

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, March 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:** Chairman Wood(27), Representative Vander Woude

GUESTS: Jacob Floyd, Diane Turner, Melissa Berry, Katie White, Ellen Winslow, Boise State University (BSU); Art Evans, Medicaid; Jason Lowry, Collaborative Work Group; Katie Nelson, Idaho State University; Elke Shaw-Tulloch, Department of Health & Welfare; Marilyn Sword, Developmental Disabilities Council; Dr. Troy Rohn, Idaho Alzheimer's Planning Group

Vice Chairman Perry called the meeting to order at 9:00 a.m.

MOTION: **Rep. Hixon** made a motion to approve the minutes of the March 7, 2013, meeting. **Motion carried by voice vote.**

RS 22289: **Sandra Gore**, Pancreatic Cancer Action Network, presented **RS 22289**, a resolution to declare November to be Pancreatic Cancer Month. This perpetuates an annual request to increase the awareness of pancreatic cancer and research into early detection, causes, and effective treatment.

Answering questions, **Ms. Gore** said there is no known cure at this time. The federal government just passed the Recalcitrant Cancer Research Act for additional research funding. The cause appears to be biological, but there is nothing conclusive. For the past two years they have received a proclamation from the Governor.

MOTION: **Rep. Romrell** made a motion to introduce **RS 22289**.

**SUBSTITUTE
MOTION:** **Rep. Rusche** made a motion to introduce **RS 22289** and send it directly to the Second Reading Calendar.

**WITHDRAWAL
OF MOTION:** **Rep. Romrell** withdrew his motion to introduce **RS 22289**.

**VOTE ON
SUBSTITUTE
MOTION:** **Vice Chairman Perry** called for a vote on the motion to introduce **RS 22289** and send it directly to the Second Reading Calendar. **Motion carried by voice vote.** **Rep. Henderson** will sponsor the bill on the floor.

Dr. Troy Rohn, Professor, BSU, Idaho Alzheimer's Planning Group, presented *The Idaho State Plan for Addressing Alzheimer's Disease*. An Alzheimer gap analysis has resulted in a set of programs and strategies to address Idaho's needs. Dr. Rohn explained that dementia describes the symptoms of Alzheimer's disease (AD), which is irreversible due to the type of affected cells. With sixty ongoing clinical trials, there remains no cure or effective treatments. It is the sixth leading cause of death in the United States. Risk factors include advancing age, which is the fastest growing Idaho age segment. 41% of Alzheimer's patients living in Idaho skilled nursing facilities have moderate to severe dementia, with a high percentage of them on Medicaid. Alzheimer's is already playing a significant role in our state.

The State Plan has five major recommendations. The first recommendation is increased public awareness and access to information. To this end, the Governor has just completed a public service announcement. Additional recommendations include Alzheimer's disease and related dementias (ADRD) specific training, coordination of ADRD support services, creation of a positive regulatory and financial environment, and the development of ongoing data collection.

Dr. Rohn asked for sponsors for a House Concurrent Resolution to acknowledge the seriousness of ADRD. The resolution would endorse their state plan and have no fiscal impact. Such an endorsement would give the group and their plan the credibility and legitimacy necessary for grants and funding to use for plan implementation.

Responding to questions, **Dr. Rohn** said there is no specific data indicating geographic or environmental causes beyond those normally associated with AD. They have determined that an active brain is very important in deterring ADRD onset. A genetic basis has to be present in three generations before any risk speculation can occur. Facility needs increase as the disease progresses beyond what family members can handle. Their group is the only one developing a statewide plan and all major stakeholders have partnered with them on this work. Dr. Rohn will transmit a copy of the plan to the committee.

John Watts, Veritas Advisors, introduced **Mr. Tom Fronk**, Executive Director, Idaho Primary Care Association, who presented an update on community health centers (CHC) across Idaho. CHCs are not-for-profit organizations that provide comprehensive primary care for persons who have barriers getting into regular primary care programs. They are governed by a community board with a patient majority. Charges are adjusted based on the patient's ability to pay. Visits are mostly for medical services, but can also be for behavioral, dental, or other services. 51% of their patients fall below the federal poverty level, and 48% of their patients are uninsured. They anticipate 12% of their patients will qualify for the new Medicaid expansion, with improved care continuity for the currently uninsured. They support efforts to develop an Idaho Health Plan.

Rep. Rusche explained the progression from county clinics to community clinics to the current not-for-profit business models. They are run on a shoe string and are well accepted by their medical communities.

Responding to questions, **Mr. Fronk** said they operate within narrow financial margins, which is always of concern. The Medicaid expansion impact is expected to decrease their uninsured patients and double their Medicaid patients.

Marilyn Sword, Executive Director, Idaho Council on Developmental Disabilities, presented an update on the *Collaborative Work Group (CWG) on Services to Adults with Developmental Disabilities (DD)*. She explained DD, which occur prior to age 22, are lifetime conditions, require plans in three life areas, and have transitioned from institutions to Idaho communities.

Key questions framed the discussions and the decision that it is time to be proactive. Identified issues were: eligibility, assessment tools and processes, individual budgets, array of services, payment authority, and quality assurance. A subcommittee is gathering data from nine other states. The Idaho Employment First Consortium is reviewing Idaho employment as an integrated competitive wage setting and first choice for anyone with a disability. They are also researching Employment First model practices in other states.

The work groups' continued research information will be available on the CWG web page. Focus groups are being scheduled to discuss what is and is not working. National experts will be contacted to provide technical assistance. As Medicaid moves into managed care, the CWG will have conversations with various entities to ensure DD needs are met in the new service delivery model. **Ms. Sword** listed the workgroup's values: choice, respect, safety, quality, and community inclusion.

Responding to questions, **Ms. Sword** said there are two planned managed care programs. The first is behavioral health services for adults and children. The managed care contract is in the signing process, and has a July 1, 2013, live date. It will provide Medicaid community-based substance abuse services, but will not cover psychiatric or institutional services. The second program covers people who are Medicaid and Medicare dual eligibles. This proposal is under development, will cover just adults, will have more than one managed care organization, and is expected to be live on January 1, 2014. Because managed care organizations manage traditional health care issues, not long-term community support services, most states remove DD coverage and continue to manage it through the state. It is estimated that 28,000 Idahoans have severe disabilities. Long-term care is a national issue with the aging of parent caretakers, causing a growing need to transition adults with DD into the system.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:05 a.m.

Representative Perry
Chair

Irene Moore
Secretary