

MINUTES  
**HOUSE WAYS & MEANS COMMITTEE**

- DATE:** Tuesday, March 26, 2013
- TIME:** 12 Noon or Upon Adjournment
- PLACE:** Room C310 JFAC
- MEMBERS:** Chairman Anderson(1), Representatives Moyle, Crane, Vander Woude, Rusche, Burgoyne, Pence
- ABSENT/  
EXCUSED:** None
- GUESTS:** None
- Chairman Anderson(1)** called the meeting to order at 12:06 p.m.
- MOTION:** **Rep. Moyle** made a motion to approve the minutes of March 25, 2013. **Motion carried by voice vote.**
- RS 22339:** **Rep. Chew** presented **RS 22339**. She explained this proposed resolution was put together by a group of people that has been working for the last two years to come up with the Idaho Alzheimer's Planning Group's Statewide Plan. They collaborated with the Commission on Aging, Department of Health and Welfare and AARP. She explained the group is completely volunteer and this proposed resolution would help them move forward with their services and apply for grants. She said this group has come up with five initiatives they will carry out on their own.
- In regards to questions regarding the scope of the plan, **Rep. Chew** outlined the five initiatives. They include: to increase public awareness about Alzheimer's disease and related dementias (ADRD) and provide information about the disease; to provide ADRD-specific training and education for providers and caregivers; to coordinate support services for ADRD patients, family members and care givers; to create a positive regulatory and financial environment for addressing dementia related issues; and to develop an ongoing source of data collection on the needs of Idaho's ADRD patients, families and caregivers. She explained the Department of Health and Welfare supports this group and commends their volunteer efforts.
- MOTION:** **Rep. Moyle** made a motion to introduce **RS 22339**. **Motion carried by voice vote.**
- RS 22334:** **Rep. Rusche** presented **RS 22334**. He said this is a proposed resolution that calls on the Department of Health and Welfare to work with stakeholders in developing a system of collection of hospital claims and information. He said this was brought at the request of the Health Quality Planning Commission (commission), which was structured five years ago. They have found that when asked to do an analysis of a certain health subject; such as immunizations or systems of care, there is no aggregated data source. He explained Idaho is one of two states in the country that does not collect hospital discharge data. He said the trend in most states is to develop a more rigorous database which includes all payers and call claims, not just hospital discharge claims. **RS 22334** calls on the Department of Health and Welfare to investigate creating both the hospital discharge database, the all payers claims database and develop an advisory committee to help with planning and use of the databases.
- MOTION:** **Rep. Burgoyne** made a motion to introduce **RS 22334**.

In response to a question regarding who would make up the commission, **Rep. Rusche** stated it would include hospitals, physicians, health plans, citizens and patients that have been appointed by the Governor. He said they would meet quarterly. In regards to a similar bill a couple of years ago that may have allowed the creation of this database, he explained the first enabling legislation for the commission called on them to look at data but it did not authorize the establishment of a database. He explained they are able to obtain Medicaid and Medicare data but do not have access to the commercial or uninsured data. He said this data is different as far as standards in so much as there is no common language between those except claims and diagnosis data. This would allow them to create a database to use for statistical analysis. He explained the initial development of the commission was for two purposes. First, was to develop the health information exchange, making it possible to send electronic records between hospitals and doctors in a secure manner. Secondly, they were to look into the issues of quality, including analyzing data. However; they never authorized the development for a database, information was searched wherever available. In their annual report to the Legislature, the chairman of the commission asked for the development of this data source to allow them to better do their jobs to help improve quality.

In response to further questions from the committee regarding who would be the guardian of the data, **Rep. Rusche** said it would depend on what the plan is and would assume it would be vital statistics. In regards to what the commission intends to do with the data, he said the purpose is to look at the health and health care of Idahoans in a more integrated level. He gave an example of the rate of Caesarean sections per hospital as something the commission would analyze. In regards to the commission using data to drive policy with respect to health care, he said the Legislature drives policy and the commission would present opportunities.

**Rep. Crane** said he has seen organizations take data that has been collected and bring it to the Legislature in an attempt to drive policy.

**Rep. Rusche** explained this commission has been charged by the Legislature to look for opportunities to improve the health and health care quality for the citizens of Idaho. If they came with an opportunity, he would not consider it driving policy, rather allowing the Legislature, either through appropriation or statutory change to improve the quality of care.

In response to committee questions regarding whether hospitals are reluctant to release the information because it may reflect on the type of care within their facilities, **Rep. Rusche** said in the past this may have been true as they may have been concerned how they would appear when ranked with their peers. However; the customers deserve to know this information and if hospitals are not ranked, they would not know what to improve upon. He said hospital quality officers from several of the hospitals in the State sit on the commission. He said they have expressed the need to get the data in a more uniformed and organized fashion. He explained the data will have all patient names and identifiers stripped off the records. In regards to assuring all of the records are collected and not just those the hospitals deems appropriate, he stated some states require full submission although he cannot say what would be the best plan for Idaho.

**VOTE ON  
MOTION:**

**Chairman Anderson(1)** called for a vote on the motion to introduce **RS 22334**. **Motion carried by voice vote. Reps. Moyle and Crane** requested to be recorded as voting **NAY**.

**ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 12:23 p.m.

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Representative Anderson(1)  
Chair

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Jackie Wright  
Secretary