

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

- DATE:** Monday, February 18, 2013
- TIME:** 9:00 A.M.
- PLACE:** Room EW20
- MEMBERS:** Chairman Wood(27), Vice Chairman Perry, Representatives Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew
- ABSENT/
EXCUSED:** None.
- GUESTS:** Toni Lawson, Idaho Hospital Association; Taylor Nielson, West Valley Medical Center; Teri Ottens, Rob Wills, Mark Phillips, Angela Fornstrom, Susan Heineman, Idaho Society of Health-System Pharmacists; Elizabeth Criner, Veritas Advisors; Brody Aston, Lobby Idaho; Kathie Garrett, National Alliance on Mental Illness Idaho; Pam Eaton, Idaho State Pharmacy Association & Idaho Retailers Association; Steve Millard, Idaho Hospital Association; Mark Johnston, Idaho Bureau of Pharmacy; David Simnitt, Department of Health & Welfare (DHW); Tony Poinelli, Idaho Association of Counties
- Chairman Wood(27)** called the meeting to order at 9:00 a.m.
- MOTION:** **Vice Chairman Perry** made a motion to approve the minutes of the February 8, 2013, meeting. **Motion carried by voice vote.**
- MOTION:** **Vice Chairman Perry** made a motion to approve the minutes of the February 11, 2013, meeting. **Motion carried by voice vote.**
- Chairman Wood(27)** introduced and welcomed **Andrea Prigge**, who is the Committee Page for the remaining half of the session.
- RS 22045:** **Toni Lawson**, Vice President, Idaho Hospital Association, presented **RS 22045**, which aligns with federal regulations from the Centers for Medicare and Medicaid services and authentication of practitioner orders. The changes add another practitioner, who is responsible for the patient's care and authorized to write orders. Responding to questions, Ms. Lawson explained that this legislation is part of an initiative to streamline and increase the efficiency and effectiveness of all existing rules and regulations.
- MOTION:** **Rep. Hixon** made a motion to introduce **RS 22045**. **Motion carried by voice vote.**
- RS 22032:** **Ken McClure**, Attorney, Idaho Medical Association, presented **RS 22032**, proposed legislation that allows professionals to place a temporary mental health hold on a juvenile patient under the same guidelines as they would an adult patient. This eliminates the need for a law enforcement arrest before placing the juvenile in a protective place. Usually a mental health facility is the protective place, but not all hospitals have one, so the ability to transport the patient to a safe location is also provided. Since Psychiatrists are not full-time staff at every hospital, changes allow hospital medical staff members, including mental health nurse practitioners to make the recommendations.
- Mr. McClure** explained that the term "on hold" for a mental illness means getting the patient in a safe place immediately, while law enforcement, child protective services, or lawyers figure out what needs to happen. This could include a move to a mental health unit, or use of medication and restraints. Hospitals without a holding room can use an ambulance and transport the child to a safe holding place. Current law allows a physician to hold an adult until the determination hearing, which is within 24 hours, and **RS 22032** would provide that same option for juveniles.

- MOTION:** **Vice Chairman Perry** made a motion to introduce **RS 22032. Motion carried by voice vote.**
- RS 22030:** **Ken McClure** presented **RS 22030**, which pertains to the Healthcare Truth and Transparency Act that prohibits misleading and deceptive advertising through the nondisclosure of credentials. This legislation does not deny the ability to advertise, it just forces disclosure to enable a consumer to make a sound decision with full knowledge of the provider's qualifications.
- Answering questions, **Mr. McClure** said the licensing board who governs licenses for the advertising individual has the authority to impose whatever discipline deemed necessary, including license termination, which is a possible outcome of unprofessional conduct. Anyone without a license would fall under the category of practice without a license and also be governed by the appropriate licensing board.
- MOTION:** **Vice Chairman Perry** made a motion to introduce **RS 22030. Motion carried by voice vote.**
- RS 22024:** **Ken McClure** presented **RS 22024**. He stated that the use of tanning devices by children is a significant health hazard. This proposed legislation prohibits any child under the age of sixteen from using a tanning device. It allows children ages sixteen to eighteen the use of such a device with an advised parental consent. More information is available that indicates the seriousness of this issue and the correlation between the younger a person starts, the frequency of visits, and the skin cancer incidences that result in death. He pointed out that a similar decision was made regarding children and tobacco use because of it's cancer risks. This legislation does not require sign posting, as seen in previous legislation, which was viewed as a business practice intrusion. Tanning bed home use is not included in this legislation.
- MOTION:** **Rep. Rusche** made a motion to introduce **RS 22024. Motion carried by voice vote. Rep. Vander Woude** requested he be recorded as voting **NAY**.
- H 109:** **Kate Haas**, representing the Idaho Society of Health System Pharmacists, presented **H 109**, which emphasizes the diversity of practice and reflects it in the make up of the Board of Pharmacy by specifying that one of the five Board positions have substantial experience in retail pharmacy and another position have substantial experience in hospital pharmacy. The remaining members include one from the public and two at the governor's discretion. Since the retail and patient settings are very different, this change assures rounded representation. There is no impact to the current Board, since two members with the appropriate experience already preside.
- MOTION:** **Rep. Hixon** made a motion to send **H 109** to the floor with a **DO PASS** recommendation.
- For the record, the four guests who indicated a desire to testify upon sign-in declined to testify at this time. No one else indicated their desire to testify.
- VOTE ON THE MOTION:** **Chairman Wood(27)** called for a vote on the motion to send **H 109** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Chew** will sponsor the bill on the floor.

S 1010:

David Simnit, Deputy Administrator, DHW, Division of Medicaid, presented **S 1010**, legislation that revises sections of the Medical Assistance Program code pertaining to behavioral health services for Medicaid participants. Following legislative direction and stakeholder input, terminology has been updated. Behavioral health services has been moved to clarify that all Medicaid participants may receive behavioral health services based on individual needs and evidence-based practices. The changes also delete specific service limitations, which will be covered in the managed care entity contract and based on evidence-based practices and national standards.

Responding to questions, **Mr. Simnitt** said that during the proposal process three bids from national companies were received, with the bidders all notified of the outcome. They are now in the appeals phase of the process. The premiums, which are unchanged, are federally regulated and can apply to anyone at the 133% above poverty level. Cost sharing measures include monthly premiums, whether or not services are accessed. Co-pay was defined as a small portion of the charge due at the time of a service or visit. The DHW will continue to handle the premiums. The managed care entity will review individual services assessment standards and outcomes to assure the best dollar value is being accessed. Mr. Simnitt explained that Medicaid participants will have all services, not just the enhanced plan participants. He stated that the bidding was open and anyone who met the requirements listed in the managed care entity Request For Proposal (RFP) could submit a proposal.

Mr. Simnitt commented that they have moved from fee-for-service to a per-member amount for each Medicaid participant. This provides some cost predictability and opportunities to manage within identified cost areas. With the current staff's limited managed work skills, additional hiring, consultation, and contracting is required to assure a good process is in place for their new contract monitoring and management role. The contract cost is roughly \$100,000,000 per year. The skill sets and systems are already in place to review the historical behavioral health services. Selection of a national company with a proven track record of Medicaid behavioral health care was a priority, with the small behavioral health participant numbers as a factor. Due to existing safeguards, rural access should not decrease with a single statewide contract. In fact, there may be an accessibility increase because of the new infrastructure. Monitoring systems are being developed to watch for access and quality, with regular reporting through the managed care entity and advisory boards. The initial contract is for a three-year period with a renewable two-year option. If, at any time during the three-year period, the contractor does not meet the agreed objectives the first option would be to work toward correction, with the final option of contract termination.

Statute requires the managed care model. The adults with developmental disabilities (DD) section pertains to individualized budgets and indicates adjustments can occur when health and safety are an issue, and is unchanged by this legislation. Managed care changes provide consistency. Previous disability service complaints have been researched, with no evidence of their existence discovered. He said they have a good health and safety risk evaluation process. The specific RFP urban and rural participant thirty mile travel requirement will be a part of the contract and monitored for compliance.

For the record, no one indicated their desire to testify.

MOTION:

Rep. Rusche made a motion to send **S 1010** to the floor with a **DO PASS** recommendation.

Rep. Rusche commented to the motion, stating that he applauds the Department with their steps to provide managed care that matches the patient's needs; however, he is concerned with the scope of the RFP, the failure to include inpatient care or the pharmacy payments within the capitation rate, and the ability of the Department to manage contractors, given their lack of experience and staffing cutbacks. He requested they carefully manage the contract performance to hold the contractee accountable to handle the difficult behavioral health population needs. He added that it is the right step, if correctly managed.

Chairman Wood(27) emphasized that it is important to bend the cost of care through the quality of health care, which is a form of accountable care. This provides the appropriate care by the appropriate people to the appropriate people, to control health care instead of just lowering the current costs. He expressed concern in the Department's ability to maintain strict 24/7 control, given the DHW staff cutbacks, which might impede the right people handling the necessary workload.

Responding to a final question, **Mr. Simnitt** stated that there is no fiscal impact because the costs are included in their base budget request, with no additional implementation funds necessary.

VOTE ON MOTION:

Chairman Wood(27) called for vote on the motion to send **S 1010** 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 10:14 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary