher	Rep Roberts
Rep Shepherd	Rep Rusche
Rep Thayn	Rep Chew

COMMITTEE SECRETARY

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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, February 28, 2012

TIME: 1:30 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: Jim Genetti, Idaho Association of Health Underwriters; Denise Chuckovitch, Idaho Primary Care Association; Kris Ellis and Robert Vande Merwe, Idaho Health Care Association; Larry Tisdale and Toni Lawson, Idaho Hospital Association; Sara Stover, State of Idaho Division of Financial Management; Leslie Clement, and Paul Leary, Department of Health and Welfare (DHW); Jason Kreizenbeck, Lobby Idaho; Reiley O'Brien, American Cancer Society Cancer Action Network; Mark Johnston and Darcy Aslett, Bureau of Pharmacy; Mark Maxfield, The Cottages; Dr. Ted Epperly, Family Medicine Residency of Idaho; Joie McGarvin, America's Health Insurance Plans; Dr. Les Stone, Rena Carlson, John Chandler, Wayne Loertscher, Idaho Veterinary Medicine Association; Woody Richards, Attorney; Jayson Ronk, Idaho Association of Commerce and Industry; Julie Taylor, Blue Cross of Idaho; Jeremy Pisca, St. Alphonsus Hospital; Suzanne Budge, Idaho Lobbyist.

Chairman McGeachin called the meeting to order at 2:31 p.m.

MOTION: **Rep. Bilbao** made a motion to approve the minutes of February 14 and February 20, 2012. **Motion carried by voice vote.**

PRESENTATION: **Larry Tisdale**, Vice President of Finance, Idaho Hospital Association, presented "Hospital Assessments and Related Supplemental Payments" to the committee. He gave a brief history of hospital assessments, taxes and supplemental payments, including Upper Payment Limit (UPL) and Disproportionate Share Hospital (DSH) payments.

Mr. Tisdale remarked that federal regulatory code requires states pay no more than a "reasonable estimate" for UPL payments. Idaho Medicaid uses actual costs from audited cost reports to establish a "reasonable estimate." UPL payments scheduled for the fall of any given year are based on the previous calendar year.

He explained that UPL gaps have occurred since the hospital reimbursement was reduced below the cost of providing services to Medicaid patients. There was a 3.5% cut after 9/11 and a subsequent 5% deficit cut.

Mr. Tisdale stated that private hospitals are assessed a percentage of their net patient revenue for the state share of UPL and DSH payments. County and district hospitals pay through the intergovernmental transfer (IGT) process for the state share of UPL and DSH payments.

General fund budget relief assesses private, county and district hospitals, which are considered non-state government owned (NSGO), as a percentage of their net patient revenue. **Mr. Tisdale** described the 2009 general fund payment agreement, which has no sunset, and the actual cost restoration of the two previous cuts. With the reimbursement restored to cost, community hospitals agreed to be assessed for two years to help fund the Trustee and Benefits Fund shortfall. However, without the buffer of expected UPL payments in 2013, hospitals will have to shift the cost of any continued Trustee and Benefits assessments, which will raise insurance costs, increasing both employment and business opportunities.

H 566: **Rep. Nonini** presented **H 566**, legislation that increases the Medical Savings Account (MSA) and Health Savings Account (HSA) annual pretax maximum contribution from two thousand dollars to five thousand dollars, if the account holder files a separate tax return, and from two thousand dollars to ten thousand dollars, if the account holder is married and files a joint tax return. He stated that this increase is designed to encourage the purchase of higher deductible insurance plans and the use of HSAs for first dollar medical care. This legislation applies only to the state tax policy, since the federal government sets Internal Revenue Service limits. Rep. Nonini explained that the Statement of Purpose (SOP) was revised to include the 2010 cumulative \$14,042,851 total provided by the State Tax Commission, although the SOP indicates 2012.

Rep. Roberts commented that since **H 566** amends Idaho Code 63, it belongs in the Revenue and Taxation Committee, especially with the substantial change from current tax policy in the amount of the deductions.

MOTION: **Rep. Roberts** made a motion to recommend that **H 566** be referred to the Revenue and Taxation Committee. **Motion carried by voice vote.**

H 573: **Rep. Thayn** presented **H 573**, legislation to encourage, facilitate, and fund Health Savings Accounts (HSA) for Idaho state employees who are enrolled in a high-deductible health plan. He detailed historical and projected medical costs, contrasting the U.S. Gross Domestic Product percentage with other industrialized nations. Rep. Thayn explained the evolution from unexpected illness coverage to first dollar insurance.

He detailed the current state system and examples of high deductible policies for state employees with HSA's. Deposit amounts would equal the difference between high-deductible health plan premium costs and the state's lowest deductible group health plan.

Responding to questions, **Rep. Thayn** said that, although he had not presented this plan to any actuaries, he had talked with the Department of Insurance and the Department of Administration, who suggested he pursue this legislation.

Rep. Wood stated his concern that this legislation deals with state benefits issues and would be more appropriately addressed by the Commerce and Human Resources Committee.

MOTION: **Rep. Wood** made a motion to recommend that **H 573** be referred to the Commerce and Human Resources Committee. **Motion carried by voice vote.**

H 569: **Rep. Loertscher** presented **H 569**, invoking Rule 38 because his son is a veterinarian. He said that the existing controlled substance reporting statute includes veterinarians. This becomes an issue due to the small amount of controlled substances dispensed and the expense of implementation. He stated that **H 569** stipulates that reporting requirements are for substances dispensed to humans, exempting veterinarians.

Mark Johnston, Executive Director, Idaho Board of Pharmacy (BOP), testified that he had conferred with the BOP Chairman and there is no opposition to the statute change.

Dr. Les Stone, Veterinarian, Idaho Falls, testified in **support** of **H 569**, stating that the required information, such as birth date, would be useless to the board of pharmacy since it is for a human forum. He said that the amounts dispensed are too small to be indicative of any abuse and are not typically used for recreational purposes.

Rena Carlson, Veterinarian, Pocatello, appeared in **support** of **H 569**, stating that twenty-three states have exempted veterinarian reporting, since the information would be irrelevant and useless.

John Chandler, Veterinarian, West Vet Emergency Clinic, Idaho Veterinary Medical Association, testified in **support** of **H 569**, stating that under the current regulation, any clinic that prescribes more than ten controlled substances a week would be required to report. He finds this a concern, particularly with the approximate thirty-thousand dollar expense of the reporting software. Smaller clinics would face a hardship between the costs of software and integration staffing. He noted that the Drug Enforcement Administration monitors controlled substances, which are used mainly in their office and not dispensed. He said dispensed drugs are not usually diverted because of their small quantities, short duration of use, lack of refills, and requirement of a vet-patient relationship.

Wayne Loertscher, Veterinarian, Idaho Veterinary Medical Association, testified in **support** of **H 569**, stating his agreement with previous testimonies. Dr. Loertscher said that their controlled substances are closely regulated, including annual blood level monitoring, and veterinarians share their records. He stated concern that the Board of Pharmacy could change the rules and cause financial and staff difficulty, which would be a burden to their clients, who would bear the additional costs.

MOTION: **Rep. Guthrie** made a motion to send **H 569** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Loertscher** will sponsor the bill on the floor.

PRESENTATION: **Dr. Ted Epperly**, Family Physician, President & CEO, Family Medicine Health Center, presented "The Affordable Care Act, Looking Toward A Better System For The Entire Community." He explained the conditions that have led to the Patient Protection and Affordable Care Act (PPACA), which addresses the escalating numbers of uninsured people, out of control costs, and lack of affordable health care.

Dr. Epperly stated that a preventative health care system needs to be available. He remarked that health care systems in other countries utilize the front-end health care system, which focuses on prevention.

He said a rebalance of the medical work force will get people to the right physician at the right time for the right treatment. If not changed, the current high cost procedure and volume driven system will continue. Elaborating on this statement, he explained that the largest economic sector on our planet is our country's health care.

Dr. Epperly described PPACA as a move from an experience-based to a community-based system to eliminate the growing number of medical bankruptcies. He said that other countries experience no medical bankruptcies because their health care systems actually keep people healthy through their front-end services. He stated that even with a high per-person dollar expenditure, the World Health Organization ranked our country thirty-seventh for quality of care and fifty-fourth for affordability.

He remarked that the largest provision in PPACA is in health promotion and prevention, with incentives for wellness strategy, so the country starts thinking more about health than about disease and sickness. He concluded that there are good things in PPACA, and a lot of grey areas, with the opportunity to make advancements for the good of Idaho citizens.

In response to questions, **Dr. Epperly** said that social determinates are often health drivers, even with Medicaid. He stated that mental illness and any chronic disease are a toxic combination that often accompanies Medicaid patients. He suggested a focus on the front-end system to get timely care, with work on behavioral changes, so future costs are less.

Dr. Epperly encouraged a pluralistic system and stated he is a fan of neither a single-payor system nor a free market system, because people fall through the cracks in both. The expansion of Medicaid asks the state to be partners, which, if not accomplished, produces a cost shift, since emergency care and hospitalization are still utilized and the costs are passed on some other way. Expanded coverage allows timely access in lower-cost settings and downstream benefits that provide better health care and lead to a healthy, educated, and employed workforce to make Idaho a better place.

H 558: **Kris Ellis**, Idaho Health Care Association, presented **H 558**, legislation that revises the residential care facilities administrator permit requirements. She explained that the previous permit requirement of both experience and course attendance has been modified to allow either one. She said this legislation is supported by the licensing board.

Mark Maxfield, Owner, The Cottages, Treasurer, Health Care Association, testified in **support** of **H 558**, stating that this legislation is a compromise with the licensing board. He said rural small businesses would struggle to have a licensed administrator under the current requirements. A provisional license is important to provide the appropriate coverage while a permanent resolution is found.

MOTION: **Rep. Rusche** made a motion to send **H 558** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Rusche** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 4:17 p.m.

Representative McGeachin
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
8:30 A.M.
Room EW05
Friday, March 02, 2012

SUBJECT	DESCRIPTION	PRESENTER
H 566	Medical Savings Accounts	Rep. Nonini
H 440	Fees/Taxes, Insurance Funding	Paul Leary Administrator Department of Health & Welfare
HCR 44	Department of Health & Welfare, Rule Promulgation	Rep. McGeachin

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman McGeachin
Vice Chairman Bilbao
Rep Loertscher
Rep Shepherd
Rep Thayn

Rep Wood(27)
Rep Guthrie
Rep Roberts
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: (208) 332-1138
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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Friday, March 02, 2012

TIME: 8:30 A.M.

PLACE: Room EW05

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

**ABSENT/
EXCUSED:** Rep. Loertscher

GUESTS: Jed Osborn, Department of Health & Welfare (DHW); Elizabeth Criner, Pfizer; Heidi Low, American Cancer Society Cancer Action Network; Suzanne Budge, National Federation of Independent Business (NFIB); Joie McGarvin, America's Health Insurance Plans; Max Greenlee, Risch Pisca.

Chairman McGeachin called the meeting to order at 8:35 a.m.

MOTION: **Rep. Bilbao** made a motion to approve the minutes of February 22, 2010. **Motion carried by voice vote.**

H 566: **Chairman McGeachin** stated that although tax bills are required to start in the House, there is no specific committee delineation. **H 566**, which was referred out of the Committee on February 28, 2012, was returned because it is related to health care policy.

Rep. Nonini presented **H 566**, which increases the Medical Savings Account (MSA) and Health Savings Account (HSA) annual pretax maximum contribution amounts. He said that the fiscal note has been corrected to reflect calendar year 2010. Rep. Nonini explained that the \$14,042,851 is a pretax annual total contribution amount. He said that an additional amendment will clarify that the funds deducted on a federal tax return will not be included on the state reported funds, since they are already a part of the adjusted income on the state return.

Dan John, State Tax Commission, was invited to speak before the committee. He said that the language on page six allows the deduction of all qualified amounts paid into MSA's and HSA's, including those already reported on a federal tax return. Subsection 63-3022m states, "...if such cost has not been deducted in arriving at taxable income" removes duplication of claim and also needs to be in subsection 63-3022q.

Responding to questions, **Rep. Nonini** said that any insurance choice is an accountant-taxpayer decision, and the Patient Protection and Affordable Care Act (PPACA) does have deductible qualifying limits.

MOTION: **Rep. Roberts** made a motion to send **H 566** to General Orders. **Rep. Thayn** seconded the motion.

Suzanne Budge National Federation of Independent Business, testified in **support** of **H 566**, stating that since their members are in a unique insurance subset and are always looking for tools like these to control costs.

VOTE ON MOTION: **Chairman McGeachin** called for a vote on the motion to send **H 566** to General Orders. **Motion carried by voice vote.** **Rep. Nonini** will sponsor the bill on the floor.

H 440: **Paul Leary**, Administrator, Division of Medicaid, presented **H 440**, which amends Title 41, Chapter 4, by modifying current code to allow funding to be used to cover program expenditures for the Children Health Insurance Program (CHIP B), Children's Access Card, and the Small Business Health Insurance Pilot Program. Current statute specifies a percentage for each of the three programs, which can result in a shortage in one or more programs while there are idle funds in another program. The change eliminates the annual review of the allocation formula and provides for the full funding of each program.

In response to questions, **Mr. Leary** said that the CHIP program will have increased federal participation up to 100% beginning October 1, 2015. **H 440** allows discretionary distribution of the funds, while the allocation formula remains the same.

MOTION: **Rep. Roberts** made a motion to send **H 440** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Rusche** will sponsor the bill on the floor.

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

HCR 44: **Rep. McGeachin** presented **HCR 44**, a resolution encouraging the DHW and Medicaid to promulgate a rule that takes into consideration the guidelines contained in the "Treating Tobacco Use and Dependence: 2008 Update: A Clinical Practice Guideline," published by the Public Health Service in May 2008 (PHS Guideline). She said that this legislation is in response to a rejected temporary rule that needs to be addressed so that the Medicaid program is not put at risk. **Rep. McGeachin** relayed that the PHS Guideline does not recommend pharmacotherapy for pregnant women because there is insufficient evidence of the specific safety and effectiveness of pharmacotherapy in pregnant women. However, such use may be evaluated on a case-by-case basis as determined by the woman and her physician.

Heidi Low, Idaho Director, American Cancer Society Cancer Action Network, testified in **support** of **HCR 44** stating that tobacco cessation is an important Medicaid service and they are okay with guidelines that include allowance for special circumstances.

MOTION: **Rep. Rusche** made a motion to send **HCR 44** to the floor with a **DO PASS** recommendation.

Rep. Rusche commented that this is a good example of adopting best practice, referring to the PHS Guidelines, and including room for appropriate use, with the decision between the physician and patient, on a case-by-case basis.

VOTE ON MOTION: **Vice Chairman Bilbao** called for a vote on the motion to send **HCR 44** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. McGeachin** will sponsor the bill on the floor.

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

ADJOURN: There being no further business to come before the committee, the meeting was adjourned 9:07 a.m.

Representative McGeachin
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
Upon Adjournment
Room EW42
Tuesday, March 06, 2012

SUBJECT	DESCRIPTION	PRESENTER
H 486	Minors, Phototherapy Tanning Devices	Rep. Rusche
H 487	Mental Health, Commitment Costs	Tony Poinelli Idaho Association of Counties
H 609	Public Assistance Law	Rep. McGeachin

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman McGeachin
Vice Chairman Bilbao
Rep Loertscher
Rep Shepherd
Rep Thayn

Rep Wood(27)
Rep Guthrie
Rep Roberts
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, March 06, 2012

TIME: 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: The sign-in sheet will be retained with the minutes in the committee secretary's office until the end of the session. Following the end of the session, the sign-in sheet will be filed with the minutes in the Legislative Services Library.

Chairman McGeachin called the meeting to order at 10:37 a.m.

MOTION: **Rep. Bilbao** made a motion to approve the minutes of the February 24, 2012, meeting. **Motion carried by voice vote.**

H 486 **Chairman McGeachin** announced that there would be no additional public testimony today. Testimony was given January 20, 2012, when **H 486** was before the committee. She also stated that there were dermatologists in the gallery who were available to answer any committee questions.

Because **H 486** was returned from the floor for discussion, **Rep. Rusche** appeared before the committee to respond to concerns expressed during the floor debate on March 1, 2012. He stated that the allegation that dermatologists want the bill for their financial gains is confusing since they make their living by examination and treatment of skin diseases, which will decrease with this bill. He said that the additional issue of dermatological equipment competing with tanning beds could be explained by **Dr. Lindsay Sewell**.

Chairman McGeachin placed a teleconference call to **Dr. Sewell**, President, Idaho Dermatology Society. He explained the electromagnetic spectrum, which includes gamma (the highest energy level), x-rays, ultraviolet (UV), visible, infrared, micro, and radio waves (the lowest energy level). The shorter the wave length, measured in nanometers (nm), the higher the energy. UV is broken into three segments. UVC measures 200 to 289nm, UVB measures 290 to 319nm, and UVA measures 320 to 400nm. UVA is broken down into two segments, UVA2 (320 to 339nm) and UVA1 (340 to 400nm).

Since the various wave lengths have different affects on the skin, dermatologists decide on a case-by-case basis what is right for their patients, including those with psoriasis, eczema, and lymphoma. He said that UV treatments, although decreasing inflammation, can damage the DNA in the cell and mutate to cancer. **Dr. Sewell** stated that it was discovered that a specific energy level worked best for treating inflammation, so dermatologists use a quick, narrow band of only 311nm UVB in a vertical light box that minimizes the risk and maximizes the therapeutic outcome. He described conditions that would respond to UVA exposure, stating that new lotions and medications offer excellent treatment without the UV risks.

Dr. Sewell explained that the skin penetration is different for UVC, which goes just below the stratum corneum, UVB, which goes just past the Epidermis, and UVA, which penetrates well into the Dermis, where mole cells are found. He said that tanning is a defense mechanism in response to UVA exposure to protect the DNA and prevent cell mutation. Too much UV, a darker tan, can overwhelm the body's ability to protect itself. He stated that dermatological UV delivery devices offer specific UV ranges and are not interchangeable with tanning beds, which provide general UV light.

He said that phototherapy sessions have decreased because new medications offer less risk in many instances. **Dr. Sewell** stated that their profession has the responsibility of using UV treatments effectively and minimally.

Rep. Rusche introduced three amendments to **H 486**. Amendment One modifies the details and definition of tanning equipment, exempts personal residential use, exempts sunless tanning products, decreases the age to fifteen and under, adds parental consent provision and guidelines, adds age verification guidelines and consequences for false information, provides owner liability exemption, and allows stricter limitations by local governments. Amendment Two clarifies safety or health risk information provided by tanning salon representatives. Amendment Three specifies warning sign requirements.

Responding to questions, **Rep. Rusche** said that tanning bed owners did not participate in the development of **H 486**.

MOTION: **Rep. Roberts** made a motion to send **H 486** to General Orders. **Rep. Wood** seconded the motion.

Rep. Thayn stated his concern that the industry wasn't involved in writing the bill for better balanced results.

SUBSTITUTE MOTION: **Rep. Thayn** made a substitute motion to **HOLD H 486** in committee.

Rep. Guthrie stated that he agrees that this issue needs to be addressed due to genuine risk, but he was troubled about the lack of stakeholder conversations and language that bans a particular group.

AMENDED SUBSTITUTE MOTION: **Rep. Guthrie** made a motion to send **H 486** to General Orders with the presented amendments, the deletion of 18-1524(2) in its entirety, and a change to 18-1524(3) from "between sixteen (16) and eighteen (18) years of age" to "no person under eighteen (18) years of age."

Rep. Bilbao spoke in **support** of the original motion, stating that the amendments presented reflect what the bill should be.

ROLL CALL VOTE ON AMENDED SUBSTITUTE MOTION: **Rep. Roberts** requested a roll call vote on the amended substitute motion to send **H 486** to General Orders with the presented amendments, the deletion of 18-1524(2) in its entirety, and a change to 18-1524(3) from "between sixteen (16) and eighteen (18) years of age" to "no person under eighteen (18) years of age." **Motion failed by a vote of 1 AYE and 10 NAY. Voting in favor of the motion: Rep. Guthrie. Voting in opposition to the motion: Reps. Bilbao, Loertscher, Shepherd, Thayn, Wood(27), Roberts, Rusche, Chew, McGeachin.**

VOTE ON SUBSTITUTE MOTION: **Chairman McGeachin** called for a vote on the substitute motion to **HOLD H 486** in committee. **Motion failed by voice vote.**

**ROLL CALL
VOTE ON
ORIGINAL
MOTION:**

Rep. Roberts requested a roll call vote on the original motion to send **H 486** to General Orders. **Motion carried by a vote of 7 AYE to 3 NAY. Voting in favor** of the motion: **Reps. Bilbao, Loertscher, Wood(27), Roberts, Rusche, Chew, McGeachin. Voting in opposition** to the motion: **Reps. Shepherd, Thayn, Guthrie. Rep. Rusche** will sponsor the bill on the floor.

H 487

Tony Poinelli, Idaho Association of Counties, presented **H 487**, which clarifies that the county costs for court-ordered commitments would be either the contract provider or the Medicaid rate. This eases the county financial burden from the full costs they have been paying.

MOTION:

Rep. Bilbao made a motion to send **H 487** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Jaquet** will sponsor the bill on the floor.

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

H 609

Rep. McGeachin presented **H 609**, which is a working effort between parties in response to previous legislation. She said that the projected savings from each program that was a part of **H 260** (2011) is on target, with management improving. After reviewing the economic rise and budget cut impact, three categories need reinstatement.

The first restoration is for preventative dental care to participants on the aged and disability waiver and the developmental disability (DD) waiver. **Rep. McGeachin** stated that **H 260** (2011) addressed duplication of skill treatment for mental health and DD services by requiring a choice between the two. It has been determined that what is really required is further clarification and definition of both services to assure that duplication doesn't occur, so eligible individuals do not have to choose one service or the other. Finally, the tiered budget approach for adults, that was based on the system used by children's services, needs to be put on hold until some issues are resolved.

Rep. McGeachin stated that the fiscal note indicates an impact of \$1,500,000 to the state General Fund, but the impact is actually \$7-8 mil when federal funding is included.

MOTION:

Rep. Wood made a motion to send **H 609** to the floor with a **DO PASS** recommendation. He commented that the Joint Finance and Appropriations Committee had approved funding for these restorations at their March 6, 2012, meeting.

Rep. Rusche thanked **Rep. McGeachin** for working with the community and other chairmen to pursue these reinstatements.

**VOTE ON
MOTION:**

Vice Chairman Bilbao called for a vote on the motion to send **H 609** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. McGeachin** will sponsor the bill on the floor..

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

Chairman McGeachin asked anyone in the gallery who had come in support of **H 609** to stand and be recognized for their assistance.

ADJOURN

There being no further business to come before the committee, the meeting was adjourned at 11:43 p.m.

Representative McGeachin
Chair

Irene Moore
Secretary

**AMENDED #1 AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
1:30 PM or Upon Adjournment
Room EW42
Thursday, March 08, 2012**

SUBJECT	DESCRIPTION	PRESENTER
SCR 112	Alzheimer's Planning Group, Endorsing	Rep. Fred Wood
H 631	Intermediate Care Facility Assessment	Kris Ellis Idaho Health Care Association
	<u>Board of Nursing</u>	Sandra Evans Executive Director Board of Nursing
S 1260	Nursing Board Authority, Discipline	
S 1261	Nurses, Board Powers and Duties	
S 1262	Nursing, Applicant History Check	
S 1273	Nurses, Advanced Practice Registered License	

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman McGeachin
Vice Chairman Bilbao
Rep Loertscher
Rep Shepherd
Rep Thayne

Rep Wood(27)
Rep Guthrie
Rep Roberts
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: (208) 332-1138
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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

- DATE:** Thursday, March 08, 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:** Reps. Bilbao, Shepherd, Loertscher
- GUESTS:** Tom Whittemore, and Bridger Fly, CommuniCare, Inc; Terri Brannan, Dr. Sarah Toevs, Mike Berlin, Idaho Alzheimer's Group; Dr. Barry Cusack, Veterans Administration Medication Center; MacKenzie Rodgers, Alzheimer's Association; Dae Goids, Idaho News Service; Tony Smith, Benton Ellis; Kris Ellis, and Robert Vande Merwe, Idaho Health Care Association; Paul Leary, Department of Health and Welfare; Elizabeth Criner, Pfizer; Sandy Evans and Roger Gabel, Idaho Board of Nursing; Lee Flinn, AARP; Margaret Henbest, Nurse Leaders of Idaho.
- Chairman McGeachin** called the meeting to order at 1:36 p.m.
- MOTION:** **Rep. Rusche** made a motion to approve the minutes of the February 28, 2012, meeting. **Motion carried by voice vote.**
- SCR 112:** **Rep. Wood(27)** presented **SCR 112**, legislation requesting support of the Alzheimer's Planning Group efforts to address problems of Alzheimer's disease and other dementias in Idaho.
- Mike Berlin**, Idaho Alzheimer's Planning Group, was invited to continue the presentation on **SCR 112**. He said that this resolution provides resilience to their group to approach state agencies for compliance and grant proposals. There is no fiscal impact, just a request for legislative endorsement. Mr. Berlin described the group's membership and the statistical growth of the disease. He detailed their approach to increase awareness, education, data collection, community input, and reporting.
- Dr. Barry Cusack**, Veterans Administration Medication Center, discussed the suffering experienced by individuals, families, and communities. He stated that the most common form of dementia is Alzheimer's (60%) . The illness begins with small symptoms that are excessive to those attributed to normal aging and offers a continued decline with no existing cure.
- He highlighted the difficulties of caring for someone with Alzheimer's disease by sharing one family's case and the consequences of their efforts. **Dr. Cusack** said that education and support can delay an individual's institutional placement. He then explained the need to support caregivers and current prevention concepts.
- Dr. Sarah Toevs**, Director, Center for the Study of Aging, College of Health Sciences, Boise State University, detailed opportunities to improve the spectrum of prevention, diagnosis, treatment, and caregiver support services. She discussed how various program improvements have benefited this patient group, detailing programs that provide information on long term care options, cognitive health issues, and research. Dr. Toevs suggested that a statewide plan would enhance the quality of life, assure coordination of care, and use tax dollars efficiently.

She commented on the growing number of Idaho Alzheimer patients. Discussions with stakeholders indicate a need for information, affordable services, caregiver support, enhanced assessment strategies, and strengthened community-based networks.

Testifying in **support** of **SCR 112** were **MacKenzie Rodgers**, Director, Idaho Office, Alzheimer's association, and **Lee Flinn**, AARP.

Upon invitation to answer a question, **Paul Leary**, Administrator, Medicaid Plan, Department of Health and Welfare (DHW), said he will provide the committee with the number of current Medicaid Alzheimer patients, including the number of Duals.

MOTION: **Rep. Rusche** made a motion to send **HCR 112** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Wood(27)** will sponsor the bill on the floor.

H 631: **Kris Ellis**, Idaho Health Care Association, presented, **H 631**, which continues the Intermediate Care Facility Assessment Act by removing the assessment sunset and the trustee and benefit fund provision. She requested the deletion of 56-16033e (section e), which was brought to them by the DHW.

Paul Leary, Administrator, Medicaid Plan, DHW, discussed the requested section deletion, stating that the language is ineffective.

Rep. Wood(27) said that Legislative Services suggested **H 631** be made like the hospital assessment with the removal of section e.

Tom Whittemore, owner, administrator, CommuniCare, testified in **support** of **H 631**, describing his business and financial difficulties, including additional costs for services no longer provided by Medicaid. He stated that this assessment is vital to his business.

MOTION: **Rep. Wood(27)** made a motion to send **H 631** to General Orders with the amendment to delete 56-16033e. **Rep. Rusche** seconded the motion. **Motion carried by voice vote.** **Rep. Wood(27)** will sponsor the bill on the floor.

S 1260: **Sandy Evans**, Director, Board of Nursing, presented **S 1260**, which authorizes the Board of Nursing (the Board) to develop and implement an alternative to formal discipline where minor substandard practice has occurred, ensuring early identification of deficiencies that have not reached the formal discipline level.

MOTION: **Rep. Rusche** made a motion to send **S 1260** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Rusche** will carry the bill on the floor.

S 1261: **Sandy Evans**, Director, Board of Nursing, presented **S 1261**, to authorize the Board to use it's current and projected fund balance to support initiatives to develop the education, distribution and availability of nurses, as well as entering into contracts or agreements with others for this purpose. She described the sharing of data for future workforce needs. Ms. Evans stated that their dedicated dollars will continue current efforts begun with federal grant monies.

MOTION: **Rep. Roberts** made a motion to send **S 1261** to the floor with a **DO PASS** recommendation.

Margaret Henbest, Nurse Leaders of Idaho, testified in **support** of **S 1261**, stating that the Department of Labor needs good information and the grant dollars are gone June 31, 2012. She said they are committed to developing a sustainable funding mechanism.

VOTE ON MOTION: **Chairman McGeachin** called for a vote on the motion to send **S 1261** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Roberts** will carry the bill on the floor.

S 1262: **Sandy Evans**, Director, Board of Nursing, presented **S 1262**, legislation that specifies that the required application background checks are fingerprint based, which satisfies the Federal Bureau of Investigation's requirements. There is no fiscal impact.

MOTION: **Rep. Thayne** made a motion to send **S 1262** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Thayne** will carry the bill on the floor.

S 1273: **Sandy Evans**, Director, Board of Nursing, presented **S 1273**, legislation with statute changes to advanced practice nursing to provide for consistency with nationally agreed designations for licensed nurses, remove redundancy between the statute and rule, change the board advisory committee membership to include the four advanced practice nursing roles, and increase the term of appointment for advisory committee members. A negative financial impact would occur and be covered by the Board's dedicated funds. The additional expenses are a result of travel and miscellaneous expenses for the increased committee members.

MOTION: **Rep. Chew** made a motion to send **S 1273** to the floor with a **DO PASS** recommendation.

Responding to questions, **Ms. Evans** stated that duplication in statute and rule language became an issue because changes outdated either document. This would be corrected by being able to make changes in the rule and referencing the rule in the statute.

VOTE ON THE MOTION: **Chairman McGeachin** called for a vote on the motion to send **S 1273** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Chew** will carry the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 2:40 p.m.

Representative McGeachin
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
1:30 PM or Upon Adjournment
Room EW42
Wednesday, March 14, 2012

SUBJECT	DESCRIPTION	PRESENTER
<u>S 1255</u>	Records Exempt From Disclosure	Senator Corder
<u>S 1309</u>	Pseudoephedrine Sales	Senator Broadsword
<u>S 1326</u>	Vocational Rehabilitation	Senator Broadsword
<u>S 1294</u>	Medical Consent, Natural Death Act	Bob Aldridge Idaho End of Life Coalition
<u>S 1280</u>	Respiratory Care Practice Act, Board	Nancy Kerr, Executive Director, Idaho Board of Medicine
<u>S 1293</u>	Food Stamps, Unauthorized Use	Steve Bellomy, Bureau Chief, Audits and Investigations

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman McGeachin
Vice Chairman Bilbao
Rep Loertscher
Rep Shepherd
Rep Thayn

Rep Wood(27)
Rep Guthrie
Rep Roberts
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, March 14, 2012
TIME: 1:30 PM or Upon Adjournment
PLACE: Room EW42
MEMBERS: Chairman McGeachin, Vice Chairman Bilbao (Reynoldson), Representative(s) Loertscher, Shepherd, Thayn, Wood(27), Guthrie, Roberts, Rusche, Chew
**ABSENT/
EXCUSED:** None
GUESTS: The sign-in sheet will be retained with the minutes in the committee secretary's office until the end of the session. Following the end of the session, the sign-in sheet will be filed with the minutes in the Legislative Services Library.

Chairman McGeachin called the meeting to order at 1:35 p.m.

S 1309: **Sen. Broadsword** presented **S 1309**, legislation making pseudoephedrine (PSE) purchasing consistent with federal law and establishing electronic tracking to stop illegal sales. She explained that there is no system choice requirement; however, the National Precursor Log Exchange (NPLEx) tracking system is available at no cost to the state, law enforcement, or retailer. She said that the real time information would be the same and the system would decrease both the after-purchase time delay and man hours. Since the system would stop purchases, additional savings would be seen in the costs for methamphetamine (meth) lab cleanup, including costs to homeowners and communities.

Jim Acquisto, Appriss, Inc., briefly detailed meth production and it's use of PSE medications. He described how the NPLEx system maintains all data in one secure database with interstate and inter-retailer communication. Only law enforcement has comprehensive access beyond Appriss' operational requirements. The customer will not know the information has been gathered into the system, and anyone who is denied is given an online access code for the denial reason.

Mr. Acquisto indicated that in 2011 there were 215,824 blocked sales in non-NPLEx states and 642,848 in NPLEx states, resulting in 2,073,690 grams of meth that was never made. Responding to questions, he stated that pharmacy tracking programs indicate a health condition and have different regulations to follow than is necessary with over-the-counter medications.

Dan Quinonez, Consumer Health Care Products Association, testified in **support** of **S 1309**, stating that this is a common-sense approach to protecting all consumers. NPLEx is free of charge because groups like his have agreed to absorb the costs as an effective, private and public partnership to enforce the point of law while maintaining over-the-counter product access by law abiding citizens.

Jason Kreizenbeck, Merck Pharmaceutical, appeared in **support** of **S 1309**. His written testimony is attached per the request of **Chairman McGeachin**.

Jim Tibbs, Idaho Resident, testified in **support** of **S 1309**, describing his law enforcement background and the state work plan to devise a system to change Idaho Code to comply with federal law. He stated that electronic tracking is efficient, effective, and uses the same information already being collected.

Mike Kane, Idaho Sheriffs Association, testified in **support** of **S 1309**, explaining the bill's conception, with an example of electronic tracking. He said that most of the meth is from out of the state, but small labs still exist, turning locations into HazMat sites with potential financial and health costs.

Mark Johnston, Executive Director, Board of Pharmacy, testified in **support** of **S 1309**, stating that they were active participants in drafting this legislation and fully accept the responsibilities to implement the system and consider applications for exemption.

Pam Eaton, President, Idaho Retailers Association, and Member, Idaho Retail Pharmacy Council, testified in **support** of **S 1309**, stating that she has worked with **Sen. Broadsword** during the process of drafting this legislation.

Elizabeth Criner, Pfizer Pharmaceutical, testified in **support** of **S 1309**, stating that they are a part of the NPLEX Program and participate proportionately based on the product units tracked in each state.

In closing comments, **Sen. Broadsword** said that this bill will make it easier for law enforcement to get a handle on those who are cooking meth in bottles on their barbecues or in small labs, and assure Idaho citizens stay safe.

MOTION: **Rep. Chew** made a motion to send **S 1309** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Chew** will sponsor the bill on the floor.

S 1326: **Sen. Broadsword** presented **S 1326**, legislation that eliminates the End Stage Renal Disease Program, which was instituted before Medicare and Medicaid funding. **Sen. Broadsword** stated that a November 2011 Office of Performance Evaluations (OPE) report indicated that the one hundred and forty program participants were either receiving or qualified for Medicaid or Medicare benefits. She explained that Medicaid and Medicare altered the original program's intent so it now covers the costs of transportation and pharmacy co-pays not covered by the other two programs. This occurred in part because the Division of Vocational Rehabilitation, where the program was placed, was a mistake and they didn't know how to deal with the health issues. Since the original need no longer exists, eliminating the program shows fiscal awareness and treats all single diseases the same.

Responding to questions, **Sen. Broadsword** said the services, as they now exist, are being used, and the termination date of June 30, 2013, gives the participants an entire year to secure other funding.

Don Alvashere, Administrator, Idaho Division of Vocational Rehabilitation, testified that they have a transition plan from either the current program or a waiting list, and the audit issues have been resolved. In response to a question, he stated that although the bulk of the medical costs would be covered, some participants may not qualify for full Medicaid due to asset tests, and will require other ways to cover transportation and medication co-pay costs.

Amy Freeman, Licensed Masters in Social Work, Dialysis Specialist, testified in **opposition** to **S 1326**, stating that this program is a good referral tool for her patients, who otherwise might delay treatment and end up in emergency rooms, costing more tax dollars. She doubted that anyone in OPE contacted the American Kidney Fund at the time of the study. She stated that vocational rehabilitation patients are usually not wealthy and suggested that qualification or administration changes be made instead of eliminating the program.

In answer to questions, **Ms. Freeman** expressed concern for clients, who live beyond Ada County and are not eligible for full Medicaid because of social security disability funds, which may not be enough to afford the transportation to Boise three times a week for treatment. Case management qualification would also be unavailable without mental illness and a need for home assistance.

Hannah Crumrine, Office of Performance Evaluations, was invited to speak to the allegations raised by **Ms. Freeman**. Ms. Criminne stated that the OPE report's Appendix B, Additional Assistant Programs, lists the National and American Kidney Foundations, and representatives of both were contacted.

Sen. Broadsword in closing comments, stated that fiscal assurance for taxpayer dollar spending is fair and best; and, this program does not make sense anymore.

MOTION:

Rep. Guthrie made a motion to send **S 1326** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Reps. Rusche** and **Chew** requested they be recorded as voting **NAY**. **Rep. Guthrie** will sponsor the bill on the floor.

S 1294:

Bob Aldridge, End of Life Coalition, presented **S 1294**, stating that this legislation updates definitions, deletes obsolete language, clarifies terminology and standards, makes conformity changes, and corrects cross-reference issues.

Changes include the standards of the decision maker's comprehension. Clarification includes "comprehension", "guardian", durable power of attorney suspension and revival, wearing Physician Orders for Scope of Treatment (POST) jewelry, the relationship between POST and DNR, EMS provider honoring a DNR form, and medical personnel reliance immunity. Additional changes include document conditions satisfaction, and updating the MIB Group, Inc. reference. Terminology changes "patient" to "person," "physician" and/or "dentist" to "health care provider", with additions of "adult child of such person," "a parental delegation," and "intentionally" (as a method of document destruction).

Responding to committee questions, Mr. Aldridge said that the Senate amendment changes the effective date so any prior documents are honored and provides for other state documents.

Julie Lynde, Executive Director, Cornerstone Family Counsel, testified in **support** of **S 1264**, stating that it is a great step in promoting family and patients first.

Jason Herring, Right to Life of Idaho, testified in **support** of **S 1294**, stated that an additional senate bill is a trailer bill to this one, and none of these changes affect it. The one section of code crossover that weakens the other legislation was handled by an exception placed in the other bill.

Rick Bassett, St. Luke's Hospital Health System, testified in **support** of **S 1294**, stating that this bill closes the gap experienced in seventeen Idaho counties with a predominance of non-physician primary care providers.

Margaret Henbest, Executive Director, Nurse Leaders of Idaho, testified in **support** of **S 1294**, commenting that this legislation is important to extend access and authorization to seventeen rural counties, since urban centers are giving care with a collaborative team of health care providers, offering rich end of life discussion opportunities by the entire team. Responding to a committee question, Ms. Henbest stated that it is within the scope of practice for nurse practitioners.

Stanley Hall, Nurse Practitioner (NP), St. Luke's Health Care Systems, testified in **support** of **S 1294**, because the NP counsels patients regarding end of life decisions and are filling out forms, so they are involved closely with the patient.

MOTION:

Rep. Rusche made a motion to send **S 1294** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Rusche** will sponsor the bill on the floor.

Chairman McGeachin welcomed Rep. Reynoldson, who is filling in for Rep. Bilbao, to the committee.

- S 1280:** **Nancy Kerr**, Executive Director, Idaho Board of Medicine, presented **S 1280**, legislation that allows board members to opt out of the Public Retirement System of Idaho (PERSI) by changing it to an honorarium.
- MOTION:** **Rep. Chew** made a motion to send **S 1280** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Chew** will sponsor the bill on the floor.
- S 1293:** **Steve Bellomy**, Bureau Chief, Audits and Investigations, Department of Health & Welfare, presented **S 1293**, which revises the food stamp program to reduce the felony threshold from \$150 to \$100 for food stamp trafficking and remove confusing language. Food stamp trafficking for less than \$100 will be a misdemeanor and a felony if \$100 or more. This change was at the suggestion of the U.S. Department of Agriculture (USDA) Inspector General to be in line with the federal trafficking threshold, assuring inspectors are better able to select either the federal or state method of prosecution. Mr. Bellomy stated that conviction requires proof of at least one witnessed and recorded transaction, which takes many hours. Additional changes amend the title and delete language to clarify application to Supplemental Nutrition Assistance Program (SNAP) benefits, mirrored in new federal regulations.
- MOTION:** **Rep. Thayn** made a motion to send **H 1293** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Thayn** will sponsor the bill on the floor.
- S 1255:** **Robert Luce**, Administrator, Division of Family and Community Services, Department of Health and Welfare (DHW), presented **S 1255**, legislation that involves public record information not shared with foster parents. The statute change stipulates when information can be released by the DHW, with an amendment that such information release does not apply to adoption records.
- MOTION:** **Rep. Rusche** made a motion to send **S 1255 as amended in the Senate** to the floor with a **DO PASS** recommendation. **Motion carried with a voice vote.** **Rep. Rusche** will sponsor the bill on the floor.
- ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 3:21 p.m.

Representative McGeachin
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
8:00 A.M.
Room EW42
Friday, March 16, 2012

SUBJECT	DESCRIPTION	PRESENTER
S 1279	Legal Guardians	Robert Luce, Family and Community Services Administrator, Department of Health & Welfare
S 1370	Venereal Diseases	Michael Kane Idaho Sheriffs Association
	Idaho's Community Health Center System	Denise Chuckovich Executive Director, Idaho Primary Care Association

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman McGeachin	Rep Wood(27)
Vice Chairman Bilbao (Reynoldson)	Rep Guthrie
Rep Loertscher	Rep Roberts
Rep Shepherd	Rep Rusche
Rep Thayn	Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: (208) 332-1138
email: imoore@house.idaho.gov

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Friday, March 16, 2012

TIME: 8:00 A.M.

PLACE: Room EW42

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

**ABSENT/
EXCUSED:** None

GUESTS: Denise Chuckovich and John Watts, Idaho Primary Care Association; Bob Luce, Department of Health & Welfare (DHW); Mike Kane, Idaho Sheriffs Association

Chairman McGeachin called the meeting to order at 8:01 a.m.

S 1279: **Robert Luce**, Division Administrator, Family and Community Services, DHW, presented **S 1279**, which originated in 2011 when it was discovered that ten sections of Idaho Code hold a legal guardian financially responsible for acts of the ward. Probate code states that a guardian is not financially responsible for the ward since they are not the parent. This legislation eliminates the legal guardian reference in the conflicted code.

Mr. Luce said that the existing code may affect the recruitment of non-resident guardians for children and persons with developmental disabilities, over whom they have no physical control. He said that the wording may have actually been inserted into code without evaluating the effect of its placement. He stated that meetings with stakeholders had occurred and disability rights groups were sent the draft legislation, with no comments returned. Responding to a committee question, Mr. Luce explained that "or other legally obligated person" is being added for code consistency.

MOTION: **Rep. Roberts** made a motion to send **S 1279** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Shepherd** will sponsor the bill on the floor.

S 1370: **Mike Kane**, Idaho Sheriffs Association, presented **S 1370**, legislation that updates Idaho Code sections covering sexually transmitted disease (STD) testing of incarcerated prisoners. Deletions include references to acquired immunodeficiency syndrome (AIDS), which is part of the human immunodeficiency virus (HIV) test, chancroid, which is not found in Idaho, a duplication of the term "body fluid," and testing for drug related charges. Additions include testing for chlamydia, the most common infection, and anyone charged with a crime involving the use of injectable drugs.

MOTION: **Rep. Chew** made a motion to send **S 1370** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Chew** will sponsor the bill on the floor.

PRESENTATION: **Denise Chuckovitch**, Executive Director, Idaho Primary Care Association, presented an update on community health care centers (CHC). She said the thirteen CHCs provide patient-centered primary health care, lowering total health care costs and improving outcomes. CHCs have been around for forty years, are open to all, and are often the only rural community source of primary and preventative care. There are 37 Idaho communities with CHC sites that served 133,000 patients in 2010. Their key areas of emphasis are access, quality and cost. She discussed the funding challenges, use of the 2008 one-million dollar grant, and the possibility of expanding dental service sites.

Ms. Chuckovitch stated that CHCs serve 12% of all Medicaid participants, at a total cost of 1.1% of Idaho's Medicaid expenditures, since primary care is less expensive than hospitalization. She explained that in 2010 the County Indigent and Idaho Catastrophic Care Fund Programs spent \$50,864,388, served 1,298 individuals, for an average cost per person of \$39,455, while the CHCs spent \$78,474,382 and served 133,355 individuals, for an average cost per person of \$588.

They are preparing for future changes in Idaho's health care environment by transforming their practices into patient-centered medical homes (PCMH), a team-based care focusing on keeping patients healthy and costs low, with specialist transfers only when necessary. Electronic health record systems are being adopted, with ten sites already transitioned.

Through a unique Medicaid prospective payment system (PPS) rate, CHCs are reimbursed through a bundled payment for comprehensive services modeled to keep patients out of the emergency room and reduce hospitalization. Each PPS rate ensures that federal grant revenues can be dedicated to care for the uninsured rather than subsidizing care for Medicaid patients.

She commented that the upcoming expanded insurance and Medicaid eligibility will lead to a 2014 estimated current patient eligibility increase of 35,042 for Medicaid and 13,855 for insurance exchange coverage. The average patient visit is two to three times a year.

Responding to questions, **Ms. Chuckovitch** said their concerns include the future of federal grants, fluctuating patient incomes that move them in and out of Medicaid eligibility, and inclusion in the provider networks of out-of-area insurance companies. Their goal is to keep patient care stable regardless of coverage. She said attracting and maintaining providers and practitioners in rural communities remains an issue that they are addressing by a pipeline approach.

In conclusion, **Ms. Chuckovitch**, said they anticipate a more focused approach, with a coordinated relationship between specialists and hospitals, including health data exchange to eliminate duplication of tests and assure prescriptions are appropriate. The Medicaid shift will be from current volume payments to value payments with more focus on outcomes.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 8:30 a.m.

Representative McGeachin
Chair

Irene Moore
Secretary

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
1:30 P.M. or Upon Adjournment
Room EW42
Tuesday, March 20, 2012

SUBJECT	DESCRIPTION	PRESENTER
<u>SCR 131</u>	Volunteer Emergency Service Providers	Rep. Ken Roberts

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman McGeachin	Rep Wood(27)
Vice Chairman Bilbao(Reynoldson)	Rep Guthrie
Rep Loertscher	Rep Roberts
Rep Shepherd	Rep Rusche
Rep Thayn	Rep Chew

COMMITTEE SECRETARY

Irene Moore
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MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, March 20, 2012
TIME: 1:30 PM or Upon Adjournment
PLACE: Room EW42
MEMBERS: Chairman McGeachin, Vice Chairman Bilbao (Reynoldson), Representative(s) Loertscher, Shepherd, Thayn, Wood(27), Guthrie, Roberts, Rusche, Chew
**ABSENT/
EXCUSED:** Representatives Rusche, Bilbao (Reynoldson), Roberts
GUESTS: None.
Chairman McGeachin called the meeting to order at 1:39 p.m.
Rep. Loertscher made a motion to approve the minutes of the March 14 and March 16, 2012, meetings. **Motion carried by voice vote.**
SCR 131: **Rep. Loertscher** made a motion to send **SCR 131** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Roberts** will sponsor the bill on the floor.
ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 3:42 p.m.

Representative McGeachin
Chair

Irene Moore
Secretary