AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Tuesday, January 08, 2013

SUBJECT	DESCRIPTION	PRESENTER
	Organizational Meeting	

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, January 08, 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: Peter Shearer, Freedom Foundation, and Tony Smith, Benton Ellis.

Chairman Wood(27) called the meeting to order at 9:00 a.m.

Chairman Wood(27) welcomed the committee members, introduced the page, Rebekah Ritthaler, and invited each member to talk briefly about his/her background.

Chairman Wood(27) explained that the committee would be using parliamentary procedures during meetings and debate, instructed the committee on some of the basics, and asked that each member study and become familiar with the process. He indicated that respect during emotional testimony was paramount, and that parliamentary procedure is an important tool in maintaining that respect.

He stressed that homework is necessary and required to be effective and successful in this committee, and the need to address questions to sponsors or presenters prior to meetings. He also talked about the intent of print hearings, their duration, sidebar conversation parameters, silencing cell phones, and keeping texting to a minimum. Agendas and legislation will be distributed electronically, except for RS'. **Chairman Wood(27)** explained why members must be present and in their seats to vote on a bill.

Chairman Wood(27) advised that the legislation introduction cut off date is March 1st. Speaker permission will be required for any introductions after that date and only legislation within the committee's purview will be heard.

He briefly discussed constituent-relations protocol. **Rep. Rusche** shared his experience and offered his help in directing issues to agencies.

The next two meetings will include presentations to help new members understand the function of the Department of Health & Welfare (DHW) and the various rules up for review. **Chairman Wood(27)** advised that the normal rule review subcommittee model has been temporarily removed to allow for the new members.

Chairman Wood(27) invited the Committee Secretary, **Irene Moore**, to discuss the committee folder layout, procedures for handouts, and additional help she provides to committee members.

Chairman Wood(27) then advised the committee that he will be discussing any RS' with it's sponsor prior to acceptance by the committee.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:45 a.m.

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Representative Wood(27)
Chair

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Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Wednesday, January 09, 2013

SUBJECT	DESCRIPTION	PRESENTER
	Department of Health & Welfare 101	
	Department Overview	Dick Armstrong, Director
	Welfare	Russ Barron, Administrator
	Behavioral Health	Ross Edmunds, Administrator
	Family and Community Services	Rob Luce, Administrator
	Public Health	Elke Shaw-Tulloch, Administrator and Public Health Official
	Licensing and Certification	Tamara Prisock, Administrator
	Medicaid	Paul Leary, Administrator and State Medicaid Director

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, January 09, 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: Mike Skelter, All Seasons; Chris Hahn, Dieuwke Dizney-Spencer, Elke Shaw-Tulloch, Traci Berresh, Wayne Denny, Brian Baldwin, Jodi Osborn, Steve Bellomy, Department of Health & Welfare (DHW); Stacey Satterleer, American Cancer Society Career Action Network; Chris Gee, Mike Diteryde, Andrea Rasmiu, Ginger Kreiter, Shara Soon, Head Start; Kristy Sternes, Rep. Labrador Office; Colby Cameron, Sullivan & Reberger.

Chairman Wood(27) called the meeting to order at 9:00 a.m.

Dick Armstrong, Director, DHW, presented to the committee. He stated that the DHW has three segments dividing the ten departmental divisions. Citizen service access can be through Medicaid, family and community services, welfare, public health, or licensing and certification. Of the DHW's $2.52 B in appropriations, 65.1% ($1.64 B) is from federal funding, 24.5% ($617.3M) is from the state general fund, 7.9% ($199.8 M) is from billing receipts, and 2.5% ($63.4 M) is from dedicated funds. Of the total appropriation, 86.2% ($2.17 B) covers benefits for Idaho citizens, with the remainder split between operating and personnel expenses. Medicaid is the largest divisional expense, with a total 2014 recommendation of $2.52 B. Two independent programs are the Special Needs Assistance Program (SNAPS), which is federally funded, and the enforcement of the Child Support Program, which annually transfers approximately $2 M between parents via enforcement transactions.

Russ Barron, Administrator, DHW Division of Welfare, described their self-reliance programs. He said that of their $143.5 M budget, which is 5.7% of the DHW total budget, 55% goes towards benefits. 70% of their budget is federal funding, determining their program rules and requiring compliance to protect the funding. Mr. Barron explained that six of their ten programs are handled by state employees and the remaining four are contracted management services. He stated that assistance programs have different rules and requirements due to federal input; however, the state-run programs have more flexibility.

Challenges include those pertaining to workloads, federal Medicaid compliance, and the single-day issuance of food stamps. Through the use of temporary staffing, tandem employment training programs, and private grants, they are addressing the workforce demands. The food stamp plan will be changed to a ten-day issuance in 2014.

Ross Edmunds, Administrator, Division of Behavioral Health, stated that his division handles mental health, psychiatric hospitalization and substance abuse. They serve twenty-five thousand people a year through seven state regions. He discussed the need for local input and influence, integrated treatment, clearly defined roles and responsibilities, maximum efficiency with measurable maximum effectiveness, and recovery-oriented consumer driven programs.

Access to behavioral health services is expected to improve with the increase of individuals with insurance coverage that includes behavior health benefits. Changes to Title 39 Chapter 31, Idaho Code are also expected to add to the transformation effort. Division challenges include the evolution of the overall system, Idaho's high suicide rate, and continued work on a seamless care system between corrections and community.

Rob Luce, Administrator, Division of Family and Community Services (FACS), stated that their statutory obligations include child protection, foster care, adoption, 2-1-1 CareLine, individuals with developmental disabilities (DD), the Indian Child Welfare Act, and interstate compact. Mr. Luce talked about the Child Welfare Program, the Service Integration Program, and the Individuals with DD Program. In 2012, the Child Welfare Program was ranked #1 in the United States and has the smallest expenditure of any state.

Mr. Luce stated that the most common myth is that the department takes kids into their care. He stressed that before any child can be placed with the DHW, law enforcement must determine imminent endangerment and a court hearing must determine abuse, abandonment or neglect. He said that the emotional drain faced by their staff poses a serious ongoing challenge.

Elke Shaw-Tulloch, Administrator, Division of Public Health, stated that her division addresses population health through targeted efforts promoting healthy lifestyles and prevention activities. Their $105.3 M 2014 budget is distributed to the community through contracts to local health districts, hospitals, universities and private partners. Challenges being addressed on an ongoing basis include disease detection and response, the changing role with health care reform, and shifting to electronic data sharing.

Tamara Prisock, Administrator, Division of Licensing and Certification, described the creation and purpose of her division. She said they insure compliance with applicable federal and state statutes and rules, while promoting individual rights, well being, safety, dignity, and the highest level of functional independence. They survey, inspect, license, and certify thirteen types of health facilities to receive medicare/medicaid payments within state compliance. Their current challenges include modernization of business processes, retention of registered nurses as surveyors, and balancing enforcement with education.

Responding to questions, **Director Armstrong** stated that staff reductions occurred at the Southwest Idaho Treatment Center (SWITC) with no loss of effectiveness when the number of patients decreased. Other staff reductions have resulted in improved automation and productivity. **Ross Edmunds** explained that data is maintained on a community level with no regional collection process at this time. He will look at other state models to find a method of collecting the information. **Tamara Prisock** said that RN retention is an issue since the recession compression did not decrease the health delivery system growth.

Upon further questions, **Ross Edmunds** stated that, with a smaller array of services, they are serving more people today than during the recession, while experiencing a reduction in the clinical need service population and an increase in medication management individuals. He said that the children's program becomes a challenge if the information from the family results in immediate crisis as the first contact, instead of before it becomes an emergency. Mr. Edmunds emphasized that the move to insurance company service coverage will be a huge improvement and create solutions, especially with community boards and implementation. **Russ Barron** replied that citizenship eligibility is interfaced with Homeland Security.

Director Armstrong responded to a committee question, stating that interagency councils and groups meet regularly, including meetings with the courts for improvement of processes. Additionally, IT councils meet to discuss system inter-operability. It is the DHW policy that they find the best systems to integrate and offer them to other agencies at no charge.

Paul Leary, Administrator, Division of Medicaid, described the history of Medicaid and how it differs from Medicare. He said that each state plan determines the particulars and is the basis for federal financial participation. Subsequent amendments must be reviewed and approved by the federal government. Waivers allow expansion of coverage, provision of services not otherwise offered, expansion of home and community services, and beneficiary required managed care enrollment. Idaho waivers are the Aged and Disabled (A&D) Waiver, DD Waiver, Assertive Community Treatment team (ACT) Early and Children DD Waiver, the 1115 Demonstration Waiver, and the 1915b Waiver.

Optional benefits, such as prescription drugs, are expected to change with the Affordable Care Act. **Mr. Leary** described the basic, enhanced and coordinated plans. He said it is a continuing journey to develop basic plans around individual needs. Federal funding is based on the Federal Medical Assistance Program (FMAP). Beyond the FMAP formula, advanced planning projects, such as the Medicaid Management Information System (MMIS) improvement program, can receive higher rates of funding. 96.4% of the annual division funds are spent on participant benefits. He explained that the cost driver dollars are reduced by manufacturer, federal and supplemental rebates.

The Medicaid Division is moving from fee-for-service to outcome-based reimbursement. Exploring alternative models became necessary due to unsustainable growth and cost, economic climate budget pressures, and the potential influx of over 100,000 new eligibles. 2011 legislation directed an improved delivery system, review of managed care options, the move to an accountable system of care with improved outcomes, focus on high cost populations, and inclusion of specific elements.

The Bureau of Developmental Disability Services (BDDS), manages policy for children's and adults' DD services, operations and quality assurance for adult services, collaborates with Family and Community Services (FACS), and oversees eligibility determinations and budget calculations for children and adults. Their goals are full implementation of the Children's Benefit Redesign, school based services, and continued participation in the DD Council Collaborative Work Group.

The Bureau of Long Term Care develops, interprets and communicates policies consistent with current law and executive goals. They administer the various waivers and programs, monitoring quality assurance and coordinating operation and policy implementation. Their initiatives include the A&D Waiver, Idaho Home Choice, and integrating care for dual eligible individuals. Idaho Home Choice, also known as "money follows the person," has moved 64 individuals from institutionalization into the community where they receive better care at less cost.

Additional bureaus are the Bureau of Medical Care, Office of Mental Health and Substance Abuse, Bureau of Financial Operations and the Medicaid System Support Team.

Responding to questions, **Mr. Leary** stated that FMAP is based on the state average income and can fluctuate with economic changes. The formula is set in statute and can only be changed through the federal legislature. The current Idaho rate is 71% federal funds and will increase to 71.64% in the second quarter of 2014 state fiscal year, thus lowering the general fund budget requirement.

Mr. Leary said that a point and quality curve will be seen with managed care process outcomes. Building patient center medical homes saves costs in the long term and is most effective with chronic conditions. Models must include patient compliance and personal health care responsibility, which becomes an issue.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:54 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Thursday, January 10, 2013

SUBJECT	DESCRIPTION	PRESENTER
	Rules & Regulations 101	Dennis Stevenson, Administrative Rules Coordinator
	Board of Pharmacy	
27-0101-1201	Waivers and Licensing Rule Update	Mark Johnston, R.Ph., Executive Director, Board of Pharmacy
27-0101-1202	Student Pharmacists and Technician Registrations Rule Re-write	
27-0101-1203	ADS Systems Rule Update	
27-0101-1204	Pharmacist Practice Limitations	

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

COMMITTEE MEMBERS

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Vice Chairman Perry
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Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, January 10, 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: Representative Vander Woude

GUESTS: Carol Youtz, Board of Verterinary Medicine; Erik Makush, Idaho Freedom Foundation; Mark Johnston, Board of Pharmacy; Matt Keenan, Idaho Reporter; Colby Cameron, Sullivan & Reberger; Dennis Stevenson, Department of Administration; Kent Abz, Board of Accounting; Jared Tatro, Legislative Services Office; Kate Haas, Kestrel West; Pam Eaton, Idaho Retailers Association and Idaho State Pharmacy Association.

Chairman Wood(27) called the meeting to order at 9:01 a.m.

MOTION: **Rep. Malek** made a motion to approve the minutes of the January 8, 2013 meeting. **Motion carried by voice vote.**

Dennis Stevenson, Administrator Rules Coordinator, Department of Administration, Executive Branch, presented a summary of the rules review process. The promulgation of rules through the state agencies allows legislators to pass broad legislation, which differs from other state legislatures and keeps the agencies on track to follow the intent of the law. He summarized the different types of rules: Temporary, Final, Pending, and Fee. He added that once a docket is reviewed and accepted, the rule is in effect; however, the committee can reject, amend, and modify any rule before them. He cautioned that changing verbiage is not prudent since it may bring the rule before the Supreme Court. Mr. Stevenson explained the use of the concurrent and omnibus resolutions.

DOCKET NO. 27-0101-1201: **Mark Johnston**, Executive Director, Board of Pharmacy, Pharmacist. After giving a brief history of the Board of Pharmacy and its purpose, Mr. Johnston presented **Docket No. 27-0101-1201**, which moves the equal protection waiver parameter from criteria to content, clarifies the thirty educational hours required for reinstatement, and changes the parental add mixture to sterile products. References to two 2012 statutes, which create rule exemptions, are now included and confusing language has been clarified.

Responding to questions, **Mr. Johnston**, stated that parental add mixture and sterile products are the adding of one substance to another, typically done when making intravenous (IV) sterile products, and now extends the rule to other sterile products, like eye medicine. Mr. Johnston stated that he knew of no opposition to this Pending Rule.

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

MOTION: **Rep. Rusche** made a motion to approve **Docket No. 27-0101-1201. Motion carried by voice vote.**

DOCKET NO. 27-0101-1202: **Mark Johnston** presented **Docket No. 27-0101-1202**, which incorporates the FDA Green Book of veterinary exchanges. Additionally, licensing and registration documents change to retrievable from displayed, student pharmacist and tech-in-training registration and cancellation is clarified, brand only designation is expanded, and registered pharmacist (RPH) initials are required on dispensing and admixture preparation. Inclusions are correction facilities to the institutional facility definition, hospital directors to the controlled substance (CS) annual inventory, and over-the-counter (OTC) drugs to the drug storage section. The written protocol for returned drugs to pharmacies is added back into the rules, as is the mail order pharmacy required toll free number hours of operation.

Separate phone line and solid core or metal door grandfather clauses are added. A thirty-day allowance for the replacement of a pharmacist in charge (PIC) or pharmacy director, with an exception for new pharmacies is added. Revisions are made to allow non-institutional RPh breaks only if a tech or student pharmacist remains on duty, and public notification of any change in hours. The substitution process formulary system in closed door situations is clarified that neither prescriber nor patient approval is needed. Other changes allow correctional facility delivery authorization, pharmacist in charge report inclusion of hospital directors, and definition of emergency room registered nurse (RN) dispensing parameters.

Responding to committee questions, **Mr. Johnston** stated that substitution references include generic selection instructed by the orange and green books, with formulary substitution by hospitals and nursing homes where a committee agrees upon and continues to review the case. With the rule change, a physician can mandate dispensing of a brand name, without the previously strict terminology requirement. Mr. Johnston said that a mandate for written protocols was added for drug returns. He clarified that extern registration is upon school enrollment, and could be prior to the start of the school session. The student pharmacist designation applies to externs or interns and is used when differentiation is not required. The grandfather door clause protects the small business owner from an immediate update cost. The Board of Veterinary Medicine is okay with the changes in the docket and the Idaho Retail Association was involved in the changes.

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

MOTION: **Vice Chairman Perry** made a motion to approve **Docket 27-0101-1202. Motion carried by voice vote**.

DOCKET NO. 27-0101-1203: **Mark Johnston** presented **Docket No. 27-0101-1203**. This legislation updates the automated dispensing and storage (ADS) systems to include oversight to designee by prescriber, PIC or director, RN stocking of ADS machines with scan bar technology, pharmacist review, and loading of temperature sensitive drugs. There are new exceptions to the drug removal pharmacist review in institutional facilities. Controlled substances (CS) are added to the wasted drug section, parameters of drug returns to institutional ADS machines, and self-service system ADS machines in practitioner offices and emergency rooms is expanded.

Chairman Wood(27) requested that an update of the self-service system pilot project be presented to the committee during the 2014 legislative session.

Mark Johnston responded to committee questions by stating that the self-service medication is electronically prescribed and transmitted to the machine using a 24-hour voucher that the patient inserts along with a credit card payment. Dispensing occurs upon phone contact to the pharmacist facility. Only prepackaged drugs are allowed in the machine and InstaMed, the repackaging source, is registered with the FDA. The InstaMed machines scan the packages to dispense, which are loaded differently than the slot-style equipment. The machines are used only in situations where no other pharmacist is on duty in the community and is at the request of the hospitals, who are the only late-night provider. Medications dispensed are for immediate therapeutic needs only, with the exception of a full course of antibiotic therapy.

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

MOTION: **Rep. Chew** made a motion to approve **Docket 27-0101-1203. Motion carried by voice vote**.

DOCKET NO. 27-0101-1204: **Mark Johnston** presented **Docket No. 27-0101-1204**, which specifies that an RPh cannot practice medicine or conduct physical examination, can order lab tests, and allows substitution in the event of a drug shortage, with an equivalent amount of the drug dispensed.

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

MOTION: **Rep. Hixson** made a motion to approve **Docket 27-0101-1204. Motion carried by voice vote**.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:15 a.m.

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Representative Wood(27)
Chair

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Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Monday, January 14, 2013

SUBJECT	DESCRIPTION	PRESENTER
16-0506-1201	Criminal History and Background Checks	Fernando Castro, Program Supervisor
	Board of Medicine	
22-0102-1201	Registration Rules for Externs, Interns, and Residents	Nancy Kerr, Executive Director, Idaho Board of Medicine
22-0103-1201	Licensure of Physician Assistants	
22-0113-1201	Licensure of Dietitians	
	Bureau of Occupational Licenses	
24-2301-1201	Speech and Hearing Services Licensure Board	Roger Hales, Administrative Attorney, Bureau of Occupational Licenses
24-2701-1201	Idaho State Board of Massage Therapy	

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

COMMITTEE MEMBERS

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Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, January 14, 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: Representative(s) Henderson

GUESTS: Nancy Kerr, Mary Leonard, Boad of Medicine; Parrish Miller, Idaho Freedom Foundation; Dawn Peck, Idaho State Police; Dennis Bell, Speech & Hearing Services; Tana Cory, Occupational Licenses; Fernando Castro, Steve Bellomy, Bev Barr, Department of Health & Welfare (DHW); Gayla Nickel, Board of Massage; Roger Hales, Board of Hassage & Speech & Hearing Services; Cherie Simpson, Hille Newton, Linda Goff, Occupational Licenses; Matthew Keenan, Idaho Reporter; Tony Smith, Northwest Career Colleges Federation; Brad Hunt, Department of Administration; Suzanne Budge, Suzie Lindbert, American Massage Therapists Association (AMTA).

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 January 9, 2013. **Motion carried by voice vote.**

DOCKET NO. 16-0506-1201: **Fernando Castro**, Program Supervisor, DHW Criminal History Unit, presented **Docket No. 16-0506-1201**. This legislation increases the fee for criminal history and background checks to $70. Services are provided to a variety of DHW programs and requires fingerprint submission to the Federal Bureau of Investigation (FBI) before submission to the Idaho State Police (ISP). The ISP has increased their portion of the cost from $15 to $25; however, a discount has been negotiated with a phase in of the fee increase.

Answering committee questions, **Mr. Castro** said that background checks are used for screening employees and providers of direct patient services as defined in regulations. Of the proposed fee, $34 is paid to ISP and includes $17.50 for FBI costs. The $36 balance would go to operating cost of the DHW Criminal History Unit.

Dawn Peck, Idaho State Police, chose not to testify. For the record, no one else indicated their desire to testify.

MOTION: **Rep. Chew** made a motion to approve **Docket No. 16-0506-1201. Motion carried by voice vote.**

DOCKET NO. 22-0102-1201: **Nancy Kerr**, Executive Director, Idaho Board of Medicine, presented **Docket No. 22-0102-1201**, a Fee Rule that eliminates copies of documents. It also clarifies accrediting agencies, status of both students and post graduate trainees, and allows the Board to charge renewal and registration fees. Additional changes align with the FBI requirements for background checks, malpractice proceedings, and adverse actions.

Ms. Kerr stated that residents become licensed after their first year of training, so there would be no renewal fee for them; however, if on an extended training program, a renewal fee would be required. There is no intern or extern fee requirement. Idaho requires licensure after one year. Since residents can extend their training programs, the change to a three year registration helps keep track of them. Disclosure goes to the integrity of the applicant, can be part of discovery after an application is received, and can lead to refusal of the application or monitoring during training.

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

MOTION: **Rep. Malek** made a motion to approve **Docket No. 22-0102-1201. Motion carried by voice vote.**

DOCKET NO. 22-0103-1201: **Nancy Kerr**, presented **Docket No. 22-0103-1201**, legislation that provides temporary licensing for applicants awaiting criminal background checks. It clarifies nonrefundable fees, fee range, application cancellation parameters and when a new application is required.

MOTION: **Rep. Rusche** made a motion to approve **Docket No. 22-0103-1201.**

Responding to questions, **Ms. Kerr** stated that the time lapses between application receipt and background check results varied from two to eight weeks. The temporary license allows practice to begin with physician supervision, during the interim. Upon receipt of the results, it becomes a permanent license application and there is no renewal of the temporary license.

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

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to approve **Docket No. 22-0103-1201. Motion carried by voice vote.**

DOCKET NO. 22-0113-1201: **Nancy Kerr**, presented **Docket No. 22-0113-1201**, a Fee Rule which updates the Board's web and E-mail addresses, severability provisions, clarification of the grounds for discipline, and establishes the application renewal and license reinstatement fee.

Ms. Kerr replied to committee questions by saying that the disciplinary additions are consistent with all professions licensed by the Board and the new fee range is a money saving feature for the Board, allowing fees without annual legislative modifications.

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

MOTION: **Rep. Romrell** made a motion to approve **Docket No. 22-0113-1201. Motion carried by voice vote.**

DOCKET NO. 24-2301-1201: **Roger Hales**, Administrative Attorney, Bureau of Occupational Licenses, On Behalf of the Speech and Hearing Licenses Board, presented **Docket No. 24-2301-1201**, legislation for inactive licenses, including licensees who desire time off, with a reduced fee and a suspended continuing educational obligation while inactive. It also clarifies post graduate and permit requirements for speech pathologists.

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

MOTION: **Rep. Rusche** made a motion to approve **Docket No. 24-2301-1201. Motion carried by voice vote.**

DOCKET NO. 24-2701-1201: **Roger Hales**, on behalf of the Idaho State Board of Massage Therapy, presented **Docket No. 24-2701-1201**, giving a brief history of the newly established Board. Licensure is required by July 1, 2013, so this legislation sets forth license fees, qualifications, and other professional requirements. This Rule provides legal authority, standard rules consistent with other professions, definitions as set forth in the law, direction for update of records, Board organization and operation, and specifies the Bureau of Occupational Licenses as agent. Fees include a $50 initial fee, $75 original licence fee, and a $75 annual renewal fee. The estimate is 1,000 potential licensees, with anticipated revenue from the first licensing process to be sufficient for incurred expenses and continued operation funding.

This Rule also includes original license requirements, education and exam requirements, grandfathering parameters, processing applications with criminal convictions, licensure by endorsement from another state, renewal on birth date, license lapses, continuing education 6 hour annual parameters, renewal or reinstatement of license, revocation and suspension of license maximum $1,000 fine with legal costs and fees recovery. The code of ethics is in alignment with the National Massage Therapy Association standards of professional practice. Other standards include file retention, advertising, and disclosures of fees and financial arrangements. The stipulated twelve-month waiting period for personal relationships with clients was contentious, with the majority desiring less time than the national six-month waiting period. The Board chose twelve months to send a clear message of the inappropriateness of such a relationship.

In response to questions, **Mr. Hales** clarified that the initial application fee would be $125, and the $125,000 projected fee set up income is based on 1,000 applications, generating funds to cover a $30,000 deficit balance and initial application processing costs. Licenses will be issued for twelve months or longer, depending on birth date. The educational specification and grandfathering provisions are a mix to provide flexibility to practitioners with skills evidence.

Tony Smith, NW Career College Federation, testified in **support of Docket No. 24-2701-1201,** with the exception of the 500-hour licensure requirement, which is a compromise from the 600 hours they would prefer. In answer to a question, Mr. Smith stated that the increase to 600 hours would provide better public safety and a better educated workforce.

Suzie Lindberg, President, AMTA Idaho Chapter, testified in **support of Docket No. 24-2701-1201,** stating that the 500 hours is a national standard, and, even though some Northwest states are higher, this entry level meets the needs of local practitioners.

MOTION: **Vice Chairman Perry** made a motion to approve **Docket No. 24-2701-1201. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:11 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Tuesday, January 15, 2013

SUBJECT	DESCRIPTION	PRESENTER
	Bureau of Occupational Licenses	Roger Hales, Administrative Attorney, Bureau of Occupational Licenses
24-0601-1201	Licensure of Occupational Therapists and Occupational Therapy Assistants	
24-1001-1201	State Board of Optometry	
24-1201-1201	State Board of Psychologist Examiners	
24-1401-1201	State Board of Social Work Examiners	
24-1501-1201	Licensing Board of Professional Counselors and Marriage and Family Therapists	
24-1701-1201	State Board of Acupuncture	

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

COMMITTEE MEMBERS

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COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, January 15, 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: Tana Cory, Roger Hales, Board of Occupational Licenses; Greg Dickerson, Human Supports; Kristin Magruder, Occupational Therapists Board; Piper Field, Licensing Board Counselors; Robert Payne, Board of Social Worker Examiners; Tony Smith, Larry Benton, Association of Idaho Optometrists; Heidi Low, Ritter Public Relations; Ed Haugh, Department of Administration.

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

MOTION: **Rep. Malek** made a motion to approve the minutes for January 10, 2013. **Motion carried by voice vote.**

Tana Cory, Bureau Chief, Board of Occupational Licenses, shared a brief history of the Board and how it serves the specialty boards on a day-to-day basis with administrative support, legal counsel, and investigative services. Specialty board funding is from a dedicated fund based on past annual funding needs. Appropriation data is updated monthly on their website. Status reviews identify possible Fee Rule changes. Investigations and inspections are conducted on behalf of several of their independent boards.

Responding to committee questions, **Ms. Cory** said that each board's meeting frequency is set in statute, with additional meetings or conference calls set as needed for application review. A board meeting annually may be minimizing costs, but they hold conference calls for applications. Investigators have been hired to handle the increased inspections and backlog caused by the addition of two new boards and the cosmetology establishment growth.

DOCKET NO. 24-0601-1201: **Roger Hales**, Administrative Attorney, Bureau of Occupational Licenses, on behalf of the Occupational Therapy Board, presented **Docket No. 24-0601-1201**, which updates the continuing education requirements, and clarifies that close supervision provides daily direction with different options, depending on the individual's level of education and experience.

MOTION: **Rep. Morse** made a motion to approve **Docket No. 24-0601-1201.**

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

VOTE ON MOTION: **Vice Chairman Perry** called for a vote on the motion to approve **Docket No. 24-0601-1201. Motion carried by voice vote.**

DOCKET NO. 24-1001-1201: **Roger Hales**, on behalf of the State Board of Optometry, presented **Docket No. 24-1001-1201**, legislation to standardize board meeting specifications, remove an outdated address, with updates and clarifications to ocular treatment, the exam passing grade requirements, accrediting body name, electronic verification, patient information confidentiality, minors with lawful agents, FDA regulations, standards of professionalism, competency requirements, prescription requirements for spectacles and contact lenses, current practices terminology, dispensing specifications, procedure eligibility, Health Insurance Portability and Accountability Act (HIPAA) compliance, deposited funds account information, and CPR certification and exams.

In response to questions, **Mr. Hales** said that the passing grade for the regular exam is determined by the National Board of Examiners in Optometry Association; however, the jurisprudence exam originates with the State Board of Optometry, who determines the passing grade. The Rule specifies that expired contact lens prescriptions must be valid; however, in an emergency situation it is up to the provider and patient to work out the situation.

Larry Benton, Principal, Benton Ellis & Associates, testified on behalf of the Association of Idaho Optometrists, in **support of Docket No. 24-1001-1201**, stating that they participated in the rule making process and are supportive of the long overdue improvements to properly regulate and oversee this profession on a statewide basis. Idaho has 354 eye care physicians, with 297 are licensed optometrists and resident eye care providers. He encouraged the committee approval of these rules to help the Board protect public safety while regulating the profession of optometry in Idaho.

MOTION: **Rep. Rusche** made a motion to approve **Docket No. 24-1001-1201. Motion carried by voice vote.**

DOCKET NO. 24-1201-1201: **Roger Hales**, on behalf of the State Board of Psychologist Examiners, presented **Docket No. 24-1201-1201**, legislation that clarifies and provides flexibility to continuing education. The requirement that continuing education be from a specific entity list has been removed to allow for non-listed sources, providing a six-hour limitation for those outside of the listed providers. Teleconferencing use for continuing education from the entity list is unlimited and limited to six hours if not listed.

Mr. Hales answered a question, stating that 12 hours of continuing education is required annually.

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

MOTION: **Rep. Morse** made a motion to approve **Docket No. 24-1201-1201. Motion carried by voice vote.**

DOCKET NO. 24-1401-1201: **Roger Hales**, on behalf of the State Board of Social Work Examiners, presented **Docket No. 24-1401-1201**, which adds a new definition to the prohibition of client relationships, and clarifies the bachelor, master, and clinical social worker license types. Additional updates include the independent practice definition, separation of clinical and independent practices supervision rule, clarification of the Board extension approval, and changes in the independent and clinical social worker sections. The out-of-state supervision was expanded to allow for communication with supervisors when across state line supervision occurs. Supervisor credential renewal was changed to every 5 years, with a grandfathering allowance included. Exemption from the national exam was removed. The code of ethics was updated to include a new definition for relationships with clients and individuals close to clients, including an addition to the dual relationships code of ethics and a documentation requirement. The code of ethics changes direct objectivity to business relationships, including bartering for services.

Mr. Greg Dickerson, Licensed Master Social Worker, Human Supports of Idaho, testified in **oppostion to sections of Docket No. 24-1401-1201**, asking the committee to reject Sections 210.02 paragraph b, 210.03 paragraph b and 210.04 paragraph c because of their detrimental effect and ambiguity of interpretation. He stated that there is no reason to depart from the established practice, citing his own situation and his concern that his strong management duties now put his previous clinical services into jeopardy, since the majority occurred prior to the five-year cutoff.

In answer to committee questions, **Mr. Dickerson** stated that one other individual in his company faces the same situation and this is also an issue in rural communities where individuals perform multiple roles in their businesses. Interested stakeholders would be any social workers, National Social Workers (NSW), Idaho Chapter, and the Board of Social Work Examiners. Mr. Dickerson's interpretation is that this legislation applies to current applicants, with no grandfather clause.

Mr. Hales stated that the rule would apply to new applicants submitting a plan of supervision. Under the current rule **Mr. Dickerson's** issue would be facilitated with an extension request.

Robert Pane, Licensed Clinical Social Worker, State Board of Social Work Examiners Member, testified to the committee regarding **Mr. Dickerson's** concerns, stating that there is an extension provision for illness. He said that the Board's choice of the five-year stipulation clarifies the Board's role in insuring competency and protecting Idaho citizens. They recognize that the changing role of social workers requires some of their work be administrative and directive, instead of patient direct. He emphasized that the clinical level of licensure is a choice and the Masters level is the one involved in administrative work. **Mr. Dickerson** has a small agency, with many multiple duties to fulfill, and his current supervision plan isn't affected, since the Rules apply to new applicants.

Replying to additional committee questions, **Mr. Dickerson**, said that acceptance of the Rules as presented will impact the adhoc performance of clinical services as needed. He has found no indication in the Rules that existing plans are exempt from the five-year cap.

Mr. Pane was invited to respond to **Mr. Dickerson's** comments, stating that the Pending Rules do not affect previous decisions and current licenses, so **Mr. Dickerson** is neither grandfathered nor affected. The Board is comprised of social workers at every level of licensure and meets four times a year, with conference calls as necessary. Although public hearings are not held, they discuss Rule changes with professional groups, who contact universities and their membership for feedback. They have received no other comments beyond Mr. Dickerson's. Mr. Pane reiterated that Mr. Dickerson has a current applicant and the new changes would be for new applicants, who provide updates for Board review every six months.

In closing, **Roger Hales** said that applications and plans for supervision are subject to the rules in effect at the time of submission. He stated that the Board sympathizes with **Mr. Dickerson**, although there is a need for the changes.

MOTION: **Rep. Morse** made a motion to approve **Docket No. 24-1401-1201.**

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

VOTE ON MOTION: **Vice Chairman Perry** called for a vote on the motion to approve **Docket No. 24-1401-1201. Motion carried by voice vote.**

DOCKET NO. 24-1501-1201: **Roger Hales**, on behalf of the Board of Counselors and Marriage and Family Therapists, presented **Docket No. 24-1501-1201**, which adds a new rule to establish a nature of conformed consent. Changes include removal of unnecessary language, update to the code of ethics for family and marriage therapists, revision of guidelines, clarification of the 3,000-hour requirement. The continuing education rule change recognizes hours that include instructors and participants, with a revision to reflect additional supervision discussions.

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

MOTION: **Rep. Morse** made a motion to approve **Docket 24-1501-1201. Motion carried by voice vote.**

DOCKET NO. 24-1701-1201 **Roger Hales**, on behalf of the State Board of Acupuncture, presented **Docket No. 24-1701-1201,** legislation that combines the inactive status sections and moves the continuing education requirement to the Continuing Education Rule Section. It also breaks down the continuing education requirements to provide for Asian Theories and the Western Medicine Approach, allowing a one-and-a-half year notice for the required training. Further changes explain categories and clarify course providers. The new code of ethics rules assures up front disclosure of fees and payment information and clarifies the role of nonexempt or unlicensed staff within the office parameters. Changes to advertisement ethics prohibit misleading and fraudulent advertising.

In response to committee questions, **Mr. Hales** stated that the advertising limitations are within government regulation of free speech and are recognized as regulation appropriate areas. He was unclear to what extent Asian Theories and Western Medicine Approaches overlapped. **Rep. Chew** responded to the question of use of diet and exercise, citing her expertise in Asian theories and stating that they are the first line of treatment in the Asian scope of practice.

MOTION: **Rep. Rusche** made a motion to approve **Docket No. 24-1701-1201.**

Larry Benton, Principal, Benton Ellis & Associates, on behalf of the Acupuncture Association, testified in **support of Docket No. 24-1701-1201**, saying that he appreciates professions who govern through their rules to address public safety and advertising issues. There are 197 licensed acupuncturists in Idaho, with 147 resident licensees. The Board's mandatory duty is to protect citizens and he appreciates the legislature allowing them to follow that mandate.

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

VOTE ON MOTION: **Vice Chairman Perry** called for a vote on the motion to approve **Docket No. 24-1701-1201. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:50 a.m.

_____ _____

Representative Perry
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Wednesday, January 16, 2013

SUBJECT	DESCRIPTION	PRESENTER
	Board of Nursing	Sandra Evans, Executive Director
23-0101-1201	Advanced Practice Registered Nurses Consensus Model	
23-0101-1202	Uniform Licensing Requirements	
	Board of Pharmacy	Mark Johnston, R. Ph. Executive Director
RS21604	Prescription tracking	
RS21637	Pharmacy Board, Provisions Revised	
RS21661	Uniform Controlled Substances	

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

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Wednesday, January 16, 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:	Representative(s) Malek
GUESTS:	Sandra Evans, Board of Nursing; Holly Koole, Idaho Prosecuting Attorneys Association; Mark Johnston, Board of Pharmacy; Ed Hawley, Department of Administration; Lyn Darrington, Idaho Resident; Brody Aston, Lobby Idaho; Elizabeth Criner, Pfizer / Idaho State Dental Association.

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 January 14, 2013, meeting. **Motion carried by voice vote**.

DOCKET NO. 23-0101-1201: **Sandra Evans**, Executive Director, Board of Nursing, presented **Docket No. 23-0101-1201**, legislation that aligns definitions and practice descriptions. It also provides the licensure and titles requirements that finalize a national model that standardizes regulation for advanced practice registered nurses.

Responding to questions, **Ms. Evans** stated that previous legislation allows authorized prescriptions to clients without a nurse-patient relationship when it is to the public benefit, such as during an epidemic, and rule changes have allowed for this exception.

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

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 23-0101-1201. Motion carried by voice vote.**

DOCKET NO. 23-0101-1202: **Sandra Evans** presented **Docket No. 23-0101-1202**, which corrects inaccurate citations, removes unnecessary language, simplifies wording for clarity, and incorporates United States (U.S.) territorial and state Boards of Nursing agreed upon international nurse licensure requirements.

Ms. Evans stated, in answer to committee questions, that the state or territory base for jurisdiction covers all areas of the U.S., such as the commonwealth of Puerto Rico. Standards for international applicants deal with issues of academic credential equivalency, English proficiency, disciplinary and criminal background review, and the endorsement of an active license.

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

MOTION: **Rep. Morse** made a motion to approve **Docket No. 23-0101-1202. Motion carried by voice vote.**

RS 21604: **Mark Johnston**, Executive Director, Board of Pharmacy, presented **RS 21604**, legislation that clarifies that Prescription Monitoring Program (PMP) data for controlled substances can be shared between pharmacists and prescribers on the PMP report. The Board is also working on an E-mail link for certain PMP data availability to other prescribers or pharmacists.

Responding to questions, **Mr. Johnston** explained that no additional funding is required for the E-mail link program since they are using an existing employee and have grant funding, which includes operational expenses.

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

MOTION: **Rep. Rusche** made a motion to introduce **RS 21604. Motion carried by voice vote.**

RS 21637: **Mark Johnston**, presented **RS 21637**, which expands the practice of pharmacy into Idaho and more tightly regulates nonresident drug outlets and pharmacists. This change allows Idaho registered business pharmaceutical entities housed outside the state to conduct prospective drug reviews for rural hospitals in Idaho prior to drug administration, as opposed to the current retrospective process. Tighter regulation of nonresident drug outlets is necessary for determining and addressing potential harm to Idaho citizens. Categories have been expanded to create new registration requirements and set fees for new resident drug outlets, with guidelines for the more effective regulation of pharmacies into Idaho and expanded disciplinary action to include a nonresident drug outlet. Additional changes update terminology, definitions, and releases the Board from duplicative state or federal mandates.

MOTION: **Rep. Chew** made a motion to introduce **RS 21637. Chairman Wood(27)** invoked Rule 38 stating a possible conflict of interest because of his affiliation with a hospital that will be impacted by this legislation. **Motion carried by voice vote.**

RS 21661: **Mark Johnston**, presented **RS 21661**, legislation that incorporates Idaho's substance schedule updates to coincide with the federal schedule and clarifies when substances are actually added to the schedule, eliminating current annual legislation updates of the substance list. Idaho-unique substances are still defined. Additional changes include an update to fines and the inclusion of depressants to listed substances for driving under the influence.

MOTION: **Rep. Rusche** made a motion to introduce **RS 21661. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:36 a.m.

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Representative Wood(27)
Chair

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Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Thursday, January 17, 2013

SUBJECT	DESCRIPTION	PRESENTER
	Medicaid	
16-0309-1101	Pharmacy Reimbursement	Sheila Pugatch, Principal Financial Specialist
16-0309-1202	Participant Estate Recovery	Lisa Hettinger, Chief, Bureau of Medicaid Financial Operations
16-0309-1203	Clinical Practice Guideline	Matt Wimmer, Bureau Chief, Medical Care
16-0309-1205	Medical Home Model of Care	Matt Wimmer, Bureau Chief, Medical Care
16-0309-1206	Early Periodic Screening Diagnosis and Treatment Services	David Simnitt, Deputy Administrator
16-0309-1204	Children's Systems Redesign	Art Evans, Bureau Chief, Bureau of Developmental Disabilities Services

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

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, January 17, 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: Representative(s) Malek and Morse

GUESTS: Art Evans, Matt Wimmer, Sheila Pugatch, Lisa Hettinger, Division of Medicaid; Shannon Dunston, State Department of Education; Paul Leary, David Simnitt, Bev Barr, Chad Cardwell, Department of Health & Welfare (DHW); Corey Makizuru, Idaho Association of Developmental Dissabilities Agencies (DDA); Brody Astow, Lobby Idaho; Tyler Mallard, Risch Pisca; Heidi Low, Ritter Public Relations; Elizabeth Criner, Pfizer / Idaho State Dental Association; Dennis Stevenson, Department of Administration.

Vice Chairman Perry called the meeting to order at 9:01 a.m.

MOTION: **Rep. Rusche** made a motion to approve the minutes of the January 15, 2013, meeting. **Motion carried by voice vote.**

DOCKET NO. 16-0309-1101: **Sheila Pugatch**, Principal Financial Specialist, Division of Medicaid, presented **Docket No. 16-0309-1101**, which changes the calculation for the pharmacy actual acquisition cost (AAC) to a tiered-fee structure. Both the drug cost and dispensing fee information is collected to better reimburse pharmacies for the cost of the drug.

Ms. Pugatch replied to questions, explaining that the previous single dispensing fee was based on an average wholesale price (AWP) plus 12%. The new tiered fee structure takes into consideration rural pharmacies, whose dispensing fees are higher. The revised payment method will result in a general funds savings. The various associations are in agreement with this new system.

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

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 16-0309-1101. Motion carried by voice vote.**

DOCKET NO. 16-0309-1202: **Lisa Hettinger**, Bureau Chief, Division of Medicaid Financial Operations, presented **Docket No. 16-0309-1202**, a Pending Rule that is in response to a petition from the Trust and Estate Professionals of Idaho (TEPI) requesting the addition of a new subsection to codify the current practice of not subjecting certain life estates of Medicaid participants to recovery.

Responding to questions, **Ms. Hettinger** defined a life estate as part of an estate owner's planning process to establish that assets are held by a beneficiary during the owner's lifetime. **Mr. Corey Cartwright**, Deputy Attorney Prosecutor, Attorney General's Office, was called upon to describe a life estate, which is a transfer of property to a beneficiary, allowing the owner retention of control, with transfer, upon the owner's death, of the remaining property to the designee as a retained life estate. Life estates established prior to this Rule change are not subject to the new rules.

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

MOTION: **Rep. Romrell** made a motion to approve **Docket No. 16-0309-1202. Motion carried by voice vote.**

DOCKET NO. 16-0309-1203: **Matt Wimmer**, Bureau Chief, Medical Care, presented **Docket No. 16-0309-1203**, pertaining to tobacco cessation products for pregnant women and children under the age of twenty-one. The changes align with federal requirements and cover tobacco cessation nicotine replacement therapy and prescription drugs. The decision to use any of these drugs or products is ultimately up to the patient and physician.

Mr. Wimmer, responding to a committee question, stated that the federal regulations require coverage of specific drugs in accordance with the health service guidelines.

MOTION: **Rep. Rusche** made a motion to approve **Docket No. 16-0309-1203. Motion carried by voice vote.**

DOCKET NO. 16-0309-1205: **Matt Wimmer**, presented **Docket No. 16-0309-1205**, a Pending Rule for the implementation of Idaho Medicaid Health Homes (Health Home). Health Home providers will be responsible for activities directed towards assisting patients with chronic conditions to achieve better health and engage them in managing their own health care, including the development and implementation of a comprehensive primary care plan. Electronic medical records or other electronic record-keeping methods will be used and they will manage patient care with hospitals, nursing facilities, emergency rooms, and specialist staff. They must also provide extended hours of access to primary care, report progress and performance data, and meet the patient-centered medical home requirements of the National Committee for Quality Assurance.

Mr. Wimmer explained, in answer to questions, that this primary care provider program is for a higher level of chronic diseases and not a hospice program. A new savings to the state is expected and close monitoring with reporting information will be a part of every stage. As part of the Governor's Medical Home Collaborative, this program addresses chronic care conditions by systemically providing across-the-board home health care benefits. Health Connections is a primary care case management program that has been in place since the late 1990's and initially enhanced access to primary care for diabetic patients with a lower level of case management. The Medicaid Health Home Program is a replacement that includes other illnesses with a higher level of case management.

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

MOTION: **Rep. Rusche** made a motion to accept **Docket No. 16-0309-1205. Motion carried by voice vote.**

DOCKET NO. 16-0309-1206: **David Simnitt**, Deputy Administrator, DHW, presented **Docket No. 16-0309-1206**, which aligns the general Medical Necessity for Early Periodic Screening Diagnosis and Treatment (EPSDT) definition with the Social Security Act regarding Medicaid-eligible children.

In answer to questions, **Mr. Simnitt** stated that the federal EPSDT defines children as ages zero to twenty-one. He explained that additional service needs can be identified during or outside of the screening process.

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

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 16-0309-1206. Motion carried by voice vote.**

DOCKET NO. 16-0309-1204: **Art Evans**, Bureau Chief, Bureau of Developmental Disabilities Services, Division of Medicaid, presented **Docket No. 16-0309-1204**, a Pending Rule that is a companion docket to the Children's Redesign Rules and school-based benefits. The removal of developmental disabilities (DD) benefits from the State Plan directly impacts the DD services in the school setting, requiring changes to incorporate replacement services to assure appropriate Medicaid developmental services are provided. Specific removals include DDA service references, developmental therapy and intensive behavioral intervention services, and the Idaho Infant Toddler Program. New behavioral intervention and consultation services are being added for school-based services. Additional clarifications are being made to various school based services and processes.

Responding to questions, **Mr. Evans** commented that there were requests to change the physician signature requirement; however, the plan signature requirement prior to implementation and billing assures both medical necessity and physician involvement, which is important in managing the services. Fiscal impact to the general fund indicates negative federal funding because the old system of DD therapy and intervention included skill building services, which are not appropriate to school based settings. The new array makes sure that the services are appropriate and within federal guidelines, so removal of some services with the redesign represents a federal funding loss to the school districts.

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

MOTION: **Rep. Wood(27)** made a motion to accept **Docket No. 16-0309-1204. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:49 a.m.

Representative Perry
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Friday, January 18, 2013

SUBJECT	DESCRIPTION	PRESENTER
	Division of Medicaid	
16-0310-1201	Provider Rate of Reimbursement	Lisa Hettinger, Chief, Bureau of Medicaid Financial Operations
16-0310-1202	Home and Community-Based Services Waivers	Natalie Peterson, Bureau Chief, Long Term
16-0310-1203	Children's Redesign	Art Evans, Bureau Chief, Bureau of Developmental Disabilities Services
16-0310-1204	Home and Community-Based Services Waivers - Dental Benefits	David Simnitt, Deputy Administrator
16-0310-1205	Behavioral Care Units	Lisa Hettinger, Chief, Bureau of Medicaid Financial Operations

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

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Friday, January 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: Representative(s) Malek

GUESTS: Bill Bankula, Idaho Resident and The Beutler Family; Corey Makizuiu, and Kathryn Hansen, Idaho Association of Developmental Disabilities Agencies (IADDA); Lisa Hettinger, Natalie Peterson, Sheila Pugatch, Art Evans, Division of Medicaid; Angela Lindig, Idaho Parents Unlimited; Carlyann McLaren, and Laura Sandidge, Advocates 4 Inclusion; Cam Gillilam, and Rebecca Fadness, Family & Community Services; Chard Cardwell, Bev Barr, Paul Leary, David Simnitt, Department of Health & Welfare (DHW); Ed Hawley, Department of Administration; Heidi Low, Ritter Public Relations; Jim Baugh, Disability Rights; Elizabeth Criner, Idaho State Dental Association (ISDA); Richelle Tierney, Idaho Resident & Parent.

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 January 16, 2013, meeting. **Motion carried by voice vote.**

MOTION: **Rep. Rusche** made a motion to approve the minutes of the January 17, 2013, meeting. **Motion carried by voice vote.**

DOCKET NO. 16-0310-1201: **Lisa Hettinger**, Chief, Division of Medicaid Financial Operations, presented **Docket No. 16-0310-1201**, a Pending Rule for Medicaid Enhanced Plan Benefits that addresses access and quality by creating a legislative presentation process for proposed rate changes for personal care, mental health, developmental disabilities (DD) and service coordination. It outlines how cost surveys are conducted, and the stratification of cost data to ensure proposed rate change efficiency . Federal law requires that reimbursement rates allow eligible participants adequate service access and quality.

Responding to questions, **Ms. Hettinger** stated that the identified triggers and thresholds are both federally prescribed and internal decisions, stating that further action on any complaint will be determined by its nature.

Kathryn Hansen, Executive Director, Community Partnerships of Idaho, on behalf of Vocational Services of Idaho and the IADDA, explained the background of rate increases, the last of which was in 2006. She talked about provider frustration and legal methods used to force rate increases. Ms. Hansen stated that they are concerned with rural access, access report completion time frame clarity, report presentation audience, and resulting actions. She requested follow up on rate study triggers and definition of the quality indicators. Ms. Hansen testified in support of the 100% mandatory participation; however, she expressed concern that smaller agencies would find the time required to complete the survey an issue, leading to disenrollment, and further impacting access.

Responding to questions, **Lisa Hettinger** stated that rate reviews will be done as access of quality concerns arise, with a type of rate based cost survey component scheduled. She remarked that a previous rate survey had a very small sample size that was not representative of the provider community at large. The Pending Rule changes help assure access is not an issue. **Paul Leary**, Administrator, Division of Medicaid, answered a committee question, stating that the Pending Rules are a federal mandate that provider payments are based on an exponential quality of service. **Kathryn Hansen** shared her concern about the implementation of payment rates and the unclear explanation of rate study time frames and triggers, especially in light of existing access issues. Lisa Hettinger stated that access reports indicating an issue will result in an issue determination and rate reimbursement increases. A trigger could be an increase in access complaints. Access measurement will be a baseline year minimum. Access reports are presented to the Legislative Health and Welfare Committees. Ongoing quality measures trigger a rate study prior to critical incidents or participant eligibility problems preceding any critical incident. Since an 85% survey participation could be a skewed example, they are working with providers and provider groups to obtain more information. The survey-regulated data base drives to the provider costs, which are not always reflected in their charges.

Ms. Hettinger replied that they must separate the exact costs of providing services from any profit margin. The proposed cost determination rate includes the cost outline. **Chairman Wood(27)** clarified that federal law states that no program like this is allowed to pay more than 100% of costs, with the exception of critical access hospitals. **Paul Leary** explained that the Administration of Medicaid is under a state plan in alignment with the federal government. Reimbursement methodology is subject to federal approval, which does not historically provide a built-in profit margin, only a supplemental amount to maintain the business and keep the doors open.

Bill Benkula, Idaho Resident, testified that a 2006 study found that DD service providers were paid sixty to eighty percent of costs, with an ten dollar average hourly wage, while the community hourly rates increased. Actual provider costs are an integral part of the rate that cannot be disregarded. Responding to questions, Mr. Benkula stated that he neither supports nor opposes the rules, and is testifying to point out that focus on rate increase follow up is very important.

Paul Leary, responding to questions, stated that the law directs that Medicaid participants will have the same services access as the general public. This includes rural area services, which may be within thirty miles. The mandatory 100% survey participation assures a sample of the whole population, which is critical in order to set a provider reimbursement rate and maintain Medicaid participant access at the appropriate quality level. He stated that the actual payment amount is authorized by the Joint Finance and Appropriations Committee (JFAC), while the House Health and Welfare Committee authorizes the procedural tools to appear before JFAC with rate increases.

MOTION: **Rep. Morse** made a motion, with reservation, to approve **Docket No. 16-0310-1201**.

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

Commenting to the motion, **Rep. Rusche** stated that the real issue is effective appropriation when determining lack of adequacy. The methodology is good only if the Department is listening to what the market is saying. **Chairman Wood(27)** agreed that the rule is about methodology, remarking that the budget committee review is from a different perspective, presented to them once confirmation that it works is evident.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to approve **Docket No. 16-0310-1201. Motion carried by voice vote. Rep. Rusche** requested that he be recorded as voting **NAY**.

DOCKET NO. 16-0310-1202: **Natalie Peterson**, Bureau Chief, Long Term, presented **Docket No. 16-0310-1202**, which aligns the administrative rules with federal requirements between the Development Disabilities (DD) and Aged and Disabled (A&D) Waivers.

Bill Benkula, A Twin Falls Community-based Provider, on behalf of the Beutler family, testified regarding **Docket No. 16-0310-1202**, stating his concern surrounding the limitation of services provided to residences lived in or owned by family members, and the environmental modifications required prior to Medicaid qualification. Living in the home prior to modification approval can result in emergency care costs, placing such modifications out of the reach of many awaiting Medicaid participants.

Natalie Peterson responded that the "unless otherwise authorized by the department" statement allows consideration of special circumstances, and provide an appeals process. For participants renting a residence, approval by the owner is a consideration. She stated that equipment can be temporary or permanent modifications. Participants in non-paid family homes may qualify as a certified family home (CFH), which requires accessibility for participants in their care.

Rep. Morse stated that the appraisal definition indicates an archaic Appraisal Institute reference which needs to be amended in the future.

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

MOTION: **Rep. Rusche** made a motion to approve **Docket 16-0310-1202**, with the exception of **Section 703.06 Subsection b,** the requirement that permanent modifications are required to a family-owned residence.

SUBSTITUTE MOTION: **Vice Chairman Perry** made a motion to approve **Docket No. 16-0310-1202**, commenting that Section 12 allows for temporary and permanent residential adaptations.

VOTE ON SUBSTITUTE MOTION: **Chairman Wood(27)** called for a vote on the substitute motion to approve **Docket No. 16-0310-1202. Motion carried by voice vote**. **Representatives Rusche, Chew and Hancey** requested that they be recorded as voting **NAY**.

DOCKET NO. 16-0310-1203: **Arthur Evans**, Bureau Chief, Bureau of Developmental Disabilities Services, presented **Docket No. 16-0310-1203**, that completes the full transition of the Children's DD System Redesign by removing the Children's DDA services and Children's DD service coordination. Additional changes include the addition of the Infant Toddler Program as a provider for children's DD services, and clarifications to the new Children's System Redesign rules.

Responding to questions, **Mr. Evans** stated that enrollee response to the budget adequacy is quite good; however those who haven't enrolled remain concerned with adequate budgets. He said they would continue reviews to assure adequacy. Mr. Evans indicated that Early Periodic Screen Diagnosis and Treatment (EPSDT) provides a safety net for additional funded services to meet needs not covered by a budget tier.

Kathryn Hansen on behalf of the IADDA, stated their concern that families are being told that habilitative support is only available in community settings, citing examples. Responding to questions, she agreed that their concern is in the implementation, not the rule, with the anticipation that the issues can be resolved.

Paul Leary, responded that discussions continue and the Department is committed to making sure participants get the right service in the right place, with the right outcomes. He said they will improve staff consistency through training.

In response to a committee question, **Kathryn Hansen** stated that since the rollout has just started, they are beginning to learn about issues, many of which may tie into field interpretation.

Angela Lindig, Director, Idaho Parents Unlimited, testified that complaints are surfacing that inconsistent and confusing information is coming from providers and the Department. Themes include not enough rural providers due to noncompete clauses, along with the availability, inconsistency, and schedule inaccessibility of family-direct classes. Parents are also being told sometimes that they are not qualified to be their child's support broker. Complaints about denials of goods & services which were to be part of the budgets are now surfacing and parents are being told that habilitative supports cannot be done in a center. She requested that notifications be done in a timely, consistent manner, or as promised. Ms. Lindig responded to a question that their concerns were about the adequacy of the budget along with the transition operation and management within the Department.

Marilyn Sword, Executive Director, Idaho Council on DD, described a crisis situation that resulted in acute hospitalization that could have been averted with better information and a local concrete process. She said her clients have been told there are no crises services on the plans, even though a backup plan is required.

Laura Sandidge, Advocates 4 Inclusion, shared that her concerns were the same as mentioned previously with the addition of individual respite accessibility. Additional concerns include certification requirements, and the two different methods of service coordination and case management.

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

MOTION: **Rep. Romrell** made a motion to approve **Docket No. 16-0310-1203.**

Rep. Rusche commented to the motion that he is concerned about the budget adequacy, providers understanding that they can get the necessary services, and the DHW role in helping children receive adequate care in their community.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to approve **Docket No. 16-0310-1203. Motion carried by voice vote.**

DOCKET NO. 16-0310-1204: **David Simnitt**, Deputy Administrator, Medicaid Division, presented **Docket No. 16-0310-1204**, a Pending Rule that details qualifications for dental services, the specific dental benefits covered, and the requirement and process for prior approval of concurrent skill building services.

Kathryn Hansen, testified to implementation concerns, stating that the dual diagnosis budget has been confusing since the DHW states that the $900,000 was never removed and is confusing with the statement that they are now available.

David Simnitt commented that the DD and Mental Health (MH) programs budget methodology reviewed the historic span in a variety of services. The original estimation used an historical number of adults receiving services; however, fewer requests than expected have been approved, and those not approved have lacked eligibility information. It is just coming to the Department's attention that there are questions and confusion that needs to be addressed before the budget dollars can be added. Responding to question, Mr. Simnitt stated that the $900,000 service allocation was based on the estimate number and is impacted by the lower-than-expected amount of requests.

Jim Baugh, Executive Director, Disability Rights of Idaho, testified that individuals who qualify for DD and Psychosocial rehab services also have intellectual disabilities or autism along with mental illness and, requiring support for basic living aspects with specialized coaching and training. DD trainers do not do the specialized coaching and training, so dual diagnosis situations require different providers with different qualifications. When computing their DD budgets, it is more appealing to not reduce items that cover staying in their homes and surviving, rather than request appropriate benefits. This may partially explain the lower request rate and may also indicate a possible future crisis from lack of mental illness services.

In response to a questions, **Mr. Baugh** stated that he is opposed to the rule text which neither requires nor prohibits the Department from using this method, an issue of interpretation and implementation. He said he would like clarification that costs for psychosocial rehabilitative services are not a duplication of DD services and do not come out of DD service budgets.

Rep. Vander Woude commented that testimony has been on the agency review, instead of the rule review. **Chairman Wood(27)** agreed, stating that he authorized implementation to the DHW and chose to allow the testimony to alert the legislature to possible issues.

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

MOTION: **Rep. Morse** made a motion to approve **Docket No. 16-0310-1204**.

Rep. Hixon commented to the motion that he is in favor of the Pending Rule, but the Department has to try to be all inclusive with the regulated rule process and communicating with stakeholders to curtail the issues mentioned today.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to approve **Docket No. 16-0310-1204**. **Motion carried by voice vote.**

DOCKET NO. 16-0310-1205: **Lisa Hettinger**, presented **Docket NO. 16-0310-1205**, which continue existing reimbursement methodology for nursing facilities and intermediate care facilities for the intellectually disabled (ICF/IDs) by changing the cost report year definition. Additional changes establish the authority and criteria to implement Behavioral Care Units and establish their rate structure.

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

MOTION: **Vice Chairman Perry** made a motion to approve **Docket No. 16-0310-1205. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 11:22 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Monday, January 21, 2013

SUBJECT	DESCRIPTION	PRESENTER
16-0325-1201	Medicaid Electronic Health Records	Sheila Pugatch, Principal Financial Specialist
	Division of Welfare	
16-0402-1201	Telecommunication Service Assistance Program	Genie Sue Weppner, Program Manager
16-0410-1201	Community Services Block Grant Program	Genie Sue Weppner
16-0612-1201	Idaho Child Care Program	Martha Garcia, Program Specialist
	Division of Family and Community Services	
16-0601-1201	Child and Family Services - Family Reimbursements	Erika Wainaina, Idaho Foster Care Program Specialist
16-0601-1202	Child and Family Services - Information Release	Miren Unsworth, Child Welfare Program Manager
16-0501-1201	Use and Disclosure of Departmental Records	Miren Unsworth
	Division of Behavioral Health	Kathy Skippen, SUDS Program Manager,
16-0608-1201	Minimum Standards for DUI Evaluators	
16-0701-1201	Sliding Fee Schedules	
16-0717-1201	Alcohol and Substance Use Disorder Services	
16-0720-1201	Alcohol and Substance Use Disorders Support Services	

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

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, January 21, 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: Paul Leary, Sheila Pugatch, Genie Sue Weppner, Alberto Gonzalez, Martha Garcia, Aileen Medina, Cindy Medina, Abby Medina, Rosie Andueza, Miren Unsworth, Erika Wainoina, Russ Barron, David Simnitt, Frank Powell, Department of Health & Welfare (DHW), Cristian Gonzalez, Kyler Barron, Peter Sheaver, Tom Humphrey, Idaho Resident; Lauren Willis, National Association of Social Workers (NASW); Lyn Darrington, Business Psychology Association; Matthew Keenan, Idaho Reporter; Jacob Padil, Catholic Charities of Idaho; Sara Stover, Division of Financial Management.

Chairman Wood(27) called the meeting to order at 9:00 a.m.

DOCKET NO. 16-0325-1201: **Sheila Pugatch**, Principal Financial Specialist, Division of Medicaid, presented **Docket No. 16-0325-1201**, a Pending Rule that implements a federal incentive program for the adoption of electronic technology and data for eligible hospitals and professions.

Responding to questions, **Ms. Pugatch** stated that the Program Integrity Group has computer programs that ferret out up-coding and other price increase attempts. She said that access to patient information is part of the Health Insurance Portability and Accountability Act (HIPPA) and is only available, with patient approval, to physicians and hospitals. This voluntary incentive program has no Medicaid program penalties. The Department regularly updates its firewalls to protect all claims information. Responding to additional questions, **Paul Leary**, Administrator, Medicaid, stated that firewall updates are an ongoing process that includes federal and state requirements.

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

MOTION: **Rep. Rusche** made a motion to approve **Docket No. 16-0325-1201. Motion carried by voice vote.**

DOCKET NO. 16-0402-1201: **Genie Sue Weppner**, Program Manager, Division of Welfare, presented **Docket No. 16-0402-1201**, that changes the Idaho Telecommunication Service Assistance (ITSA) program eligibility level from 133% to 135% of the Federal Poverty Guidelines (FPG). The changes align this Rule with the Federal Communication Commission (FCC), include obsolete language updates, and remove the "Link Up" benefit program.

In response to questions, **Ms. Weppner** stated that federal and state phone bill surcharges fund the repayment of losses to the utility companies. She described the original program, approved during President Reagan's administration, and updates, the most recent of which increases integrity, as well as eliminates waste, fraud and abuse. A state contract manages the administration of the program. The number of individuals on the program has declined from 29,000 to 14,000 in the last three years.

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

MOTION: **Rep. Rusche** made a motion to approve **Docket No. 16-0402-1201. Motion carried by voice vote. Rep. Morse** requested that he be recorded as voting **NAY**.

DOCKET NO. 16-0410-1201: **Genie Sue Weppner**, presented **Docket No. 16-0410-1201**, a Pending Rule for the Community Service Block Grant Program (CSBG). Ms. Weppner gave a brief overview of the CSBG program. The temporary 200% FPG eligibility level has sunsetted and this update returns the FPG eligibility level to 125%, in alignment with the current federal requirement.

In response to questions, **Ms. Weppner** stated that the 125% FPG level is federally mandated and not changing the percentage could result in a federal audit and possible fine. An option for individuals who are not eligible for this program would be the Food Stamps Program, which offers training opportunities to find work.

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

MOTION: **Rep. Morse** made a motion to approve **Docket No. 16-0410-1201. Motion carried by voice vote.**

DOCKET NO. 16-0612-1201: **Martha Garcia**, Program Specialist, Division of Welfare, presented **Docket No. 16-0612-1201**, which aligns the Idaho Child Care Program (ICCP) with other Department assistance program rules by changing the eligibility level to 130% of the FPG, changing reporting requirements, and amending full and part time care activity hour calculations to match child care industry billing standards and help manage monthly child payment responsibilities. This Pending Rule also includes refugee resettlement assistance programs to provide child care while individuals obtain skills that lead to work, and adds immunization to the provider-required records list. Answering a question, Ms. Garcia stated that the new level allows more families to be eligible.

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

MOTION: **Rep. Hancey** made a motion to approve **Docket No. 16-0612-1201. Motion carried by voice vote.**

DOCKET NO. 16-0601-1201: **Erika Wainaina**, Idaho Foster Care Program Specialist, Division of Family and Community Services, presented **Docket No. 16-0601-1201**, a Pending Rule that increases the foster care reimbursement monthly rates, which are now $274 to $301 for zero to five years of age, $300 to $339 for six to twelve years of age, and $431 to $453 for 13 years of age and older. She explained that there has been no rate increase for several years, and Idaho has one of the lowest spending rates per foster child in the country, which is evident in the declining foster parent census.

Responding to committee questions, **Ms. Wainaina** stated that the 2012 approved additional funds cover the increases and additional funding requests will be presented to the Joint Finance and Appropriations Committee (JFAC). **Rob Luce**, Administrator, Division of Family and Community Service, said that the 2012 budget increase is an ongoing amount, with an additional $500,000 request to JFAC as a further budget increase. Federal funding is a 30/70 split. Ms. Wainaina commented that ongoing efforts along with the rate increase will help in recruiting more foster parents.

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

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 16-0601-1201. Motion carried by voice vote.**

DOCKET NO. 16-0601-1202: **Miren Unsworth**, Child Welfare Program Manager, Division of Family and Community Services, presented **Docket No. 16-0601-1202**, which contains rule amendments clarifying the information that can and must be shared with foster parents and other professionals involved in the ongoing care of children in Idaho's welfare system.

Responding to questions, **Ms. Unsworth**, stated that Court Appointed Special Advocates (CASA) Guardian ad Litums (GAL) are not included because they receive a court order that allows them access to all of the child's information. Issues with GALs obtaining information is a training matter that they are currently addressing with the Attorney General. She stated that the term "minimally necessary" refers to information essential for that provider to carry out services, and is a discretionary term for highly confidential information release. Appeals are through the Department complaint process; however, they have ultimate discretion when sharing information. **Rob Luce**, Administrator, Division of Family and Community Service, said that child protection is centered around the best interest of the child and is confidential via legislation, with information release carefully determined.

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

MOTION: **Rep. Morse** made a motion to approve **Docket No. 16-0601-1202. Motion carried by voice vote.**

DOCKET NO. 16-0501-1201: **Miren Unsworth**, presented **Docket No. 16-0501-1201**, a Pending Rule for the disclosure of information regarding child fatalities. This amendment specifies and clarifies Department information disclosure, in accordance with the Child Abuse Prevention and Treatment Act (CAPTA). Information that can be released includes the child's age, gender, pertinent previous investigations, results of previous investigations, circumstances, and actions by the state on behalf of the child. Information will be released to the newly formed Statewide Child Fatality Review Team. Additional changes specify that the Department has discretion to disclose information when it is not in conflict with the child's best interest, previously published or released through the media, disclosed in adjudication, or otherwise previously disclosed.

In response to questions, **Ms. Unsworth** stated that they had not heard from any media groups regarding the revisions, and clarified that information related to child fatalities must be released to the Statewide Child Fatality Review Team, which will be reviewing all state child fatalities dating from 2011. All other information for public disclosure is handled through public information requests. Ms. Unsworth described the type of information that would not be disclosed; however it is case dependent and persons involved in any case have access to almost all information. She said that information release to local authorities is already covered in the Rules. non-identifying case summary information would be disclosed per CAPTA requirements. **Rob Luce**, Administrator, Division of Family and Community Service, explained that the previous use and disclosure rules omitted the ability to disclose child protective information to law enforcement without a subpoena.

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

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 16-0501-1201. Motion carried by voice vote.**

DOCKET NO. 16-0608-1201: **Kathy Skippen**, Program Specialist, Department of Health and Welfare, presented **Docket No. 16-0608-1201**, which is a chapter repeal based on magistrate judges' concerns about driving under the influence (DUI) evaluation quality and consistency. This change will require evaluators be affiliated with an approved facility that is inspected for safety and provides supervision.

Kerry Hong, Misdemeanor Sentencing Specialist, Idaho Supreme Court, testified **in support of Docket No. 16-0608-1201**, stating that the Court agrees that the chapter repeal will provide quality and appropriate recommendations at sentencing. Evaluators will no longer have separate credentials and will have to be associated with an approved licensed facility or contracted to a licensed facility.

Responding to committee questions, **Kathy Skippen** said that there were concerns with evaluation locations, which will now be required to be held in an approved facility, allowing more people to do the evaluations. She described conversations on rural availability of resources, stating that courts must be cognizant of resource availability and provide waivers as necessary in situations where treatment must be at the same facility where the evaluation was conducted. **Mr. Hong** stated that the repeal is an overall effort for the DUI evaluation redesign. Idaho Code prohibits evaluation agencies from self-referrals without an explicit waiver. Ms. Skippen said that some evaluators are already affiliated with a facility. Freestanding evaluators who provide additional clinical services can continue in the private sector, but state funding services have to be through a facility. She verified that the current fee for DUI Evaluator licensure is $25 annually.

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

MOTION: **Vice Chairman Perry** made a motion to approve **Docket No. 16-0608-1201**. **Rep. Hixon** declared Rule 38 citing that he has a family member who is a DUI evaluator.

Rep. Hixon would like to see evaluators transition into their new role to give them some direction.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to approve **Docket No. 16-0608-1201. Motion carried by voice vote.**

DOCKET NO. 16-0701-1201: **Kathy Skippen**, presented **Docket No. 16-0701-1201**, a Pending Rule regarding substance use disorder (SUD) treatment and recovery support services needs assessment and delivery. The previously established Interagency Committee on Substance Abuse Prevention and Treatment (ICSA) had a sunset date of June 20, 2011. This Rule removes references to ICSA and adds a definition of Management Services Contractor (MSC), for management of the SUD private treatment provider network.

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

MOTION: **Rep. Morse** made a motion to approve **Docket No. 16-0701-1201. Motion carried by voice vote.**

Due to time constraints, **Chairman Wood(27)** stated that **Dockets No. 16-0717-1201 and 16-0720-1201** will be held over for committee review tomorrow, January 22, 2013.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:47 a.m.

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Representative Wood(27)
Chair

_____

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Tuesday, January 22, 2013

SUBJECT	DESCRIPTION	PRESENTER
	Division of Behavioral Health	Kathy Skippen Program Manager
16-0717-1201	Alcohol and Substance Use Disorder Services	
16-0720-1201	Alcohol and Substance Use Disorders Support Services	
RS21586	Drivers Licenses - Visually Impaired	Angela Jones AdministratorCommission for the Blind and Visually Impaired
RS21591	Dentistry Board - Limited Liability	Susan Miller Executive Director Board of Dentistry
	Bureau of Occupational Licenses	Roger Hales Administrative Attorney
RS21597	Psychologist Examiner Board - Comm Tech	
RS21599	Occupational Therapy Licensing Board	
RS21603	Speech and Hearing Service Practice Act	
RS21620	Social Work Examiners Board	
RS21676	Board of Nursing - Home Administrators	

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

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
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Phone: 332-1138
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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, January 22, 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: Representative Vander Woude

GUESTS: Cherie Simpson, and Roger Hales, Occupational Licensing; Rosie Andueza, and Bev Barr, Department of Health and Welfare (DHW); Susan Miller, Board of Dentistry; Jennifer Visser, Gallatin; Brad Hunt, Office of Administrative Rules Coordinator; Wendy Norbom, Ruth Spencer, Michael Sandrig, John Tanner, National Alliance on Mental Illness Idaho; Colby Cameron, Sullivan & Reerger; Elizabeth Criner, Idaho State Dental Association.

Chairman Wood(27) called the meeting to order at 9:01 a.m.

DOCKET NO. 16-0717-1201: **Kathy Skippen,** Program Manager, Division of Behavioral Health, DHW, presented **Docket No. 16-0717-1201**, a Pending Rule that aligns with **IDAPA Rule Section 16.07.20** and the private sector by changing confusing language and updating terminology.

Responding to questions, **Ms. Skippen** stated that the Division provides facility approval, with reviews every two years. She described the history of the Interagency Committee on Substance Abuse Prevention and Treatment (ICSA) and its sunset, stating that the individual agencies still meet monthly to discuss all aspects of the network. This is especially helpful since they all have clients who move between agencies. The agencies also view each other's budget expenditure reports. She agreed that they are working better now that they have individual budgets, instead of one joint budget.

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

MOTION: **Rep. Romrell** made a motion to approve **Docket No. 16-0717-1201. Motion carried by voice vote.**

DOCKET NO. 16-0720-1201: **Kathy Skippen,** Program Manager, Division of Behavioral Health, DHW, presented **Docket No. 16-0720-1201**. These Rule changes align with existing standards for substance use disorder (SUD). She requested that the **Section 009.01** changes be rejected since one date is still relevant to allow individuals to remain grandfathered under the old rule. This section impacts providers who are in recovery themselves, unable to pass background checks due to previous criminal convictions, but are valuable role models and mentors. This rule change also updates terminology, makes supervision of clinicians more individualized, removes the provider list experience requirement, and removes reference to Drug Court. A new section has been added for Adolescent Safe and Sober Housing, addressing a treatment need for adolescents who no longer need residential treatment, can't live at home, but are not ready to live on their own, providing adult supervision and ongoing outpatient treatment for better long-term outcomes.

Answering questions, **Ms. Skippen** stated that leaving **Section 009.01** as it is requires a background check for everyone, with allowance for certain previous convictions. Some individuals, with offenses twenty to thirty years ago, have a lot to offer the treatment community. The intent is to make a section that allows them to provide services; however, the existing section is adequate for the time being. To remove the section would result in unemployment for a valuable resource.

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

MOTION: **Vice Chairman Perry** made a motion to accept **Docket No. 16-0720-1201**, with the exception of **Section 009.01. Motion carried by voice vote.**

RS 21591: **Susan Miller**, Executive Director, Board of Dentistry, presented **RS 21591**. Idaho code requires a dentist to practice under his own true name, except as allowed by the Professional Service Corporation Act. This legislation adds reference to professional limited liability companies and provides the Board of Dentistry authority to take disciplinary action against a licensee who engages in the practice of dentistry with any business entity in which a person not licensed to practice dentistry in this state holds an ownership interest.

MOTION: **Rep. Hixon** made a motion to introduce **RS 21591. Motion carried by voice vote.**

RS 21597: **Roger Hales**, Boise Attorney, Bureau of Occupational Licenses, on behalf of the Psychologist Examiner Board, presented **RS 21597**, legislation that changes the powers and duties section to promulgate rules that govern standards and requirements for the use of communication technology in the practice of psychology.

Responding to a question, **Mr. Hales** stated that supervision of individuals pursuing a psychology license can include video links and phone contacts.

MOTION: **Rep. Rusche** made a motion to introduce **RS 21597. Motion carried by voice vote.**

RS 21599: **Roger Hales**, on behalf of the Occupational Therapy Licensure Board, presented **RS 21599**, which clarifies that the limited permit available prior to the licensing examination allows supervised practice for 6 months, unless extended by the Board.

MOTION: **Rep. Hancey** made a motion to introduce **RS 21599. Motion carried by voice vote.**

RS 21603: **Roger Hales**, on behalf of the Board of Speech and Hearing Services, presented **RS 21603**, legislation that eliminates the public member requirement for a quorum. It also updates the audiology education qualification to conform to available educational programs that require a doctoral degree.

Responding to questions, **Mr. Hales** explained that the board consists of seven members, one of which is public and this requirement has caused problems and financial loss when the public member was unable to attend the meeting.

MOTION: **Rep. Rusche** made a motion to introduce **RS 21603. Motion carried by voice vote.**

RS 21620: **Roger Hales**, on behalf of the Board of Social Work Examiners, presented **RS 21620**. This legislation allows board review of a social worker's practice when a complaint is received, maintains confidentiality, adds two additional grounds for licensee disciplinary action, allows consideration of disciplinary action in another state, and provides for noncompliance disciplinary action.

Answering questions, **Mr. Hales** said that disciplinary action in another state is communicated to the Idaho Board through self-reporting renewal statement requirements and national registry reports.

MOTION: **Rep. Hixon** made a motion to introduce **RS 21620. Motion carried by voice vote.**

RS 21676: **Roger Hales**, on behalf of the Board of Nursing Home Administrators, presented **RS 21676**, legislation that adds authority for the Board to impose a fine for a licensee's violation of the law or rules, allowing recovery of costs and fees if the licensee is found to have violated the law or rule. This addition is similar to existing rules for other boards and provides for a self-sufficient board's financial burden. It also allows flexibility to fine an individual, instead of suspending or revoking a license.

Answering questions, **Roger Hales** said that anytime a state agency acts, it is subject to judicial review and pursuant to the Administrative Procedures Act. Appeals would be to a district judge, who can award reasonable attorney fees against the state or agency. The $1,000 fine is the maximum amount that can be imposed. The actual fine amount would depend on the circumstances and seriousness of any violation.

MOTION: **Vice Chairman Perry** made a motion to introduce **RS 21676. Motion carried by voice vote. Rep. Hixon** requested that he be recorded as voting **NAY.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:55 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Wednesday, January 23, 2013

SUBJECT	DESCRIPTION	PRESENTER
RS21586	Drivers Licenses - Visually Impaired	Angela Jones Administrator Commission for the Blind and Visually Impaired
	Board of Medicine	Nancy Kerr Executive Director
22-0101-1201	Licensure to Practice Medicine and Surgery and Osteopathic Medicine and Surgery	
22-0111-1201	Licensure of Respiratory Therapists and Permitting of Polysomnographer in Idaho	
22-0112-1201	Health Care Workers - Chapter Repeal	
22-0114-1201	Complaint Investigation	

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

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, January 23, 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: Nancy M. Kerr, Idaho Bureau of Medicine; Angela Jones, Dwight Hansen, Idaho Commission for the Blind and Visually Impaired; Kurt Sembridge, GlaxoSmithKline; Lyn Darrington, State Farm; Peter Shearer, Idaho Resident.

Chairman Wood(27) called the meeting to order at 9:00 a.m.

RS 21586: **Angela Jones**, Administrator, Commission for the Blind and Visually Impaired, presented **RS 21586**, legislative changes to protect visually impaired bioptic drivers, especially those in areas with limited public transportation. She described current statute conflicts and the qualifications for the legally blind status. The changes overcome presumptions that limit anyone whose vision can be improved by the use of assisted technology, such as bioptic glasses. Bioptic drivers must pass annual driving skills and written tests. These updates retain independence and work ability for visually impaired persons.

In answer to questions, **Ms. Jones** said many bioptic drivers have claimed no traffic tickets or accidents, but she has no other driving record statistics for this group. Since bioptics are assisted technology, there is no impact on claimed visual tax exemption eligibility. The impact of this technology on night or peripheral vision is based on individual abilities.

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

MOTION: **Rep. Malek** made a motion to introduce **RS 21586. Motion carried by voice vote.**

DOCKET NO. 22-0101-1201: **Nancy Kerr**, Executive Director, Idaho Board of Medicine, presented **Docket No. 22-0101-1201**, a Pending Rule that updates the Board's web address, provides for electronic copies, adds birth certificates to application documentation requirements, clarifies the purpose of serving on the prelitigation physician panel, and complies with federal and local law enforcement recommendations for fingerprint reporting security procedures.

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

MOTION: **Rep. Rusche** made motion to approve **Docket No. 22-0101-1201. Motion carried by voice vote.**

DOCKET NO. 22-0111-1201: **Nancy Kerr** presented **Docket No. 22-0111-1201**, which corrects the Board's web address, provides for electronic copies, adds a requirement for a same-site supervisor for polysomnographic trainees, provides for application disclosure of criminal charges, regardless of outcome, and prohibits polysomnographic technicians from applying for temporary permits as polysomnographic trainees.

Responding to questions, **Ms. Kerr** stated that revision of criminal charges, regardless of outcome, includes those that were plead to a lesser charge, which still may require monitoring of the applicant. Permits allow polysomnographers to practice portions of respiratory therapy. Temporary permits are time limited and designed to expire if the trainee does not progress. Expiration of temporary permits prior to progression of training is not an issue. A polysomnographer performs sleep studies to help physician's diagnosis and treat sleep disorders and provides instruction in the use of continuous positive airway pressure (CPAP) equipment.

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

MOTION: **Rep. Morse** made a motion to approve **Docket No. 22-0111-1201. Motion carried by voice vote.**

DOCKET NO. 22-0112-1201: **Nancy Kerr** presented **Docket No. 22-0112-1201**, a Pending Rule that repeals the entire chapter which has never been used in any proceeding before the Board, since each profession has existing rules for cases of inability of licensees to practice with reasonable skill or safety.

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

MOTION: **Rep. Morse** made a motion to approve **Docket No. 22-0112-1201. Motion carried by voice vote.**

DOCKET NO. 22-0114-1201: **Nancy Kerr** presented **Docket No. 22-0114-1201**, which corrects the Board's web address, provides for electronic copies, clarifies the format for submission of public complaints, updates terminology, and clarifies the conducting and practice indicators for investigations.

Upon questioning, **Ms. Kerr** stated that the Board responds to a complainant within ten days, when possible, but in some cases it takes longer to collect evidence before notifying the complainant. Complaints are protected under the Public Records Act, and when an investigation is initiated the relationship of the complaint to the patient is the focus, not the name of the complainant.

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

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 22-0114-1201. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:28 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Thursday, January 24, 2013

SUBJECT	DESCRIPTION	PRESENTER
	Department of Health & Welfare	
16-0304-1201	Food Stamp Program - Children's Benefits	Rosie Andueza Program Manager
16-0304-1202	Food Stamp Program - Federal Alignment	Rosie Andueza
16-0305-1201	Aged, Blind and Disabled - Asset Transfers	Shannon Epperley Program Manager
16-0305-1202	Aged, Blind and Disabled - Cost of Living Allowance	Callie King Program Specialist

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

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
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Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, January 24, 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: Representatives Henderson and Vander Woude

GUESTS: Ed Hawley, Department of Administration; Bev Barr, Shannon Epperley, Rosie Andueza, Russ Barron, Callie King, Department of Health and Welfare (DHW)

Chairman Wood(27) called the meeting to order at 9:01 a.m.

MOTION: **Vice Chairman Perry** made a motion to approve the minutes of the January 18, 2013, meeting. **Motion carried by voice vote.**

DOCKET NO. 16-0304-1201: **Rosie Andueza**, Program Manager, Department of Health & Welfare, presented **Docket No. 16-0304-1201**, a Pending Rule that relates to policy for eligible households that share custody of a minor child during a certification period. The change determines that the household where the child resides fifty-one percent or more of the time receives food stamps.

Responding to questions, **Ms. Andueza** stated that each certification period is for six months. Court documents and collateral statements from teachers and providers are used to determine the residence time percentage. Federal regulations do not allow splits of food stamps between households. It is possible for one parent with less than fifty-one percent to claim the child and qualify for food stamps, when the other parent is not eligible due to income status.

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

MOTION: **Vice Chairman Perry** made a motion to approve **Docket No. 16-0304-1201. Motion carried by voice vote.**

DOCKET NO. 16-0304-1202: **Rosie Andueza**, presented **Docket No. 16-0304-1202**, which update the previous use of "guide dog" to "all trained service animals." The spousal definition is being modified to reflect that Idaho no longer recognizes common law marriage. Additional changes provide application processing outside of the local office and screening of the applicant, instead of the application, for eligibility.

Answering committee questions, **Ms. Andueza** explained that the scope of qualified service animals has expanded to include miniature horses and monkeys, who provide assistance. However, the animals must be licensed and trained to provide the service.

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

MOTION: **Rep. Hancey** made a motion to approve **Docket No. 16-0304-1202. Motion carried by voice vote.**

DOCKET NO. 16-0305-1201: **Shannon Epperley**, Program Manager, Division of Welfare, presented **Docket No. 16-0305-1201**, for Medicaid Aid to the Aged, Blind and Disabled (AABD) program. The Pending Rule allows an individual to serve an asset transfer penalty while receiving long-term care services in a facility or in a residential setting through Home and Community-Based Services (HCBS). There is no change in calculation methods, levy methods, or estate recovery efforts.

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

MOTION: **Rep. Rusche** made a motion to approve **Docket No. 16-0305-1201**.

Rep. Rusche commented that services for AABD are a large Medicaid budget item and these are important controls to reserve the resources for those most in need.

Responding to questions, **Ms. Epperley** said that Assets are often transferred or sold to family members. When an applicant recovers the asset value there is no penalty, because the situation has been rectified; however, if they are unable to do any recovery, a penalty does occur. The existing rules require the penalty is served only in a nursing home, which could cause them to move. This change allows them to serve the penalty in their current facility. She explained that serving a penalty refers to a period of ineligibility for equitable services. Federal statute allows a five-year window of time for transfers prior to eligibility that would not be considered a basis for any penalty. Ms. Epperley stated that, although a cost neutral effect is indicated, they hope that a cost savings will occur.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to approve **Docket No. 16-0305-1201. Motion carried by voice vote.**

DOCKET NO. 16-0305-1202: **Callie King**, Program Specialist, Division of Welfare, presented **Docket No. 16-0305-1202**, which pertains to AABD State Long Term Care budget allowance guidelines. When a Social Security benefit cost of living adjustment (COLA) occurs, budget allowances are increased at an 80/20 split, with 80% for rent, utilities and food and 20% for personal needs. Changes provide a more equitable method of handling COLA increases by eliminating the 80/20 split and replacing it with a percentage-based calculation. This change will not impact Medicaid dollars.

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

MOTION: **Vice Chairman Perry** made a motion to approve **Docket No. 16-0305-1202. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:29 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Monday, January 28, 2013

SUBJECT	DESCRIPTION	PRESENTER
	Board of Pharmacy	Mark Johnston, R.Ph. Executive Director Board of Pharmacy
RS21820	Uniform Controlled Substances	
H 16	Prescription Drug Tracking	

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

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, January 28, 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: Russell Westerberg, Rocky Mountain Power; Raeleen Wetson, Westerberg & Associates; Jen Visser, Gallatin Public Affairs; Elizabeth Criner, Pfizer; Kerry Ellen Elliott, Idaho Association of Counties/Idaho Public Health Districts.

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 January 21, 2013, meeting. **Motion carried by voice vote.**

MOTION: **Vice Chairman Perry** made a motion to approve the minutes of the January 22, 2013, meeting. **Motion carried by voice vote.**

MOTION: **Vice Chairman Perry** made a motion to approve the minutes of the January 23, 2013, meeting. **Motion carried by voice vote.**

RS 21820: **Chairman Wood(27)** announced that **RS 21820** has been removed from the agenda at the request of the sponsor.

H 16: **Mark Johnston**, Executive Director, Board of Pharmacy, presented **H 16**. The Board of Pharmacy is required to maintain the state's Prescription Monitory Program (PMP) for data on dispensed controlled substances, collating it into patient profiles and making the data available to authorized users. The PMP identifies illegal activity and assists in avoiding the inappropriate use of controlled substances. This legislation assures pharmacists and prescribers can share information on the PMP report.

Responding to questions, **Mr. Johnston** stated that they have been in contact with a software provider for the Indiana PMP, which is similar to the program envisioned for Idaho. Authorized users receiving the link would sign in and then be at the report page. There would be no private information displayed. The Board of Pharmacy has jurisdiction to provide the data, but it is up to the provider to make the final dispensing decision. Any dispensing abuse incidences would be referred to the licensing board. The provision to cooperate or not cooperate is provided to avoid calling attention to valid serious health care issues. Reports are sent to law enforcement when illegal activity, such as forgery, is identified. Mr. Johnston said that there are several available companies to develop the program, three of which already contract with the state. The hope is that one of three instate companies will be able to bid lower than the $20,000 estimate and create the program.

Rep. Rusche provided an overview of the current information exchange methods between providers, which include phone calls and sticky notes at nurses desks. The new method is more secure and provides data to find drug seeking patients and where they are going in their search.

Mr. Johnston further responded to questions that data on any controlled substance dispensed in or into Idaho is collected from all prescribers, except veterinarians. The data base is just for controlled substances, so it would have questionable effectiveness for drug interaction issues, which the health data exchange system addresses.

Chairman Wood(27) stated that, as an Emergency Room Physician at a hospital located on a major Idaho interstate, he often encounters drug seeking behavior and people coming in to get prescriptions for resale on the black market, with high activity at night and on weekends. This is a major step forward in controlling this criminal activity and drug seeking behavior of our citizens.

MOTION: **Rep. Chew** made a motion to send **H 16** to the floor with a **DO PASS** recommendation.

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

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to send **H 16** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Chew** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:23 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

AMENDED AGENDA #1

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Wednesday, January 30, 2013

SUBJECT	DESCRIPTION	PRESENTER
H 32	Psychologist Examiner Board	Roger Hales Aministrative Attorney, Bureau of Occupational Licenses
H 33	Occupational Therapy Licensing Board	Roger Hales
H 34	Speech/Hearing Service Practice Act	Roger Hales
H 35	Social Work Examiners Board	Roger Hales
H 36	Board of Nursing Home Administrators	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 Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Wednesday, January 30, 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:	Peter Shearer and Shanna Shearer, Idaho Residents; Roger Hales, Board of Occupational Licensing; Kris Ellis, Idaho Health Care Association; Kristin Magruder, Occupational Therapists Licensing Board; Matt Keenan, Idaho Reporter; Fiona Cory, Occupational Licenses; Robert Payne, Board of Social Workers; Heidi Low, Idaho Psychologists Association; Elizabeth Criner, Veritas Advisors.
	Chairman Wood(27) called the meeting to order at 9:00 a.m.
MOTION:	**Rep. Rusche** made a motion to approve the minutes of the January 24, 2013, meeting. **Motion carried by voice vote.**
MOTION:	**Rep. Rusche** made a motion to approve the minutes of the January 28, 2013, meeting. **Motion carried by voice vote.**
H 32:	**Roger Hales**, Attorney, Board of Occupational Licenses, on behalf of the Board of Psychologist Examiners, presented **H 32**, legislation that gives the Board of Psychologist Examiners the authority to set forth communication technology use rules that include texting, E-mail, phones, and videos. Specific rules will cover security, confidentiality, and consent forms.
MOTION:	**Rep. Malek** made a motion to send **H 32** to the floor with a **DO PASS** recommendation.
	For the record, no one indicated their desire to testify.
VOTE ON MOTION:	**Chairman Wood(27)** called for a vote on the motion to send **H 32** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Morse** will sponsor the bill on the floor.
H 33:	**Roger Hales**, on behalf of the Occupational Therapy Licensure Board, presented **H 33**, which relates to the Board's limited permit that allows an applicant to practice prior to taking and passing the licensing examination. This legislation clarifies that the permit is issued for six months and can be extended, if the Board deems it appropriate. Responding to questions, Mr. Hales said that applicants take a national standardized examination and reasons for a permit extension could include medical issues that cause an applicant to miss an examination and have to wait for a subsequent examination date.
	For the record, no one indicated their desire to testify.
MOTION:	**Rep. Hixon** made a motion to send **H 33** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Hixon** will sponsor the bill on the floor.

H 34: **Roger Hales**, on behalf of the Speech and Hearing Services Board, presented **H 34**. This legislation removes the requirement that the public board member must be in attendance in order to have a quorum, when the public member is absent and a quorum is otherwise present. Additional changes align the audiology educational requirements with the accredited audiology educational levels, which have changed from masters to doctoral programs and no longer offer masters programs.

In answer to questions, **Mr. Hales** said that most boards have a public member, but do not require their presence for a quorum. The members from the three distinct professions covered by the board will remain a requirement for the seven-member board. There would be no affect on current students since a masters program is no longer available in audiology. Anyone currently licensed would be exempt from the new requirements. The three licensed distinct professions board members are required to be in attendance to explain anything pertaining to their profession.

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

MOTION: **Rep. Malek** made a motion to send **H 34** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Malek** will sponsor the bill on the floor.

H 35: **Roger Hales**, on behalf of the Board of Social Work Examiners, presented **H 35**, which has three changes. The first change allows the board to review the practice of a social worker who is the subject of a complaint. Information from such a review is maintained in a confidential manner, unless the licensee provides written consent. This bill will also add two additional grounds for discipline of a licensee disciplined in another state, and discipline of a social worker for failing to comply with a Board order.

Mr. Hales, responding to questions, stated that their website lists all Idaho licensed social workers and indicates if there has been any disciplinary action. Disciplinary action communication from other states is via a national data base, with direct notification to other known licensing states. Only actual disciplinary orders, not complaints, are on the data base.

Robert Payne, Licensed Clinical Social Worker, Board of Social Workers Member, testified **in support of H 35**, stating that a professional reviewer looks at the records after an investigation has occurred. In answer to committee questions, Mr. Payne explained that the primary cause of complaints are Medicare and Medicaid fraud, inappropriate relationships between a licensee and a client, and felony convictions that impact a social worker's practice. License renewal forms are signed affidavits that disclose any violations of the standards of conduct and are individually reviewed. Six of the nine listed specific behavior violations are standard. Unlike most mental health boards, they chose not to adopt their association's code of conduct and have listed additional specific behavior violations that protect the public. The Board does not see the name of an individual involved in a complaint until it becomes a point of action, and confidential dismissal records belong to the Bureau.

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

MOTION: **Rep. Hancey** made a motion to send **H 35** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Romrell** will sponsor the bill on the floor.

H 36: **Roger Hales**, on behalf of the Board of Nursing Home Administrators, presented **H 36**, legislation that adds authority to the Board to impose a fine for licensee violation of law or rules and adds costs and fee recovery, if a licensee is found to have violated the law or rule. As a self-sufficient board that pays for all expenses through license fees, it is their contention that investigation and prosecution costs should be borne by the culprit, instead of all licensees. A fine, which can be as high as $1,000, is a useful disciplinary action tool without earning capability loss.

Responding to questions, **Mr. Hales** stated that there are occasions when the Board finds a fine, rather than suspension, appropriate. The Board has to prove that the law has been violated intentionally, willfully or repeatedly. Any possible fine would be upon pursuit of an actual disciplinary case and under the guidelines of the Administrative Procedures Act. Definition of "reasonably unfit" would require expert testimony to establish. He detailed the process of complaint receipt, initial jurisdictional review, investigation, post investigation prosecutor visit to allow stipulation with a fine, and formal complaint with an evidentiary hearing. The Board can force payment of a fine or costs and fees only if a licensee is found to have violated the law or rules. Investigative costs are separate from prosecution, and recovery attempts occur when the prosecuting attorney approaches the licensee for possible settlement and stipulation. The individual can dispute the costs and fees. The Board has 2-4 disciplinary cases a year.

Chairman Wood(27) commented that the Board's number one priority is the protection of the public, not the protection of the members or licensees; however a licensee gets due process. Every professional board has to have the ability to discipline.

MOTION: **Rep. Rusche** made a motion to send **H 36** to the floor with a **DO PASS** recommendation.

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

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to send **H 36** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Hancey** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:59 a.m.

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Representative Wood(27)
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Thursday, January 31, 2013

SUBJECT	DESCRIPTION	PRESENTER
RS21810	Physician Assist Advisory Committee	Nancy Kerr, Executive Director
16-0202-1201	Rules of the EMS Physician Commission	Dr. Murry Sturkie Emergency Medicine Physician
	Idaho Criminal Justice Commission Update	Brent Reinke Chairman
	Idaho Department of Correction Update	Brent Reinke Director
	Central District Health Department	Patrick Guzzle, DHW and Russell Duke Director, Central District Health
	Idaho Academy of Nutrition & Dietetics	RoseAnna Holliday Current President and Seanne Safaii 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 Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, January 31, 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: 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 Wood(27) called the meeting to order at 9:00 a.m.

RS 21810: **Nancy Kerr**, Executive Director, Board of Medicine, presented **RS 21810**, which changes the Board of Physician Assistants advisory committee members' compensation rate to an honorarium so they are not required to participate in the public employee retirement system program of Idaho (PERSI).

MOTION: **Rep. Hixon** made a motion to introduce **RS 21810. Motion carried by voice vote.**

DOCKET NO. 16-0202-1201: **Dr. Murry Sturkie**, St. Luke's Emergency Medicine Physician, Chairman, Idaho Emergency Medical Services (EMS) Physician Commission, presented **Docket No. 16-0202-1201**, a Pending Rule that updates the EMS standards manual, effective date of July 1, 2013, to reflect the current best practices. The Advanced Emergency Medical Technician (EMT) description now offers Advanced EMTs the option of staying at their current scope, based on the Intermediate 85 curriculum, or transitioning to the new scope, with specific skill expectations if they choose not to transition. The finger sweep, modified chin lift and hemorrhage control skills have always been included in every EMS level and are now in the manual. Dr. Sturkie detailed changes within each level of licensed EMS provider, stating that there are also optional skills noted that can be performed with additional training and medical oversight, so agencies can tailor their services to meet local needs. Other changes are the EMS medical directors' medical supervision plan submission to within thirty days of a request, annual designated clinicians identification, and EMS Bureau notification upon occurrence of any medical director change.

Responding to questions, **Dr. Sturkie** explained that it will take 80-200 hours of study and training to make the transition to the new scope, including both a national registry exam and a ten-station practical exam. Various aspects of additional training remain a challenge, although multiple computer based and remote site training opportunities are proving helpful, if they can be accessed. Rural providers, who are advanced EMT's, were considered for the scope of practice options and appropriate care levels. The intermediate 85 curriculum exemption addresses some concerns expressed during the rural EMS accessibility discussions. The Bureau will continue to explore options to provide the best service to rural and urban communities.

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

MOTION: **Rep. Romrell** made a motion to approve **Docket No. 16-0202-1201. Motion carried by voice vote.**

Brent Reinke, Director, Department of Corrections, presented an Idaho Criminal Justice Commission update. He gave a brief history of the commission, stating that county, city, and citizen representatives meet regularly to enhance and improve the criminal justice system.

Dan Chadwick, Executive Director, Idaho Association of Counties, reported that the Public Defense System Subcommittee has met monthly for the last three years. Their current recommendations are for uniformity in counsel appointment and juvenile right to counsel. Additionally, they are requesting the formation of an interim legislative committee to examine the creation of an independent commission and review the public defense system.

Sara Thomas, State Appellate Defender, reported that the Human Trafficking Subcommittee has identified this growing gang involvement problem in our state. A multi-state network circuit exists that brings girls into our state, posts available dates on the internet, and then moves the girls to another state. They have also discovered recruitment occurring at public locations, such as the Boise Town Square Mall. Current statutes are not adequate. Ms. Thomas shared two recent cases and how current legislation did or did not result in criminal prosecution. Proposed legislation requests a felony charge for anyone using an underage person for prostitution, required sex offender registration, and forfeiture of assets earned or used in human trafficking.

Ross Mason, Chairman, Children of Incarcerated Parents Subcommittee, described the program design for improving the lives of children whose parents are incarcerated for six months or longer. The pilot program, with twenty kids, gives additional counseling and guidance to put them on the right course. A recent survey found that the majority of children of incarcerated parents are in grade school, 6% are in adoptive or foster care, and the rest live with a family member. An outreach document that guides in answering questions, has been well received and distributed to schools, counselors, parents, and the general public.

Sara Thomas, stated that the Sexual Offender Management Board system tier has been eliminated and its reinstatement will be proposed in future legislation. The Gang Strategies Subcommittee uses prevention, intervention, and suppression programs to reduce the criminal activity of gangs in the state by a focused strategy that empowers and encourages youth to reject involvement in criminal gangs.

Sharon Harringfeld, Director, Department of Juvenile Corrections, described the Results First Program, which is being developed for Idaho and based on a Washington State cost-benefit analysis model. It uses a part-time economist for cost effectiveness, efficiency and collaboration with all parts of the government.

Responding to questions, **Brent Reinke** stated that **Shane Evans**, Chief of Education Treatment and Reentry, and Chairman of the Sex Management Board, will be spearheading the 2014 legislation for the Sexual Offender Management Board system tier reinstatement. **Sara Thomas** said that the human trafficking legislation is scheduled for presentation to the Senate Judiciary and Rules Committee on February 11, 2013. **Brent Reinke**, explained that the notable increase in the female population is due to substance abuse issues and three new sentencing options. He stated that there are over fourteen thousand incarcerated individuals, with a large portion on joint jurisdiction riders between the Department and the courts.

Brent Reinke, discussed the number of incarcerated individuals at the eleven Idaho prisons. He explained the difference between a probationer and a parolee, stating that a parole officer's load can be a mix of both. Improvements include the appointment of new commissioners and the review of every violation submitted to assure utilization of community efforts. Education treatment and reentry is critical and they hope to expand their vocational training program. The Management Services Division oversees the contracted prisons, including out of state, with a major focus on data quality and integrity to measure results and manage facilities and programs effectively. Mr. Reinke said that additional areas of focus are staffing, population, and resolution of a 31-year-old lawsuit (BALLA). The old bed driver had a 99% occupancy rate, while they currently maintain 98% with their focus on programs, which increases the inmate release success rate. Reentry requires a lot of work to allow an ex-inmate the ability to take care of his/her own family and be a product Idaho citizen.

Patrick Guzzle, Manager, Department of Health and Welfare (DHW), Food Protection Program, Division of Public Health, presented the triennial Food Protection Report, stating that Idaho food protection efforts are a partnership between the Food Protection Program, Public Health Districts, and the food industry. Idaho was the first state to have all public health jurisdictions participate in the National Voluntary Regulatory Food Program Standards and has just received confirmation that the 2016 National Conference for Food Protection will be hosted in Idaho. He described the status and rules that govern food safety.

Russell Duke, Director, Central District Health Department, on behalf of all seven local public health districts, shared that the Food Safety Program works with a variety of food providers, including those at temporary events, does one inspection per year, contracts with the U.S. Food and Drug Administration to inspect food processing facilities, and responds to public complaints and foodborne illness issues. He detailed the range of activities that include licenses, pre-openings, education, and data management. Funding comes from license fees and contributions by the state and counties. Mr. Duke described the license fee adjustment and implementation for the various establishment types, including supermarkets, who have several licenses for the different food sections. He summarized the impact of foodborne illnesses, including hospitalization and litigation costs, as well as the decline in food establishment complaint investigations. He concluded that food establishment staff turnover is frequent, so a good relationship with their management is critical.

Responding to questions, **Mr. Duke** said that they see the same array of pathogens. **Mr. Guzzle** stated that the norovirus becomes easily airborne and sheds up to ten days after any symptoms have been resolved, so they are asking for strict employee health policies and hand washing, but it is a difficult pathogen to control. Mr. Duke explained that an inspection report includes a findings review with the establishment's manager and a time frame to correct any violations. It is rare that they close an establishment; they would rather work with them over a period of weeks and follow up or reinspect them. He gave examples of common temperature and hygiene violations. The Food Safety Program's challenges are the annual inspection minimum and maintaining a relationship with the food industry, so they are comfortable contacting his group.

Chairman Wood(27) commented that with the U.S. food inspection programs we have experienced increased longevity through non-contaminated food, immunizations, clean water, and other modern miracles of medicine.

Mr. Duke responded in agreement, stating that we have the technology, capability and knowledge to prevent almost all foodborne illness, however it becomes a matter of securing all regulatory aspects of the global food supply chain, since any product has contact with a number of hands before the consumer. **Mr. Guzzle** said that there are 25 to 50 different organisms that can cause illness, but an increase of any specific pathogen is usually caused by human error.

Dr. RoseAnna Holliday, President, Idaho Academy of Nutrition and Dietetics, presented information on registered nutritionists and dietitians, and their impact on chronic disease health care savings in Idaho. She explained their educational requirements, and preventative nutritional services. She gave examples of the various ways they work with both public and private sectors to improve health with evidence-based scientific research and an emphasis on helpful eating habits that last a lifetime.

Dr. SeAnne Safaii, Incoming President, Idaho Academy of Nutrition and Dietetics, explained that most of their students remain in Idaho and advocate for health related issues from birth until death. She described the obesity epidemic as a result of poor nutrition and lack of physical activity. She summarized the ways a dietitian can bend the obesity cost curve through a body mass index (BMI) reduction of five percent, with a resulting one billion dollars in health care savings in ten years. An individual's genetic background, gut microflora, environment, resources, and bio markers are reviewed to inform and help with any diet improvements. They are health board members and a resource that would appreciate being an active part of health care advisory boards for the health of Idaho citizens.

In answer to questions, **Dr. Safaii** explained the plate method and said they would like to work in physician offices with families to provide early start training. They continue to be involved in school lunch programs and food bank educational programs for high risk children. **Dr. Holliday** stated that they are a part of the National Association of the American Academy of Nutrition and Dietetics. Medicare and Medicaid cover only renal disease and diabetes, which limits the nutritional services they can provide. They offer educational programs and classes through colleges and seminars, but need to become a stronger part of the community.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:37 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Tuesday, February 05, 2013

SUBJECT	DESCRIPTION	PRESENTER
RS21808	Indigent Health Care Laws	Roger Christensen, Chairman Catastrophic Health Care Board
RS21820	Uniformed Controlled Substances	Mark Johnston, R.Ph. Executive Director, Board of Pharmacy
H 17	Pharmacy Board Provisions Revised	Mark Johnston

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

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, February 05, 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: Holly Koole, Idaho Prosecuting Attorneys Association; Mark Johnston, Board of Pharmacy; Jen Visser, Gallatin PA; Reiley O'Brien, American Cancer Society Cancer Network; Elizabeth Criner, Idaho State Dental Association; Steve Millard, Idaho Hospital Association; Kate Haas, Idaho Council of Health-System Pharmacists; Julie Taylor, Blue Cross; Marnie Packard, Pacific Source.

Chairman Wood(27) called the meeting to order at 9:01 a.m.

MOTION: **Rep. Rusche** made a motion to approve the minutes of the January 30, 2013, meeting. **Motion carried by voice vote.**

RS 21808C1: **Roger Christensen**, Chairman, Catastrophic Health Care Board, Bonneville County Commission, presented **RS 21808C1**, which changes the existing indigent health care laws to clarify and further define a completed application, the six month new application requirement, medically indigent terminology, who qualifies as a dependent, and the reimbursement rate. The individual claiming a dependent for income tax purposes would be responsible for any care provided. The current reduced Medicaid reimbursement rate would be extended for one additional year, until June 30, 2014. The determination of indigency calculation would be from the time services are provided, with findings based from the time necessary medical services were first provided. Providers, who are unable to submit medical records and claims within ten days of the county request, could request a thirty-day extension, suspending the application process.

Responding to questions, **Mr. Christensen** explained that legal interpretation disclosed language inconsistencies. Medical, financial and tax records verify income and show dependency claims. He stated that once the Medicaid application process begins, a medical assistance application is temporarily suspended until Medicaid eligibility is determined. A dependant would be anyone living in the household who is 18 years of age or older and claimed as a dependent. He said that the sunset date extension of one year addresses the possible Medicaid expansion, which would question the need for any indigent program continuation. If there is no Medicaid expansion, they are considering a program redesign. They currently have contracts with experts who review the validity of medical records and billings. The five percent adjustment to an unadjusted Medicaid rate continues the sunset discount and will save the state $1.8M.

MOTION: **Rep. Rusche** made a motion to introduce **RS 21808C1. Motion carried by voice vote.**

RS 21820: **Mark Johnston**, Executive Director, Board of Pharmacy, presented **RS 21820**, legislation that replaces **H 18**, which places Rohypnol in schedule IV, as incorporated by reference to federal schedules of controlled substances. Due to possible misuse and the higher maximum conviction penalties, there has been agreement to list Rohypnol as a schedule I substance. There are no other changes in **RS 21820** than those previously approved in **H 18**.

MOTION: **Rep. Chew** made a motion to introduce **RS 21820. Motion carried by voice vote.**

H 17: **Mark Johnston** presented **H 17**, legislation to expand the previous statute, that addressed telepharmacy across state lines, to include the practice of pharmacy across state lines and increase the Board's ability to inspect, discipline, and address public safety situations.

In answer to committee questions, **Mr. Johnston** explained that the increased fees align with the Out-of-State Mail Service Pharmacy Act, pharmacies are willing to pay the fee to expand into Idaho, and there is no fee increase for the two pharmacies already providing services across state lines. The pharmacist in charge requirement for nonresident drug outlets requires no fee, if that individual is an Idaho licensed pharmacist. He explained that out-of-state inspection charges are passed onto the facilities and there have been three such investigations in the past five years. Mr. Johnston described the Board's fund balance, which varies from $1.2M to $1.8M between two renewal periods. The fiscal impact estimate of $150,000 is a maximum amount based on the assumption that every out-of-state facility has a registered pharmacist in charge, requiring the additional licensing fees.

Steve Mallard, President, Idaho Hospital Association (IHA), testified that the IHA is comfortable that this legislation maintains the envisioned tele-pharmacy with expansion that is important for forward progress. The IHA has no official position yet, but he anticipates a position of support at their upcoming meeting.

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

MOTION: **Rep. Chew** made a motion to send **H 17** to the floor with a **DO PASS** recommendation.

In response to further questions, **Mr. Johnston** stated that the ability to re-coop fees is leveraged by the possibility of registration suspension and subsequent ability to operate in Idaho. Although other pharmacy boards usually operate well together and generally accept each other's investigation reports, some boards do not have the appropriations to conduct inspections or investigations. The goal is to rely on the out-of-state boards as much as possible.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to send **H 17** to the floor with a **DO PASS** recommendation. **Motion passed by voice vote. Rep. Chew** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:47 a.m.

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Representative Wood(27)
Chair

_____

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Wednesday, February 06, 2013

SUBJECT	DESCRIPTION	PRESENTER
RS21865	Board of Pharmacy	Kate Haas, ICHP
	Department of Health & Welfare	
	Department Update	Richard Armstrong Director
	Program Integrity Unit	Steve Bellomy, Bureau Chief Audits & Investigations
	Idaho Council on Suicide Prevention	
	From Crisis to Hope: Maintaining the Momentum	Kathie Garrett Chairman

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

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Wednesday, February 06, 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:	Representative(s) Chew
GUESTS:	Fernando Castro, Lori Stiles, Russ Barron, Lori Wolff, Greg Kunz, Elke Shaw-Tulloch, Department of Health & Welfare (DHW); Elizabeth Criner, Pfizer; Mark Johnston, Idaho Bureau of Pharmacies; Stacey Satterlee, American Cancer Society - Cancer Network; Kathie Garrett, Idaho Council on Suicide Prevention; Heidi Low, Ritter; Holly Koole, Idaho Prosecuting Attorneys Association.

Chairman Wood(27) called the meeting to order at 9:00 a.m.

MOTION: **Rep. Hixon** made a motion to approve the minutes of the January 31, 2013, meeting. **Motion carried by voice vote.**

MOTION:` **Vice Chairman Perry** made a motion to approve the minutes of the February 5, 2013, meeting. **Motion carried by voice vote.**

RS 21865: **Kate Haas**, Kestral West, on behalf of The Idaho Society of Health-System Pharmacists, presented **RS 21865**, that clarifies the diversity of pharmacy practice by specifying that one Board of Pharmacy member have substantial retail pharmacy experience and a second member have substantial hospital pharmacy experience. This change causes no impact to the current board, since two members meet the requirement. Responding to questions, Ms. Haas said that there is no definition for the word "substantial," which provides appointment flexibility to include someone with the appropriate experience, who may not be currently practicing in that setting.

MOTION: **Rep. Rusche** made a motion to introduce **RS 21865.**

Rep. Rusche commented that the practice of pharmacy has changed a lot over the past years and this is an appropriate way to recognize that hospital-based pharmacies are different from retail pharmacies.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to introduce **RS 21865. Motion carried by voice vote.**

Dave Taylor, Deputy Director, DHW Support Services, presented the DHW legislative priorities. He discussed the 2014 recommended ongoing and one-time decision units, listed by priority level, number of full time employees, and general and total funding amounts. Mr. Taylor stated that the Governor's $2.52 B state fiscal year (SFY) budget consists of 65.1% ($1.64 B) from federal funding, 24.5% (617.3 M) from general funds, 7.9% ($199.8 M) from rebates and other types of receipts, and 2.5% ($63.4 M) from dedicated funds collected for a particular purpose. 2013 priorities include the Medicaid modernization and readiness, the trustee and benefit impact for anyone currently Medicaid eligible but not enrolled, the operations and workload increases, the foster care stipend increases, the set up of regional mental health (MH) boards, and the electronic health records upgrade.

Mr. Taylor explained that the Affordable Care Act requires new nationally uniform eligibility criteria using the Modified Adjusted Gross Income (MAGI) calculation that is similar to the Internal Revenue Service adjusted gross income calculation. The new MAGI rules require a start up on January 1, 2014, which will sunset the current eligibility determination rules on December 31, 2013. The new system must be operational by October 1, 2013, in order to meet the deadline. To accomplish this, they must develop a rules engine, work processes for an influx of applicants, claims programming systems, a 24/7 application and customer portal to interface with both the insurance exchange and the federal data portal. It is estimated that enrollment for those eligible, but not enrolled, will increase over a six-month period when the insurance is mandated. The MAGI eligibility criteria could also increase enrollment, although recent federal communication indicates they desire no increase. Even with automation improvements, eligibility determination will involve new rules and complex health care decisions. Staffing requests include additional information technology (IT) staff for the 24/7 application and customer portal.

Since Idaho's foster care stipend is one of the lowest in the nation, an increase of $516,000, made up of $148,600 from the general fund and $367,400 from federal funds, is being requested. Startup funding for the regional MH boards comes from the sale of land at the Southwest Idaho Treatment Center (SWITC). A federal program offers one-time incentive funding to Medicaid providers who convert to the electronic health system.

Responding to questions, **Mr. Ross Edmunds**, DHW Administrator, Division of Behavioral Health, said that the one-time MH transformation funding establishes the system, with divisional funds passed on to the regional boards to administer a variety of local programs. With legislative authorization, the volunteer boards will direct the staff. Through two board positions, the DHW will have an ongoing relationship to monitor the boards' duties and assure success.

Mr. Edmunds said that, although he was not involved in the recent MH prison facility decision, they are in constant contact with the Department of Corrections (DOC) to address MH concerns. With the upcoming health care system changes, 90% of the individuals leaving the DOC system will be covered by Medicaid. Additionally, it is important that the appropriate MH treatment occurs in the community to control impulsive actions that could lead to incarceration.

Further defining Medicaid readiness, **Mr. Taylor** stated that the DHW needs to modernize and prepare for necessary changes for the health care reform and the current Medicaid eligibility criteria sunset. He anticipates that some of the projected information will disappear and change the cost of the Medicaid expansion.

Russ Barrons, Administration, Division of Welfare, responded to questions, stating that the new MAGI rules eliminate some income and assets and align with the tax law. An individual must first be ineligible for Medicaid in order to qualify for a subsidy. He said that those individuals in the 20% to 100% poverty level will have to use the county system for assistance. He anticipates the shuffle between participants no longer eligible and new participants to cause an overall zero gain. In keeping with federal requirements, the Medicaid system must connect to an exchange with a two-way seamless system. There is currently no one available to answer questions for a state-based exchange.

Steve Bellomy, Bureau Chief, DHW Audits & Investigations, presented information on the Program Integrity Unit (PIU). Two units share most of the PIU responsibilities: the Medicaid Program Integrity Unit (MPIU) and the Welfare Fraud Investigation Unit (WFIU). Current MPIU initiatives include working with both recovery audit and Medicaid integrity contractors, improving staff training and productivity, implementation of data mining, and improving provider outreach. MPIU challenges are the rapid growth resulting from **H 657**, improved data analysis, the managed care migration, uncollectable overpayments, and electronic records abuse.

WFIU partners include all department programs, local law enforcement, county prosecutors, state agencies, the Inspector General's food stamps group, federal food stamp retailer compliance, and providers. Their investigative regional staff efficiency restructuring has provided a revenue savings to fund four new positions. Their data analysis has exceeded expectations and they anticipate identifying ten thousand potential data leads by FY end. Leads also come from public complaints and internal referrals. A two-year pilot desk review position was so successful that a full time analyst position has been created. The first thirty days of desk reviews shows 70 key actions ($31,271 in overpayments) over the eight key actions ($10,740 in overpayments) from field investigations.

Responding to questions, **Mr. Bellomy** said that, although there is no public reward program, there is a provision in federal rules for a private complaint entitlement of up to three times the overpayment amount. He explained the current data review methods, stating that there is a need to infuse more technology to bring Idaho up to the same technological level as neighboring states to take advantage of quarterly eligibility transmissions of state-by-state matches that generate leads and additional information. They currently attend meetings with private carriers to discuss trends, fraud, and cross-over cases. They appreciate the critical work of the Attorney General's office, and have a cooperative relationship for data analysis and appropriate case referral. The new availability of Medicaid claims data has led to a data warehouse training program.

Mr. Bellomy described some of their collection challenges and the use of provider offsets. He stated that the cases can cover a full range of action, including criminal or intentional activity, with sanctions or administrative action to recover only the overpayment. Most overpayment collection cases are handled administratively, with a penalty assessment that can range up to the termination of the provider's agreement. He said the addition of four staff members will meet their immediate need and capacity. He added that the PIU is very willing to discuss their operation with anyone in the state.

Kathie Garrett, Chairman, Idaho Council on Suicide Prevention, presented an annual report, describing the formation of the council and the history of the Suicide Prevention Hotline. Ms. Garrett shared that suicide rates in Idaho consistently rank among the top ten states, with many suicides being preventable through intervention and increased awareness. She discussed the Idaho Suicide Prevention Plan and cited statistics gathered by the Suicide Prevention Action Network of Idaho (SPAN), one of several dedicated partners.

Ms. Garrett described the statewide activities and continuing momentum of its ten goals: public awareness; elimination of the associated stigma; gatekeeper education; behavioral health professional readiness; community involvement; access to care; survivor support; suicide prevention hotline establishment; activities leadership; and data compilation and review. They have begun distribution of the publication, "Idaho Suicide Prevention Plan: An Action Guide."

To maintain momentum, the Council is suggesting continued action for each goal. They are requesting the exploration of the connection between bullying and suicide, launch of a social marketing campaign, continuing gatekeeper education, development of a strategic approach for evidenced-based assessment and treatment methods, continued encouragement of community involvement, training for additional survivor support and community groups, increasing the Suicide Prevention Hotline to 24/7, and in-state evaluation and pattern review data collection. Current data indicates that rural and frontier suicide rates are very high, with MH care a critical component.

The Suicide Prevention Hotline is both a phone number and a rescue line. The first part of a call assesses immediacy. The next part de-escalates the situation by talking about and looking into the future. The caller is then given resources and a contact safety plan. The fourth part occurs afterwards as a follow-up call to find out how they're doing and if they're following their safety plan. There are forty trained volunteers who cover the phones from nine o'clock to five o'clock, Monday through Thursday, with a provisional national network relationship that handles calls on a 24/7 basis. To provide Idaho with 24/7 Hotline coverage requires ninety volunteers.

In response to questions, **Ms. Garrett** explained that rural suicide rates tend to be higher due to the lack of MH services, unemployment, economic downturn, and cultural issues. Identification of call locations to the Hotline will identify trends for earlier outreach. She said that anyone concerned about another individual can call the Hotline and, in fact, they receive a lot of calls from people asking for help for a friend or relative. High suicide groups include senior men and the American Indian population. Suicide is the second cause of youth deaths and requires a different approach. She described the social media challenges and the opportunity for a dedicated media hotline. Prevention and postvention is offered to all Idaho schools, but there is often a decision that the school's counseling staff can handle any situation that arises, with a concerned reluctance to have someone come in and discuss suicide with the kids.

She explained that the high suicide rates for men over women is, in part their availability to legal means. Although women and girls attempt suicide more often, their completion rate is less. Research identifies reasons for suicide as a perceived sense of not belonging, diminished self-worth, and the ability to take one's life. This ability goes against our instinct to preserve life and must be overcome, which is a part of some professions and situations of high risk. Ninety percent of individuals who commit suicide have a MH or substance abuse issue at the time of the event. The highest rates in the nation are currently in the Intermountain West and are attributed to our rugged individualism, reluctancy to get help, sense of rural isolation, preservation of a given lifestyle, and a perceived ability to problem solve at every level.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:47 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

JOINT

HOUSE HEALTH & WELFARE COMMITTEE
AND
SENATE HEALTH & WELFARE COMMITTEE

8:00 A.M.
WW02 - Auditorium
Friday, February 08, 2013

SUBJECT	DESCRIPTION	PRESENTER
	Health & Welfare Public Hearing	

Testimony will be limited to 3 minutes.

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

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
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Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES
JOINT MEETING

HOUSE HEALTH & WELFARE COMMITTEE
SENATE HEALTH & WELFARE COMMITTEE

DATE: Friday, February 08, 2013

TIME: 8:00 A.M.

PLACE: Auditorium

MEMBERS: Chairman Wood(27), Vice Chairman Perry, Representatives Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew

Chairman Heider, Vice Chairman Nuxoll, Senators Lodge, Hagedorn, Guthrie, Martin, Lakey, Bock, Schmidt

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 Heider called the meeting to order at 8:01 a.m. He welcomed guests and explained the rules of the meeting and legislative procedures. He introduced **Vice Chairman Perry**, who welcomed everyone in attendance.

Jenny Hayes-Millar, Idaho Resident, and **Scott Burpee**, CEO Safe Haven Health Care, requested state hospital improvements, stating that they provide only bi-weekly instructional classes and the depressing physical atmosphere further affects MH patients. A new assisted living level was suggested for a slower transition rate that would also provide shelter for individuals threatening themselves or others and who are removed from their living situations with no where else to go for shelter.

Joan Schramm, Director, Mental Health (MH) Services; **Bill Fairbanks**, RH Mental Health; **Dave Sorensen**, Family Center Owner; and **Brandon Wilcox**, Idaho Resident, requested a reassessment of Psychosocial Rehabilitation (PSR) services, qualifications and income level. The budget cuts have created a crisis-management cycle that affects hospitals, homeless shelters, and the police, increasing their costs. The story was shared of a client with a history of homeless shelters, incarceration, and drug addiction whose life was transformed by community based treatment services to the point that he has his own apartment, a full-time job and career prospects. PSR decreased counseling services have resulted in financial hardships. Chronic MH illnesses require more support to live independently. The PSR cap, which is a maintenance model, needs to be removed to become a recovery model for a case-by-case need-based allotment.

Marty Durand, Care Providers Network of Idaho, stated that Certified Family Homes (CFH) need the Department of Health and Welfare (DHW) and legislative support to prevent clients from returning to institutions when their CFH providers are unable to continue due to increased costs and lack of rate increases.

Debby Valadez, Community Outreach Counseling; **Gregory Dickerson**, Administrative Health Supports of Idaho; **Charlene Quade**, Attorney; **Jill Payne, Vanessa Johnson** and **Courtney Bosenkoelber**, Idaho Residents, spoke on additional MH concerns. They requested restoration of cuts and services to the disabled, with an eligibility expansion to provide services to the working poor. Also requested was a change in habilitative support services to allow for in-home services to meet therapeutic needs. It was stated that early onset services have a greater recovery prognosis. Also mentioned was the need for appropriate evaluations for eligibility of both Social Security and health care benefits.

Branden Smalley, Community Outreach Counseling, stated that more support is needed for dual-diagnosed individuals who are placing an extra burden on the police departments when they have no placement options and return to the streets. He stressed the importance of keeping dual diagnosis members safe and in their communities.

Christine Pisani, Council on Developmental Disabilities, read **John Kahara's** request for the restoration of dental health care. He expressed his concern that continued MH cuts maintain the hospital behavioral health unit as his only crisis resource.

Chief Mike Masterson, Boise Police Chief, testified that suicide and crisis cases have increased to an average of twenty cases a day, with a daily rate of 1.4 Chapter 66 hospitalizations. He urged the focus change to strategies that reduce the number of citizens reaching crises, with MH experts well funded to provide early and adequate treatment and services for citizens.

Kathie Garrett, National Alliance on Mental Illness, Idaho; **Paula Barthelniss**, Licensed Clinical Social Worker; **Ingrid Brudenell**, Emeritus Professor of Nursing; **Joe Raiden** and **Sue Philley**, Idaho Residents, testified in support of expanding the Medicaid adult coverage and restoring the dental preventative coverage. With evidence indicating an increase in major dental issues and hospitalizations, a return to regular and preventative dental care is a cost-effective measure. MH patients take medication that can rot their teeth. A suggestion was made to fund free mobile medical vans, equipped with basic public health medical staff and equipment, to go to rural communities.

Skip Smyser, Attorney, Lobbyist, testified on behalf of the Idaho Health Care Association, stating that our senior and aging populations are suffering from budget cut impacts to low-cost nursing home alternatives. We need to assure that providers can make a living and provide the necessary services to our entire population.

Laura Scuri, Access Behavioral; **Cami Smith** and **Phyllis Reff**, Idaho Residents, testified about health care issues for children. Special needs children are at an increased risk for many other conditions and are now living into adulthood. Some of the children's MH service options, such as PSR, are designed for adults and do not meet children's needs. It is imperative to design effective care systems for children with severe behavioral health issues.

Inadequate special education in our schools results in government services dependency, instead of self-reliant citizens. We are falling short of the Individuals with Disabilities Act, which assures available free appropriate public special needs education in preparation for independent living. Concern was expressed that the existing system requires a criminal paper trail, thus increasing the incarcerated mentally ill rate.

Tom Kolfoed, Idaho Resident, expressed his concern that children are being forcibly removed from their homes for reasons other than safety issues.

Alan Brewington, Idaho Resident, testified how chronic arthritis can be a debilitating disease and needs to be included as a disability for parking permits, food stamps, and physical therapists.

Dr. Lewis Schlickman, Internal Medicine Physician, Idaho Health Care for All; **Adrienne Evans**, Executive Director, United Action of Idaho; and **Jacob Radil**, Intern, Catholic Charities of Idaho, testified in support of the Governor's task force recommendation for Medicaid expansion. Tax dollars will be paid either way, and the expansion will bring money back to the state. Improved health impacts the workforce. Support of the federal Medicaid expansion and Affordable Care Act is an opportunity to provide coverage for more people.

Marcia Dale and **Paige McMichael**, Idaho Residents, requested a return of the provider transportation reimbursements, sharing that when memory or physical ability is impacted, having a trusted provider transport and attend medical appointments is very important and something public transportation cannot handle. Care providers do more than transport, they assist with medical instructions afterwards. MH issues also impact the required forty-two hour advance community ride notice.

Ian Bott and **Dawn Phipps**, Idaho Residents, requested changes to the food stamp program, stressing the impact of food stamps for maintaining good health. Areas of concern were the move to a single issuance date, it's impact on existing stigmas, and the six-month application renewal policy impact on the disabled and mentally ill.

Max Hadley, Idaho Resident, shared his ideas to nationalize both minerals and natural resources. He suggested the state devise and patent a method to access cell phones using a fingerprint, instead of a password.

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

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Representative Perry
Vice Chairman

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Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Monday, February 11, 2013

SUBJECT	DESCRIPTION	PRESENTER
H 89	Board of Physician Assistants	Nancy Kerr Director Board of Medicine
RS21852C1	Board of Pharmacy Prescription Drug Monitoring Program	Rep. Rusche
RS21972	Board of Dentistry	Susan Miller Executive Director
	Presentation on Immunizations	Dr. Christine Hahn Dept. 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 Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, February 11, 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: Nancy Kerr and Mary Leonard, Idaho Board of Medicine; Norm Rudolph, Idaho Concrete Co.; Chris Hahn and Mitch Scoggins, Department of Health & Welfare (DHW); Susan Miller, Board of Dentistry; Pam Eaton and Mark Johnston, Idaho State Board of Pharmacy; Bill Deal, Department of Insurance; Elizabeth Criner, Veritas Advisors; Woody Richards, Willamette Dental; Jack Myers, Immunization Board.

Chairman Wood(27) called the meeting to order at 9:01 a.m.

H 89: **Nancy Kerr**, Executive Director, Board of Medicine, presented **H 89**, legislation that changes the Idaho Code of Medicine Practice Act compensation reference to an honorarium, which is not considered salary and not subject to retirement withholding. Responding to questions, Ms. Kerr stated that the only physical change is one letter on page 3, line 2, and a Public Employee Retirement System of Idaho (PERSI) qualification would disqualify a board member from participation in any private pension plan.

MOTION: **Rep. Rusche** made a motion to send **H 89** to the floor with a **DO PASS** recommendation.

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

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to send **H 89** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Malek** will sponsor the bill on the floor.

RS 21852C1: **Rep. Rusche** presented **RS 21852C1**, a resolution regarding Idaho's response to prescription drug abuse. He explained the various types of abuse and the work group that was formed to discuss and make recommendations on the issue. Improvements include database modernization, improved staffing, prescriber drug pattern notification, medication abuse public information media efforts, and improved licensing board awareness and scrutiny. This resolution instructs the Office of Drug Policy to continue in its lead role.

MOTION: **Rep. Malek** made a motion to introduce **RS 21852C1. Motion carried by voice vote.**

RS 21972: **Susan Miller**, Executive Director, Board of Dentistry, presented **RS 21972**, which would allow dentists to practice under the name of a professional limited liability company, as long as all members are duly licensed to render the same professional services. Reference is also provided to limited managed care plans as dental services. Clarification is made regarding disciplinary action against a dentist practicing with any business where ownership interest is held by someone not licensed to practice dentistry in Idaho, other than in a limited managed care plan. Responding to a question, Ms. Miller stated that this proposed legislation replaces **H 31**.

MOTION: **Rep. Rusche** made a motion to introduce **RS 21972. Motion carried by voice vote.**

Dr. Christine Hahn, Public Health Medical Director, Idaho Division of Public Health, DHW, gave a presentation to the committee about the Idaho Immunization Assessment Board, established in 2010. She described the limited immunization program prior to 2009. Immunization assessments ensure statewide childhood vaccination access, purchase vaccines at a lower cost, and allow single vaccine maintenance. The ninety-seven assessed carriers are all current with their payments and the Division is working to include TRICARE, which covers military dependants, as a carrier. Assessment fiscal year (FY) 2011 to 2013 rate comparisons indicate an increase in the number of children covered, with a rate per covered child increase that includes new vaccines purchased in the spring, prior to flu season. The human papillomavirus (HPV) vaccine, which is expensive, is not required. The Patient Protection and Affordable Care Act (PPACA) requires health insurers to provide coverage for all routine childhood immunizations, with no preventative health care co-pays or deductibles. Any funds not used are rolled over to the next year's vaccine purchases. There is legislation forthcoming with a two-year extension of the original July 1, 2013, sunset.

Answering questions, **Dr. Hahn** explained that prior to 2009 the DHW estimated the amounts of vaccine purchases, but now they use survey information, which gives them a more accurate count. The assessment is a separate fee paid by health insurers and sent to the Department of Insurance. The vaccine administering physician is left out of the financial process. Federal dollars received by the Department purchases vaccines for uninsured children. For insured children, vaccination costs are billed to their insurers, and payments go into a dedicated fund to purchase vaccines. Providers giving immunizations receive the vaccine at no cost. The dual vaccine distribution scheme was changed to a single vaccine system because the providers had to separate vaccines they purchased from those provided. This meant separate storage systems and additional costs that small or rural practices could not afford, making it difficult for kids to have access to vaccines.

Dr. Hahn stated that the 2010 process and the immunization policy commission have improved overall rates. Rates that remain low reflect outbreaks in schools and other settings. We need to protect children who have immunity issues or have been unable to get immunized. All vaccine purchases are through a CBC contract, which is a better price than if we had to shop around. The assessment rates are expected to level out over the next two years, which is the reason for the sunset extension. The sunset clause was put in place because it was not clear if PPACA would continue and how it would affect vaccine purchases. The HPV vaccine is a recommended, not required, vaccine to prevent cervical and other cancers. It is a controversial vaccine that decreases certain annual exams; however, it will take several years to see the results from the vaccine. Children on Medicaid and those who are uninsured have their vaccine paid for by a federal program. Children who are insured have insurers who pay for their vaccines, with their payments going into the fund used to purchase the vaccines.

Jack Myers, Executive Vice President, Blue Cross of Idaho, Chairman, Immunization Board, answered a question about the cost of the HPV vaccine, which is a three-dose program at a cost of $111 for one dose.

Dr. Hahn stated that the Advisory Committee for Immunization Practices indicates the development of a vaccine for the meningitis virus for infants. Under PPACA, once recommended, insurers must cover any vaccine. Immunization requirements exist for school entry and child care, but parents can request exemption for medical, religious or other reasons. Additionally, any parent can choose to immunize for all or some of the vaccines. She explained that vaccines do become outdated, although each vaccine has a different outdate. To assure use before the outdate, they monitor the amounts ordered and work with the physicians to maintain a wastage rate of less than 1%.

Rep. Rusche shared with the committee that the health vaccine clinics are held infrequently and the best practice is to vaccinate a child at the practitioner's office.

Mark Johnston, Board of Pharmacy, responded to a previous meeting question regarding **H 17** licensing of pharmacists, stating that they are only able to license individuals residing within the fifty states and the District of Columbia. Anything outside the US borders is federally regulated and requires an importers or exporters registration. With a few exceptions, if a drug is not approved by the Federal Drug Administration (FDA), but is available and the manufacturer has signed a contract with the FDA, they can import that drug into the US. Anyone physically crossing a US border can carry a one-year supply of a non-controlled substance and sixty tablets of a controlled substance on their person; however, online purchase is illegal.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:59 a.m.

_____
Representative Wood(27)
Chair

_____
Irene Moore
Secretary

AMENDED AGENDA #1

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Wednesday, February 13, 2013

SUBJECT	DESCRIPTION	PRESENTER
RS21878C1	Immunization	Rep. Thompson
RS22027	Health Insurance Exchange	Rep. Malek
	Department of Health & Welfare Recommendations	Dick Armstrong Director

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

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
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email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Wednesday, February 13, 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:	Paul Leary, Russ Barron, Elke Shaw-Tullock, Sara Stout, Department of Health & Welfare; Kris Ellis, Benton Ellis; Elizabeth Criner, Veritas Advisors LLP; Lyn Darrington and Shad Priest, Regence Blue Shield of Idaho; Pam Eaton, Idaho Retailers Assn. and Idaho Lodging and Restaurant Assn.; Kerry Ellen Elliott, 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 06, 2013, meeting. **Motion carried by voice vote.**

RS 21878C1: **Rep. Jeff Thompson** presented **RS 21878C1**, which extends the Immunization Board sunset date to July 1, 2015.

MOTION: **Rep. Morse** made a motion to introduce **RS 21878C1. Motion carried by voice vote.**

RS 22027: **Rep. Luke Malek** presented **RS 22027**, a proposed trailer bill to **S 1042** that provides legislative oversight to determine the degree of autonomy of a state-sanctioned exchange. Provisions in **RS 22027** will keep the legislature and public informed of each federal government change, maintaining the exchange's transparency. It will ensure that no exchange use fees exist without legislative approval. He emphasized that this proposed legislation provides the state authority to react immediately, including shutting down the exchange, if the ability to fight for individual rights is taken away by regulation.

Responding to questions, **Rep. Malek** said that this legislation gives oversight to the legislature by providing for two nonvoting members, who will present legislative views to the board and report back to the legislature. He explained that any violation in either the establishment date or the eligibility limitation date for exchange federal grants would change the legislative date and require action from the Governor.

MOTION: **Vice Chairman Perry** made a motion to introduce **RS 22027**.

Rep. Hixon, in support of the motion, stated that, since most people in the state don't want PPACA, this provision assures Idaho has a say in what we do for this program.

Rep. Morse requested support of **RS 22027** prior to House consideration of any additional state exchange legislation.

Rep. Vander Woude questioned the ability to print a trailer bill prior to the original bill passing in the other house. **Chairman Wood(27)** said that in a recent conversation with the Legislative Services Office (LSO), it was stated that, if the original bill does not proceed, this trailer legislation would go away. Previous introductions of trailer bills after the original bill is passed by the other house have been a custom and a courtesy, with no basis in rules. **Rep. Rusche** commented that this mechanism has been used previously as a method of reassurance between the houses, since waiting to do amendments in the House may not assure the Senate that they will occur.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to introduce **RS 22027. Motion carried by voice vote. Rep. Vander Woude** requested that he be recorded as voting **NAY**.

There were no further questions for **Richard Armstrong**, Director, Department of Health and Welfare (DHW), who appeared before the committee as a follow up to the February 6, 2013, DHW legislative priorities presentation.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:16 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

AMENDED AGENDA #2

HOUSE HEALTH & WELFARE COMMITTEE

9:30 A.M.
Room EW20
Thursday, February 14, 2013

SUBJECT	DESCRIPTION	PRESENTER
27-0101-1205	Board of Pharmacy - Rules Revisions	Mark Johnston Executive Director
RS22014	Resolution for an Emergency Care Working Group	Rep. Rusche
H 98	Medical Indigency - Provisions Revised	Tony Poinelli Deputy Director 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 Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, February 14, 2013

TIME: 9:30 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: Mark Johnston, Board of Pharmacy; Tony Poinelli, Idaho Association of Counties; Dennis Stevenson, Department of Administration; Steve Millard, Idaho Hospital Association; Pam Eaton, Idaho Retailers Assn. & Idaho State Pharmacy Assn.; Holly Koole, Idaho Prosecuting Attorneys Assn.; Heidi Low, Ritter.

Chairman Wood(27) called the meeting to order at 9:31 a.m.

Chairman Wood(27) recognized the service of Legislative Page **Rebekah Ritthaler**, who has been assigned to the committee for the first half of the session.

DOCKET NO. 27-0101-1205: **Mark Johnston**, Executive Director, Board of Pharmacy, presented **Docket No. 27-0101-1205**, a fee rule that aligns with **H 17**. The rules for regulating telepharmacy across state lines, impacting two registered facilities, have been combined into a new section that covers information security between facilities. Further changes clarify the parameters for home office pharmacy security, independent practice outside of a pharmacy, the protection of private health information, and cognitive services that occur in public settings. Pharmacy centralized services are updated to reflect services that must be performed from a pharmacy, a central drug outlet, or a remote office location.

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

MOTION: **Rep. Chew** made a motion to approve **Docket No. 27-0101-1205**. **Chairman Wood(27)** invoked Rule 38, stating that his employer owns one of the two mentioned hospitals and this rule may affect one of their subsidiaries. **Motion carried by voice vote.**

RS 22014: **Rep. Rusche** presented **RS 22014**, a concurrent resolution that directs the Department of Health and Welfare (DHW) to develop a trauma plan for time-sensitive emergency conditions. He stated that Idaho's current rates of stroke, trauma, and heart attack are higher than predicted, given our population. There is strong evidence that comprehensive systems for all three types of injury can improve outcome, disabilities, and cost. He described the Health Quality Planning Commission and its previous charge to evaluate stroke systems and make recommendations.

Responding to questions, **Rep. Rusche** explained that this resolution refers to trauma associated with accidents or injury. Depending on the system of care developed, it is expected that all existing or new providers would be included. He stated that urgent care facilities are physician offices that don't require an appointment and are not usually set up to be a part of the emergency response system; however, in some locations they could be the option for best results. The intent is for a broad, inclusive system of care from first responders and emergency medical technicians through intensive care units and operating rooms. The system would cover everything from major hospitals to regional centers, with a communication system for injury inquiries and direction for the best action to improve the timeliness of care in time-sensitive situations. He said that of serious concern are first responder maintenance, delays,

and inefficiencies. The intent of the Commission is to present legislation, if indicated by the plan.

MOTION: **Rep. Hixon** made a motion to introduce **RS 22014. Motion carried by voice vote.**

H 98: **Tony Poinelli**, Deputy Director, Association of Counties, on behalf of the Catastrophic Health Care (CAT) Board, presented **H 98**. This legislation stipulates that an applicant's dependency status aligns with tax return dependency, with responsibility for the medical expenses resting with the tax claimant. Additionally, the time frame for using the current reduced percentage reimbursement rate is extended one year, which has fiscal impact. Finally, the determination of indigency base, when calculating resources, is from the time medical services are first provided. A new thirty-day extension written request for medical records and claims submission, allows flexibility when the ten-day submission requirement cannot be met. Such an extension requires good cause and suspends the application processing until all records are received, or the extension expires. Failure to provide the information within the extended time frame will result in the application being denied, since all information is necessary to make an informed decision. The final change eliminates the current issue of medical bill duplication by allowing only bill modification submission closer to the claim determination.

Mr. Poinelli presented amendments for page six of the printed bill that modify lines 31, 32, 33, and 37 to delete "and upon a showing of good cause," add the presentation of a written suspension request after the ten-day period, change "may" to "shall," add "of the requested documentation" after "Upon receipt," and add "and medical claims" after "medical records." (Complete amendment attached.) These amendments were as agreed by the hospital association.

Responding to committee questions, **Mr. Poinelli** said that Medicaid reviews an application within thirty-one days of provided services to determine eligibility. Only if they deny the claim does it come to the county, which has a forty-five day investigative time frame. If any financial improvement occurs during that time the claim can be denied, and, if it occurred after the claim was approved, immediate repayment would be discussed.

Upon request of the committee, **Dick Armstrong**, Director, DHW, CAT Board Member, stated that there are several types of relational household structures, including non-parental. Anyone in the household, who claims the dependant and is determined to be the responsible party, is held accountable.

Mr. Poinelli stated that asset transfer claw-back protection is part of the reason for a signed reimbursement agreement and lien attachments to all property parcels. Instances of asset transfer to a trust would be considered subrogation, dependent upon when the transfer occurred in relation to the medical services received date, and would be addressed through legal avenues. Notification rests with the individual's honesty or some other form of discovery.

Mr. Poinelli explained that the current law requires the counties and CAT pay at 95% of the interim Medicaid rate. The CAT Board is not able to do retrospective and cost report audits like Medicaid, and so the interim rate is used for hospital payment calculations. Every attempt is made to have the interim rate as close to the cost-based formula as possible, but they are still different.

Mr. Poinelli said, in the event of a bankruptcy, the indigent lien transfers into the bankruptcy; however, other debts to the county must still be collected. Historically, the counties and CAT collect five to six million dollars. Settlements can also be recipient balance reduction requests.

Steve Millard, President and CEO, Idaho Hospital Association, spoke in **support** of **H 98 with amendments**. He stated that the extension and suspension was negotiated because it is not always in the hospital's power to get records completed in a timely manner, since some of the noting medical personnel are not prompt.

Rep. Rusche stated this is not a health plan. It is a compensation program based on the family assets and income, the amount of the medical bills, and whether reasonable payment can occur over a period of time. While there is possible future elimination of this method of handling indigent care, these changes keep the system functioning for a while longer. The amendments do not change the intent of the bill.

MOTION: **Rep. Rusche** made a motion to send **H 98** to General Orders with amendments attached. **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 10:21 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Monday, February 18, 2013

SUBJECT	DESCRIPTION	PRESENTER
RS22045	Patient Care Records	Toni Lawson Idaho Hospital Assocation
RS22032	Hospitalization - Mentally Ill	Ken McClure Idaho Medical Association
RS22030	Health Care Practitioner Transparency	Ken McClure
RS22024	Minors, Tanning Devices	Ken McClure
H 109	Pharmacy Board	Kate Haas Idaho Society of Health-System Pharmacists
S 1010	Medicaid - Behavioral Health Services	David Simnitt Deputy Administrator

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

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
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Phone: 332-1138
email: hhel@house.idaho.gov

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

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Thursday, February 21, 2013

SUBJECT	DESCRIPTION	PRESENTER
RS22074	Board of Medicine	Ken McClure
RS21984	Cord Blood Education	Rep. Smith
RS22063	Judgment - Sentence Extension	Rep. Kauffman
RS21769C2	Putative Fathers	Rob Luce
H 142	Board of Dentistry	Michael Kane Board Counsel
H 178	Immunization	Rep. Thompson
	Prescription Drug Abuse Work Group Presentation	Elisha Figueroa Administrator Office of Drug Policy
HCR 006	Prescription Monitoring Program	Rep. Rusche

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

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry (Smith)
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, February 21, 2013

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood(27), Vice Chairman Perry (Smith), Representatives Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew

ABSENT/ EXCUSED: Representative(s) Henderson, Malek

GUESTS: John Cochran and Josh Bates, Idaho State University, Meridian, Nursing; Mitch Scoggins, Kathryn Turner, Robert Luce, Elke Shaw-Tulloch, Department of Health & Welfare (DHW); Julie Taylor, Blue Cross of Idaho; Shad Priest, Regence Blue Shield; Marnie Packard, Pacific Source; Holly Koole, Idaho Prosecuting Attorneys Association; Kathie Garrett, National Alliance on Mental Illness Idaho; Mike Kane, John D. Blaisdell, DDS, Susan Miller, Board of Dentistry; Lyn Darrington, Gallatin Public Affairs; Elizabeth Criner, Idaho State Dental Association; Woody Richards, Willamette Dental of Idaho

Chairman Wood(27) called the meeting to order at 9:02 a.m.

MOTION: **Rep. Rusche** made a motion to approve the minutes of the February 13, 2013, meeting. **Motion carried by voice vote.**

MOTION: **Rep. Rusche** made a motion to approve the minutes of the February 14, 2013, meeting. **Motion carried by voice vote.**

Chairman Wood(27) welcomed **Representative Chris Smith**, who is substituting for **Vice Chairman Perry**.

RS 22074: **Suzie Pouliot**, CEO, Idaho Medical Association, presented **RS 22074** which authorizes health care work force information sharing between the Board of Medicine and the Department of Labor. This data will be used to determine physician shortage areas and facilitate application for federal funding used to attract physicians to rural areas.

MOTION: **Rep. Rusche** made a motion to introduce **RS 22074. Motion carried by voice vote.**

RS 21984: **Rep. Elaine Smith** presented **RS 21984**, proposed legislation to develop cord blood banking brochures to inform expectant families about available options at the birth of their child. Three choices exist: public bank donation; private bank storage; or, do nothing. Of the available cord blood banks, the closest public bank is in Seattle and the closest private bank is in Utah. The annual fiscal estimate is $7,500 to produce the brochure. Rep. Smith requested a change on page 1, line 18, from "shall" to "may".

In response to questions, **Rep. Smith** said private cord blood bank storage costs range from $1,000 to $2,000, while public banks have no storage cost, but may charge a collection fee. She explained that the Administrator for the Division of Public Health will manage a certified prenatal care provider database for distribution. She agreed that sending the cord blood out of state is a more complicated process.

MOTION: **Rep. Morse** made a motion to introduce **RS 21984** with the following change: on Page 1, Line 18, change the word "shall" to "may."

Rep. Chew, commenting on the motion, said she would rather have the wording left as it stands.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to introduce **RS 21984** with the following change: on Page 1, Line 18, change the word "shall" to "may." **Motion carried by voice vote.**

RS 22063: **Rep. Kauffman** presented **RS 22063**, a new section that strengthens advocacy for crimes against the elderly by enhancing the penalties for persons convicted of specified felony violations. Increased costs are difficult to determine since they are based on unknown usage variables. Answering a question, Rep. Kauffman said prosecutors indicate this legislation would be a tool to encourage victims to speak up and persuade an accused person to admit the abuse. The ten-year maximum sentence is less than the usual felony conviction enhanced penalty of twenty years.

MOTION: **Rep. Morse** made a motion to introduce **RS 22063**.

Responding to additional questions, **Rep. Kauffman** said this new code would be used by judges during sentencing. A full hearing would include testimony from the Department of Corrections on the fiscal impact.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to introduce **RS 22063. Motion carried by voice vote.**

RS 21769C2: **Rob Luce**, Administrator, Division of Family and Community Services, DHW, presented **RS 21769C2**, which clarifies adoption statutes governing paternity, the putative father registry, termination of parental rights, and adoption. This legislation establishes a date and time certain, with one exception, for putative fathers to protect their inchoate interests for a child born out of wedlock. It also directs the DHW to produce and distribute a publication about the inchoate interest of putative fathers.

MOTION: **Rep. Hixon** made a motion to introduce **RS 21769C2. Motion carried by voice vote.**

H 142: **Michael Kane**, on behalf of the Board of Dentistry, presented **H 142**. Idaho Code requires that a dentist practice under his own true name, except as authorized by the Professional Service Corporation Act (PSCA), with no reference to professional limited liability companies and limited managed care plans. The proposed change allows dentistal practice under the name of a professional limited liability company, as long as all members are licensed the same. It also recognizes limited managed care plans as dental plans. Disciplinary authority is provided to the Board of Dentistry. Responding to a questions, Mr. Kane stated that this legislation assures a first priority of health care delivery, instead of bottom line profits.

Contrary to their sign-in, **John Blaisdale** and **Susan Miller** chose not to testify.

Elizabeth Criner, Idaho State Dental Association, testified **in support of H 142**, stating that the changes in this legislation are important.

Dr. John Blaisdale, Dentist, Chairman, State Board of Dentistry, was asked to respond to a question. He stated that evidence indicates a nationwide problem. Dentists employed by non-Idaho licensed companies are coming from all over the country. **Mr. Kane** stated that medical doctors have the same stipulation.

MOTION: **Rep. Morse** made a motion to send **H 142** to the floor with a **DO PASS** recommendation.

Mr. Kane responded further that statute clarifies the disciplinary action options when a dentist violates the standards of care.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to send **H 142** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Morse** will sponsor the bill on the floor.

H 178: **Rep. Thompson** presented **H 178**, legislation to extend the authority of the Immunization Board sunset date to July 1, 2015.

MOTION: **Rep. Rusche** made a motion to send **H 178** to the floor with a **DO PASS** recommendation.

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

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to send **H 178** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Thompson** will sponsor the bill on the floor.

Elisha Figueroa, Administrator, Office of Drug Policy, presented to the committee on prescription drug abuse, the nation's and state's fastest growing drug problem. The most commonly abused substances include opioids, depressants and stimulants. She explained that valid medical conditions that can lead to addiction, but there are misconceptions that prescription drugs are safe and legal. Student abuse and deaths are rising with the ease of medicine cabinet access. Interagency cooperation within the Pharmacy Workgroup includes families who have lost someone and addresses the issue from different perspectives. She described the Pharmacy Workgroup, whose goals are to reduce the numbers of drug related deaths and students reporting use without prescriptions. Their plan includes increased use of the Prescription Monitoring Program (PMP) through prescriber education, continuing education credits, and insurance company incentives. Ms. Figueroa explained that drug impaired driving incidents have surpassed alcohol and pose prosecution and testing problems, especially in rural areas without a drug recognition expert. Legislation is being developed to improve prosecution ability. Educational campaigns in 2014 will target adults to identify the issue, dangers, and what can be done to lock and dispose of medications. Responding to questions, Ms. Figueroa stated that leftover medication is often given to friends or family, because it's perceived as safe. Without prescriber use of the PMP, the ability to determine doctor shopping or fraudulent prescription purchase is very difficult.

HCR 6: **Rep. Rusche** presented **HCR 6**, a concurrent resolution to recognize the drug abuse problem and encourage an Idaho response. He described the large Pharmacy Workgroup addressing this multifaceted problem. Prescription drugs, obtained from home medicine cabinets or multiple providers, are used for personal addiction and sold for profit. It is important that prescriptions involve the correct pain treatment, with nurse practitioners and providers aware of what the prescriptions can do, whether abused or not. Families need to be aware of reactions from leftover medication use, particularly for adolescents. This resolution puts the Legislature on record and calls on the various aspects of government, the Office of Drug Policy, the DHW, and the licensing boards to continue their collective work on this issue, with recognition of it's enormity.

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

MOTION: **Rep. Chew** made a motion to send **HCR 6** 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 10:18 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Friday, February 22, 2013

SUBJECT	DESCRIPTION	PRESENTER
	Health Care Exchange Presentation	Jack Rovner, Attorney, The Health Care Law Consultancy

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

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry (Smith)
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Friday, February 22, 2013

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood(27), Vice Chairman Perry (Smith), Representatives Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew

ABSENT/ EXCUSED: Representative(s) Hancey, Henderson, Malek

GUESTS: Steve Millard, Idaho Hospital Association; Elli Brown and Elizabeth Criner, Veritas Advisors; Marnie Packard, Pacific Source; Dave Goicoechea, Idaho Resident; Nicole Roberts, Rebecca Swanson, Aloor Safi, Liberty Montessori High School; Dan Roberts, SOS Foundation

Chairman Wood(27) called the meeting to order at 9:04 a.m.

Jack Rovner, Attorney, The Health Care Law Consultancy, presented to the committee on the Health Care Exchange. He explained that beyond the question of whether the health care exchange (HIX) is good or bad is the fact that the law is here and the exchange will happen. A more fundamental question asks if this health insurance marketplace mall is to be run by the federal government in the state or by the state, itself, as a business. The federal government will fund either option; however, the Centers for Medicare and Medicaid (CMS) will run any exchanges that are not state based. Mr. Rovner stated that a state-based exchange would deal directly with issues of oversight, finance and governance. A federal exchange would have CMS oversight, with possible state Department of Insurance (DOI) consultation. Mr. Rovner emphasized the distinction between accessibility, accountability, and answerability for Idaho residents with a state exchange, as opposed to a federal centralized operation, which could be in another state.

The proposed state exchange would be an independent business, without state tax dollars or funding guarantees, and will have to justify its existence by attracting customers through incentives and the highest quality product at the lowest price. This is not a government agency philosophy, as evidenced by the Medicare Advantage program. The state exchange, together with the DOI, would decide which plans are offered. This could allow similar products from a variety of plans for customization. A federal exchange, also known as an open market exchange, will allow sales by any insurer licensed in a state, but will limit the product variety to prevent similar products that might confuse consumers.

Mr. Rovner described the new navigator role as trained individuals who will assist consumers and be paid a salary by assessment proceeds. Federal exchanges will only use navigators, with certified agents or brokers allowed to assist only in the enrollment process. State based exchanges can determine navigators qualifications, wages, and the part played by agents and brokers. As a business delivering value, a state exchange must work closely with agents and brokers to provide products and services that meet the customers' needs and provide input to the governing board to understand what is needed for it to be an effective vehicle. Recent CMS guidance indicates a five hour online test will be available to certify agents and brokers so they can connect to the federal portal for enrollment purposes only.

Regulation for a state-run exchange would remain with the DOI; however, the CMS would make all federal exchange decisions, although they say they will work closely with any DOI.

The law establishes that the federal government pay 100% of implementation costs for a state or federal exchange. **Mr. Rovner** emphasized that all federal tax dollars will be spent to set up either type of exchange, and all exchanges must be self sustaining by 2015. It has been announced that federal exchanges will assess a 3.5% insurer monthly premium tax, which will probably be passed onto premium costs. He stressed that the 3.5% can be adjusted higher or lower at any time, based on a review of state-based exchanges. He suggested that the exchanges chosen for any rate review would likely be the more expensive systems. It is also possible that the rate could change due to miscalculation.

State-based exchanges will have no state tax dollars, no additional federal dollars, and no state full faith and credit. As a business, it will have to deliver value to its customer base at the lowest cost efficiency possible. Idaho already has an effective market with low premiums and low cost, and should be able to run the exchange operation at a continued low cost of a 1% to 1-1/2% premium. Additionally, there is nothing in the law that prevents state exchanges from considering other products and services, which may be another mechanism to lower costs.

Mr. Rovner stated that an overlooked aspect, when considering a state or federal exchange, is jobs. As a business, any new exchange needs to purchase equipment for their call centers and employees. As a federal exchange, those purchases and jobs may not be in Idaho, and may be contracted with existing large Medicare call centers in other parts of the country. A state exchange will benefit Idaho citizens and businesses with jobs, purchases, and possible in-state procurement standards.

Mr. Rovner said premium tax subsidies would be available to both state and federal exchanges because the statute defines an exchange as one, either state or federal, that meets the Department of Health and Human Services (HHS) requirements.

Reproductive rights and abortion are important. **Mr. Rovner** noted that this debate is actually about PHSA changes to the delivery of health insurance benefit packages, and has nothing to do with an exchange. By law, no insurance company can be forced to cover abortion procedures.

Responding to questions, **Mr. Rovner** agreed that non profit groups could be chosen as navigators, as could any community organization or trade association. The state exchange would be subject to new federal rules only to the extent that they change the basic requirements of the state exchange.

The federal exchange will allow small employers to pick a metallic contribution level, such as gold, bronze, or silver. Employees could buy either a product at that level from the exchange companies, or, they could enroll in their employer's metallic package. A state exchange has the flexibility to allow small employers the selection of a defined metallic benefit package, a defined contribution package, or a mixture of the two. Premium tax credits will be available with a federal exchange and are mandated for employers with 50+ employees, if the employer fails to offer the minimum essential coverage. If such coverage is not offered and any employee receives a premium tax subsidy from the exchange, the employer would pay the mandated tax. The challenge lies in the fact that the exchange receives only the applicant information, while the employer reports to the Internal Revenue Service (IRS) if any coverage is offered and the names of the enrollees.

Mr. Rovner explained that the application process is evolving. The federal website section for applications is straight forward and takes about fifteen minutes to complete. The self-reported information goes through a federal hub and is verified through the IRS, based on prior tax returns. This verification could be a long and complicated process. The federal government must provide a standard application that the state exchanges can either use or modify, with federal approval.

He emphasized that federal implementation funds run out at the end of 2014, so if a state-based exchange is desired, but not established by that time, implementation costs would be at the expense of the state. **Mr. Rovner** reminded the committee that the money will be spent by 2015, either by the federal government or the state.

Mr. Rovner responded to a question about insurance sales, stating that PPACA has no provision about selling across state lines. He said the nature of insurance is based on a provider network, not traditional indemnity, so successful products require a good local provider network. He said the more flexible state exchanges will shift the health insurance business model from employer wholesale to individual retail sales. This will provide an opportunity for insurers to enter new markets and negotiate better provider contracts, lower premiums, and expand businesses. The metallic levels provide an effective entry business model for out-of-state companies offering the silver plan to attract new insureds to build enrollment and gain a foothold, thereby introducing new insurance competition into the market. With the DOI help, state exchanges will be able to bring new entrants effectively into their state. The federal exchange may not have the same willingness and flexibility.

Any state can continue to evaluate and implement the best exchange solution for their population. Should a state exchange be unable to operate as a business and actually go out of business, the federal government would come in and operate the exchange their way.

He said that the federal government has not set any solid milestones other than the October 1, 2013, open enrollment. There is a great deal of pressure on the administration to make the exchanges work, with a cooperative intent to get it up and running. A federal website and information technology (IT) back room are all that is needed for the open enrollment deadline, and they are well underway.

Mr. Rovner stated that joining other states and saying "no" to all exchanges is a philosophical issue, not a strategy. Exchanges will exist and so saying "no" won't make them go away. The question is, what is the best solution for the state of Idaho.

He explained that the term "CMS" refers to the Centers for Medicare and Medicaid Services, which operates Medicare and the federal portion of Medicaid. A new bureau within CMS, the Centers for Consumer Information and Oversight (CCIIO), has been created for oversight of the exchange.

An employer must offer the minimum essential coverage, as defined by the PHSA. If an individual applying on the exchange has access to the minimum employer coverage, he is not eligible. The employer would pay a penalty if the individual is eligible to purchase insurance on the exchange, but not eligible for subsidies. Once the exchanges are established, some organizations with 25-100 employees may decide they are economically better off letting their employees purchase on the exchange and paying the penalty. This overlooks the important part that insurance plays as a benefit package feature to attract and keep quality employees. The small employer level, where costs are already a problem, may find the penalty payment economically a better option, if insurance package costs go up.

Mr. Rovner predicted that health insurance will become a retail market. He cited a recent newspaper article about an insurance company opening retail stores, which indicates a variation of how health insurers are already responding to the new market place. The large new enrollee pool is already proving attractive to specialty insurance companies who have not ventured into this venue before. A state-based exchange, has a great deal of flexibility to encourage new market entry and foster competition. They can choose which metallic levels and benefits are offered, if they will have an open market exchange, and if they will allow health insurance supplemental products. The state exchange can be as transparent and consumer-friendly a marketplace as the state desires. He stressed that this will not happen with the federal government running twenty-six state exchanges across the country.

Written into the exchange requirement is the directive to engage in quality improvement activities when working with health insurers. At a federal level, the ability to introduce, implement, and accept innovative choices will be tempered by regulatory process, as experienced in Medicare Advantage plans. State exchanges have flexibility to use DOI regulations, local providers, state based insurers, and the broker community to bring and manage exchange products.

A state exchange would require an insurance pool that could be a multi-state pool. The federal exchange would adopt the state pool model, unless they decide it is not working and change the pool.

The 3.5% premium fee is monthly, but whether or not payment is monthly is still unclear. It is anticipated that administrative payment processing expenses will be passed on to the consumer. A state exchange could require payments be made annually, quarterly, or in another low-cost time frame.

There are twenty-six states that have not applied for a state based exchange. Six states have opted for a partnership exchange. Seventeen or eighteen states are setting up their own exchange, including the District of Columbia.

Mr. Rovner stated that the high risk pool plans will be phased out, including the federal high risk plan. Anyone without an employer-based program would use the exchange for coverage. Traditionally, insurers have underwritten risk, so they didn't want to underwrite anyone who was already sick. Since preexisting exclusion and underwriting are gone, everyone who wants insurance gets insurance. PPACA would not pertain to the indigent population or questions that fall into the Medicaid programs.

Rep. Rusche clarified for the committee that 10% of individuals previously qualified for indigent care would be eligible for the exchange and 90% would be cared for through the Medicaid expansion.

Mr. Rovner said it is extremely challenging to meet the spread of risk among a population of diverse health needs in a pool without diversity. Risk can be managed by changing the business model to delivering high deductible health plan value to the "young-invincibles" uninsured 19-30 year old population group. State exchanges will have more flexibility to invite and market high deductible health plans with health savings accounts. The law condenses the risk bands, resulting in higher costs for young people and lower costs for older people. New ways to attract individuals may include value added products and services.

Mr. Rovner explained that states banding together to reject the exchange would have little impact. The federal government exchange will be operational on October 1, 2013, with countrywide ads beginning in September. The required website and IT back office are already being built. In his opinion, the hope that the health care exchange goes away is not a strategy and the concept that the states band together in protest does not serve the constituency of any state. He shared the history of the Medicare modernization in 2005, which had similar protests by insurance companies, who had to scramble to take advantage of the increased market. He said they learned that the federal government's philosophy will have the exchange up and working on time, with a smooth consumer section, and possibly a bumpy portion for health insurers. He stated that any distaste for ObamaCare is best expressed at the ballot box, especially once the anticipated increased health care and health insurance costs are evident. He emphasized that there will be an exchange and having a local exchange is best for any state to provide the best local accessibility, accountability, and answerability to meet the needs of the population.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:48 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Wednesday, February 27, 2013

SUBJECT	DESCRIPTION	PRESENTER
HCR 10	Emergency Care System	Rep. Rusche
S 1013	Telecommunication Service Assistance	Genie Sue Weppner Program Manager Dept. of Health & Welfare
RS22103	Pharmacists	Mark Johnston Executive Director Board of Pharmacy
RS22084	Fish & Game Rule Rejection	Rep. Gibbs
RS22085	Fish & Game Rule Rejection	Rep. Gibbs

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

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry(Smith)
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, February 27, 2013

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood(27), Vice Chairman Perry (Smith), Representatives Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew

ABSENT/ EXCUSED: Representative Henderson

GUESTS: Sharon Kiefer, Idaho Fish & Game; Bill Morgan, St. Alphonsus Trauma; Steve Millard, Idaho Hospital Assoc.; Genie Sue Weppner, Wayne Denny, Dick Armstrong, Russ Barron, Sara Herring, Elke Shaw-Tulloch, Department of Health & Welfare; Kurt Stembridge, GlaxoSmithKline Pharmaceuticals; Mark Johnston, Idaho Board of Pharmacy; Joe Cusick and Joe Leckie, Idaho Public Utilities Commission; Toni Lawson, Idaho Hospital Assoc.

Chairman Wood(27) called the meeting to order at 9:00 a.m.

MOTION: **Rep. Rusche** made a motion to approve the minutes of the February 18, 2013, meeting. **Motion carried by voice vote.**

MOTION: **Rep. Hixon** made a motion to approve the minutes of the February 21, 2013, meeting. **Motion carried by voice vote.**

HCR 10: **Rep. Rusche** presented **HCR 10**, a concurrent resolution for a trauma system of care as instructed by the Health Quality Planning Commission (HQPC). The HQPC was charged with a review of Idaho's high number of strokes and discovered that the time-sensitive emergency systems had no organized trauma system. Three types of injury, trauma, stroke, and heart attack, have a higher fatality and disability rate than predicted for our population. A defined trauma system is the backbone for care for these time-sensitive emergency systems. A comprehensive system from community awareness to training Emergency Medical Technicians to industry appropriate transport service would improve outcomes and lower the cost of care. This resolution calls for the Department of Health & Welfare (DHW) to develop a trauma plan to organize this emergency care. Responding to questions, Rep. Rusche said the DHW anticipates no additional costs to develop the plan and any costs to run the program would be budget items brought to the Legislature.

Dr. Bill Morgan, Director, Trauma Service, St. Alphonsus Hospital, President, American College of Surgeons, Idaho Chapter, testified **in favor of HCR 10**. He said St. Alphonsus Hospital has worked with the HQPC for a way to provide statewide trauma services. Every state with a trauma system shows a 15% mortality reduction. Given the 2009 Idaho statistics of 699 traumatic injury deaths, a 15% reduction would mean 99 people would be saved and returned to the community. **HCR 10** has the approval of the Idaho Physicians Association and the American College of Surgeons. Answering questions, Dr. Morgan said the previous trauma system designated large hospitals as trauma centers, which was of major concern to smaller hospitals whose patients would go elsewhere. The new program designates any hospital as a trauma center, if they desire. He explained the various trauma center levels, stating that there are currently two levels of trauma centers in Boise, as well as hospitals in Pocatello and Kootenai that are in the process of attaining Level-II trauma center status. In spite of the level differences, training and education can provide the trauma care necessary. Dr. Morgan said that the continuum of care starts with the first responders. Battlefield experience revealed that a patient transported, perhaps by helicopter, within thirty minutes from the injury site to a definitive care location lowers the mortality rate.

This can include initial transport to an emergency room for stabilization or straight to a definitive care site.

Steve Millard, President, CEO, Idaho Hospital Association (IHA), testified **in favor of HCR 10**. He explained that technological improvements allow small hospitals to do more than when the hospital trauma level designation system was originally discussed. The IHA Board is in favor of **HCR 10** because it is the right and necessary thing to do for patients.

Wayne Denny, decided not to testify. For the record, no one else indicated their desire to testify.

Dick Armstrong, Director, DHW, was called upon to answer a question. He stated that the 2006 legislature established the HQPC base committee that has been discussing the trauma system. If approved, the DHW will work with the various volunteers who have participated in the process to put together the proposal to the HQPC that would lead to future legislation. The DHW has connections to the trauma system because they oversee the integral EMS operation. No appropriation is necessary since current efforts are through various organizations and volunteers. Since the HQPC membership goal is to be fully representative, any industry not included can be added at any time.

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

Rep. Rusche stated that small and large hospital physicians are represented in the HQPC that would oversee the proposed work group. With declining volunteer numbers, a trauma system that has the responsibility to assure trained individuals exist, is of great value in improving the number and interest of volunteers.

VOTE ON THE MOTION: **Chairman Wood(27)** called for a vote on the motion to send **HCR 10** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Rusche** will sponsor the bill on the floor.

S 1013: **Genie Sue Weppner**, Program Manager, Department of Health & Welfare, presented **S 1013**, which aligns with federal regulation by removing the Link-up program from the Idaho Telecommunication Service Assistance Program (ITSAP). She gave a brief overview of the program that provides Lifeline, a reduction in low income household phone bills, and Link-up, which assists with residential phone service connection costs. Recent cell phone provider interest in households receiving food stamps or Medicaid has caused increased costs nationwide, along with difficulties monitoring, auditing, and enforcing regulation. This year the Federal Communications Commission made regulation changes to alleviate some of the waste, fraud, and abuse by eliminating the Link-up program. Ms. Weppner noted that some of the statute and rule language did not match and the committee may decide to amend **S 1013** to change the word "exchange" on lines 29 and 38 to "residential basic local exchange service."

Responding to questions, **Ms. Weppner** said a $40,000 general funds allocation has been used to manage the ITSAP program, along with an approximate seven-cent monthly phone subscriber surcharge. The wording change aligns the rule with the statute, adding basic local exchange service. The definition of head of household attempts to make sure there is a single land or cell service for any household.

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

MOTION: **Rep. Rusche** made a motion to send **S 1013** to the floor with a **DO PASS** recommendation.

SUBSTITUTE MOTION: **Rep. Hixon** made a substitute motion to send **S 1013** to General Orders.

Rep. Morse commented on the substitute motion, stating that there is an issue of consistency between the statute and rule, with a minimum of the "exchange" terminology correction needed.

Rep. Hixon commented on the substitute motion that sending **S 1013** to General Orders is appropriate because it does need some clean up language.

VOTE ON SUBSTITUTE MOTION: **Chairman Wood(27)** called for a vote on the substitute motion to send **S 1013** to General Orders. **Motion carried by voice vote. Rep. Morse** will sponsor the bill on the floor.

RS 22103: **Mark Johnston**, Executive Director, Board of Pharmacy, presented **RS 22103**, proposed legislation covering regulatory facets not included in **H 17** and is in response to the New England Compounding Center tragedy caused by tainted injectable, compounded product. A Board review of Idaho Code disclosed that a pharmacist's compounded product is to be dispensed only with a valid practitioner prescription drug order. Compounded product distributed without a patient specific prescription drug order renders it a manufactured product and illegal. **RS 22103** grants the Board of Pharmacy statutory authority to promulgate rules that legalize limited exceptions to the definition of manufacturing. Existing limitations would remain untouched and limited distributions would be expanded to all pharmacies.

Answering questions, **Mr. Johnston** said there is no anticipated increase in drug costs. The legislation would legalize something that has occurred without incident and is good for public safety. The Board has authority to regulate the distribution of drugs. This RS returns a common practice in the U.S. that was legal in Idaho before 2007, when the Idaho Wholesale Drug Distribution Act eliminated a 5% allowance for pharmacies to incidentally distribute their products. The biggest example of such compounding is nuclear pharmacy, which is diagnostic in nature and delivered every morning to hospitals. If they had to wait for a prescription to be written, patients could bleed out before any product would be received.

MOTION: **Rep. Chew** made a motion to introduce **RS 22103. Motion carried by voice vote.**

RS 22084: **Rep. Gibbs** presented **RS 22084**, a concurrent resolution to reject **Docket No. 13-0104-1201**, which was reviewed by the Resources and Conservation Committee. This rule rejects all terrain vehicle use as a method of hunting.

MOTION: **Rep. Hixon** made a motion to introduce **RS 22084. Motion carried by voice vote.**

RS 22085: **Rep. Gibbs** presented **RS 22085** a concurrent resolution to reject **Docket No. 13-0108-1204**, pertaining to the Governor's auction tags, which contains an inconsistency in the lifetime exemption and it's relation to mountain goats and sheep. This rule was reviewed by the Resources and Conservation Committee.

MOTION: **Rep. Hixon** made a motion to introduce **RS 22085. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:48 a.m.

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Representative Wood(27)
Chair

_____

Irene Moore
Secretary

AMENDED AGENDA #1

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Thursday, February 28, 2013

SUBJECT	DESCRIPTION	PRESENTER
RS22135	Rule Section Rejection	Rep. Wood(27)
RS22141	Metal Property	Rep. Malek
H 211	Medical Board	Susie Pouliot CEO Idaho Medical Assoc.
H 188	Patient Care Records	Toni Lawson Idaho Hospital Assoc.
H 189	Hospitalization, Mentally Ill	Ken McClure Idaho Medical Assoc.
H 190	Health Care Practitioners	Molly Steckel Idaho Medical Assoc.

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

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry(Smith)
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, February 28, 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: Representative Henderson

GUESTS: Molly Steckel and Ken McClure, Idaho Medical Association; Barbara Jorden, Idaho Trail Lawyers Assoc.; Neil Colwell, Avista Corporation; Carrie Douglas, Idaho State University; Mike Gurr, Idaho Society of Radiologic Technologists; Toni Lawson, Idaho Hospital Association; Heidi Low, Idaho Psychological Association; Tyler Mallard, Risch Pisca; Vanessa Potoski, Idaho Public Health Association; Mark Johnston, Idaho Board of Pharmacy; Pam Eaton, Idaho State Pharmacy Association and Idaho Retailers Association; Jeremy Pisca, St. Alphonsus Hospital; Elizabeth Criner, Idaho State Dental Association; Kerry Ellen Elliott, Idaho Public Health Districts; Erik Makrush, Idaho Freedom Foundation; Ashleigh Conner and Leisi Hart, Idaho State University Nursing; Steve Millard, Idaho Hospital Association

Chairman Wood(27) called the meeting to order at 9:01 a.m.

MOTION: **Rep. Hixon** made a motion to approve the minutes of the February 22, 2013, committee meeting. **Motion carried by voice vote.**

Chairman Wood(27) made a unanimous consent request to move **RS 22135** to the end of the agenda. There being no objection, the request was granted.

RS 22141: **Rep. Malek** presented **RS 22141**, a proposed statute amendment regarding scrap dealers and utility or communication service providers. The nonferrous metal property definition is updated to exclude aluminum beverage containers. Required purchase records are expanded to include photographs for every transaction. Clarification is made to the felony penalty and civil liability of theft from metal property owners. Responding to questions, Rep. Malek said he was not familiar with other state regulations. Current transaction record requirements are not adequate and prosecution success increases with the additional time-of-sale evidence.

MOTION: **Rep. Hixon** made a motion to introduce **RS 22141. Motion carried by voice vote.**

H 211: **Susie Pouliot**, CEO, Idaho Medical Assoc. (IMA), presented **H 211**, which authorizes the Board of Medicine (BOM) to share information with the Idaho Department of Labor (DOL) to facilitate a statewide health care providers database. Cross information is necessary to identify the number and location physicians, practicing or not. Information confidentiality will be maintained. When determining funding of health programs, this database will provide valuable information.

Answering questions, **Ms. Pouliot** stated that physicians often maintain licenses when no longer practicing medicine in the state. BOM information will be cross referenced with the DOL to determine how many and which doctors are actually practicing. Both agencies follow the same regulatory guidelines and no new information will be exchanged.

Rep. Rusche responded to a committee question, stating that physicians file various tax forms and DOL employment forms, so the DOL would be well aware of employment status.

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

MOTION: **Rep. Romrell** made a motion to send **H 211** to the floor with a **DO PASS** recommendation.

Chairman Wood(27) commented on the motion that this legislation is important for work force development in rural areas and needs to be supported.

VOTE ON THE MOTION: **Chairman Wood(27)** called for a vote on the motion to send **H 211** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Romrell** will sponsor the bill on the floor.

H 188: **Toni Lawson**, Vice President, Government Regulations, Idaho Hospital Association (IHA), presented **H 188**, legislation that aligns Idaho Code with recent Centers for Medicare and Medicaid Services (CMS) streamlining changes. Currently, orders for patient care and treatment must be authenticated by the author of the order. This bill provides a second order authentication by another practitioner, who is responsible for the patient care and authorized by hospital policy to write orders.

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

MOTION: **Rep. Hancey** made a motion to send **H 188** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Chairman Wood(27)** will sponsor the bill on the floor.

H 189: **Ken McClure**, Attorney, Givens Pursley, Representing the Idaho Medical Association (IMA), presented **H 189**, pertaining to mentally ill juveniles under 18 years of age. Current code allows an adult, who is deemed mentally ill and in severe danger of causing harm to himself or others, to be detained, against his will, in a hospital. This is called putting the person "on hold." Most areas include juveniles in this practice, since Code uses the term "any person." This conflicts with juvenile code requiring a police officer and physician consult to decide if the juvenile is a clear and present danger to himself or others. These cases may involve behavior that is about to be a significant problem, not the commission of a crime. This legislation keeps law enforcement on the street and places the juvenile quickly in an appropriate and safe facility, while locating the parents as soon as possible. A call to law enforcement or child protective services occurs only after the parents cannot be located. If a hospital doesn't have an appropriate place, then it is authorized to put the juvenile in an ambulance for transport to an appropriate place. The first goal is to quickly get the juvenile someplace where they can't hurt themselves or anyone else. The second goal is to contact the parents or police or protective services. Some hospital emergency rooms (ER) may not have an available physician or may be staffed with nurse practitioners with specialized mental health training. This legislation allows a trained professional to place an adult or a child on hold. The changes do not apply to doctors or nurse practitioners in a clinic. Answering questions, **Mr. McClure** said these individuals get to an ER sometimes on their own, or with the help of friends, teachers, and strangers. The term "asap" indicates that locating parents must begin immediately, instead of the within 24-hour time frame.

Chairman Wood(27) shared his experience that these patients are not in control of their faculties, obstruct critical emergencies because personnel are dealing with them, and put ER personnel also at risk. Contacting the parents begins within five minutes and the juvenile becomes the number one emergency in the department.

Mr. McClure stressed that this action applies only in emergency situations where a child's condition, as evidenced by recent behavior, poses a significant threat to the safety of himself or others. Gravely ill people in this situation have to be in a safe place quickly, even when the juvenile's identity or the parents' identities are unknown or they are unlocatable. He agreed that transport could be to another city with a higher hospitalization fee. The costs seem reasonable when compared to a successful suicide or harm to someone else. A doctor or hospital does not become the child's custodian and cannot treat against a parent's direction without a court order. Current law maintains that if the parents are located and do not consent to further treatment, nothing else is done.

This legislation deals with the immediate need to get the child to a safe place, while the rest is being worked out by the parents and professionals. The detainment referenced in this legislation is a temporary status, while protective custody is a longer term court ordered process. Current law maintains the police officer, who is probably not a mental health professional, determines the situation and detains the child. The ultimate diagnosis of the child's condition is by experts. This legislation streamlines the process by eliminating the initial need for the police officer. Allowances for an advocate or representative for any child would cause additional delay attending to the safety of the child and others.

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

Rep. Rusche commented on situations when parents were unavailable. It is still important to keep the patient and those around him safe until the appropriate treatment can occur. Typically a teacher or friend brings the child in for help. This legislation allows medical personnel to act while trying to contact the parent.

MOTION: **Rep. Rusche** made a motion to send **H 189** to the floor with a **DO PASS** recommendation.

Chairman Wood(27) commented on the motion, stating that this bill eliminates an unnecessary step and the stigma associated with law enforcement being a part of the process. This pertains only to the first five to thirty minutes of an episode that could last a lot longer. If the child is truly ill, parents typically want help from every individual and entity possible.

Rep. Hixon commenting on the motion, said he would like to see a better definition of the parental contact language and the decision hierarchy.

VOTE ON THE MOTION: **Chairman Wood(27)** called for a vote on the motion to send **H 189** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Representatives Morse, Perry, and Hixon** requested that they be recorded as voting **NAY**. **Chairman Wood(27)** will sponsor the bill on the floor.

H 190: **Molly Steckel**, Policy Director, IMA, presented **H 190**, which is the Health Care Profession Transparency Act (HCPT) to provide the public better health care provider information. This act requires that health care professionals clearly identify providers and credentials in advertisements, with disciplinary action handled by licensure boards. Name badges, unless not required by the business, must display common professional titles. The various licenses held must be displayed, unless they have no patient contact. This legislation is a minimum standard, with a common provider frame work for all the licensing boards.

In response to questions, **Ms. Steckel** explained the governing license board determines a scope of practice and would review any complaint. She agreed that licensing boards need to be held accountable. Public awareness materials are being designed for member website use.

Mike Gurr, Registered X-Ray Technologist, testified **in support** of the idea of **H 190** to assure consumers are aware of who is providing their care. Proper titles are good, but patients may be seeing people who are performing hands on care, such as x-ray technicians, who are not certified.

Mark Johnston, Executive Director, Idaho Board of Pharmacy (BOP), testified **in opposition** to **H 190**, stating that their board is statutorily required to regulate wholesale distributors. Newly approved BOP rules removed licensure and registration signs, contrary to this legislation. They believe pharmacists were inadvertently included in the bill and would like to see it amended to exclude health care practitioners in pharmacies.

Pam Eaton, President, Idaho Retailers Association, and Idaho State Pharmacy Association, testified **in opposition** to **H 190** because the issues it covers have never been a problem in the pharmacy community. They would like to be exempted from this legislation, since it would add burdens to the way normal pharmacies work.

Elizabeth Criner, The Idaho State Dental Association, testified **in support** of **H 190**, stating the increase in providers, with a variety of training and education, creates public confusion. This bill provides transparency parameters and better information for the patients. The current operating boards are the oversight entity responsible for patient safety. Responding to a question, Ms. Criner stated she could not respond to a first amendment and advertising connection.

Mr. Erick Makresh, The Idaho Freedom Foundation, testified **in opposition** to **H 190**, stating that it overreaches existing board regulation and interferes with a practitioner's operation.

MOTION: **Vice Chairman Perry** made a motion to **HOLD H 190** in committee.

Vice Chairman Perry commented to the motion that the intention to help the public understand titles is not being accomplished. If the boards need assistance, they can come to the Legislature.

Dr. Randy Andregg, Executive Director, Idaho Optometric Physicians, testified **in opposition to H 190** because it is a redundant, unnecessary, and unbalanced bill with no public demand. Responding to questions, Dr. Andregg said a public information campaign might be a better way to address the issue.

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

Rep. Morse commented that addressing ineffective licensing boards is a more appropriate approach than adopting a general law for all boards.

Rep. Hixon commented in support of the motion, stating that he would like to see more boards handle the issue, along with public awareness information.

VOTE ON THE MOTION: **Chairman Wood(27)** called for a vote on the motion to hold **H 190** in committee. **Motion carried by voice vote. Representatives Rusche and Romrell** requested they be recorded as voting **NAY.**

Chairman Wood(27) turned the gavel over to **Vice Chairman Perry**.

RS 22135: **Chairman Wood(27)**, presented **RS 22135**, a House Concurrent Resolution to reject **Docket No. 16-0720-1201, Section 009, Subsection 01**, as agreed by the committee during a review of the rule.

MOTION: **Rep. Hixon** made a motion to introduce **RS 22135. Motion carried by voice vote.**

Vice Chairman Perry turned the gavel over to **Chairman Wood (27).**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:49 a.m.

_____
Representative Wood(27)
Chair

_____
Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Monday, March 04, 2013

SUBJECT	DESCRIPTION	PRESENTER
RS22192	Rule Section Rejection	Rep. Perry
RS22193	Health Care Exchange	David Hensley Chief of Staff Governor's Office

There Is No Testimony on RS Legislation

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, March 04, 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: Woody Richards, American Health Insurance Plans; Suzanne Budge, SBS Associates; Lee Flinn, American Association of Retired Persons; Colby Cameron, Sullivan & Reberger; Toni Lawson, Idaho Hospital Association; Heidi Low, Ritter; Julie Taylor, Blue Cross; Ray Stark, Boise Metro Chamber of Commerce; Marnie Packard, Pacific Source; Lauren Willis, Idaho House of Representatives; Molly Steckel, Idaho Medical Association; Blake Sampson, Idaho Resident; Shad Priest, Regence Blue Shield of Idaho; Bill Deal, Department of Insurance

Chairman Wood(27) called the meeting to order at 9:00 a.m.

MOTION: **Rep. Hixon** made a motion to approve the minutes of the February 27, 2013, meeting. **Motion carried by voice vote.**

RS 22192: **Vice Chairman Perry** presented **RS 22192**, a concurrent resolution to reject **Docket No. 16-0720-1201, Section 009, Subsection 01**. At the time this rule was presented, the Department of Health and Welfare requested this rejection to continue the grandfather allowance.

MOTION: **Rep. Hixon** made a motion to introduce **RS 22192** and send it directly to the Second Reading Calendar. **Motion carried by voice vote. Vice Chairman Perry** will sponsor the bill on the floor.

RS 22193: **David Hensley**, Chief of Staff, Governor Butch Otter's Office, presented **RS 22193**, which combines **S 1042** with legislative recommendations in **H 179** and others, and establishes a state-based Health Insurance Exchange which will serve as a voluntary market place for insurance shopping, comparing, and pricing. This will be a "body corporate and politic," an independent entity with a Health Insurance Exchange Board to oversee and manage the functions of the exchange. The Board will consist of 19 members, three of whom are legislators. The Speaker will appoint one House member, the President Pro Tem will appoint one Senate member, and the Minority Leadership will appoint one member. The rest of the board members will consist of representatives of health carriers, producers, providers, individual consumer interests, and small employer business interests. No non-legislative Board members will be state employees, public officials, or agents of the state. They will not participate in the Public Employee Retirement System of Idaho.

The Board will perform the necessary duties to implement an Idaho Health Insurance Exchange. In order to be self-sufficient after the first year, the Board will be responsible for assessment and collection of fees from participating health carriers and exchange participants. The Board may appoint any advisory committee needed, and adopt a plan of operation. All Board meetings are open to the public. Annual audits and legislative reports shall be required. The Board cannot change the Health Insurance Exchange's legal structure and cannot force anyone to participate or buy insurance. The Health Insurance Exchange can and should use Idahoans in the course of its business.

A severability clause states that any provision or its application can be removed, with the remainder of the law persisting. There is an emergency clause as well. Should Health and Human Services and/or the U.S. Congress change both the Health Insurance Exchange establishment date and the eligibility limitation date, the Governor is empowered to respond. If this should happen, the Governor can issue a proclamation declaring that Idaho will not be obligated to comply until new dates are set.

Responding to committee questions, **Mr. Hensley** said any part of the Patient Protection and Affordable Care Act that is ruled invalid by any federal court, unless stayed by the court, including a court in another state, will cease to be enforced.

He explained that there are multiple types of corporations and an independent body corporate and politic is one such type used to govern a public purpose.

The Director has to approve the initial bylaws and any subsequent changes as a check against the entity's authority without reduction to legislative authority. Because the Director regulates the insurance industry, it makes sense to have this level of oversight.

Mr. Hensley stated that the initial Health Insurance Exchange implementation and development costs have been awarded a federal phase 1 grant of twenty million dollar grant. Costs above that amount can be covered by additional federal grants. It is expected that by using available technology and marketplaces developed by other states, the State Health Insurance Exchange development costs may be significantly lower than previous estimates. Another cost cutting avenue is the use of available technology and marketplaces developed by other states.

Declaration of any provision or application of this act would be determined by a court. The severability clause works to the extent that a court finds it unconstitutional.

MOTION: **Vice Chairman Perry** made a motion to introduce **RS 22193. Motion carried by voice vote. Rep. Vander Woude** requested that he be recorded as voting **NAY**.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:18 a.m.

_____
Representative Wood(27)
Chair

_____
Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Tuesday, March 05, 2013

SUBJECT	DESCRIPTION	PRESENTER
RS22108C1	Nutritional Services	Rep. Romrell
S 1014	Insurance Fees & Taxes	Paul Leary Administrator Medicaid

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

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
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email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, March 05, 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: Paul Leary, Kristin Matthews, Malinda Jones, Department of Health & Welfare; Karen Raese, Shawn Dunnagan, Elaine Long, Idaho Academy of Nutrition;

Chairman Wood(27) called the meeting to order at 9:00 a.m.

RS 22108C1: **Rep. Romrell** presented **RS 22108C1**, a concurrent resolution recognizing the role of Dietitians, who save healthcare costs and help achieve better health. This resolution showcases the poor eating habits and physical inactivity of Idahoans. It will aid in writing and securing grants and foundation dollars for needed projects, interventions and research. Rep. Romrell described the ways nutrition can improve health and reduce hospital utilization.

MOTION: **Rep. Malek** made a motion to introduce **RS 22108C1. Motion carried by voice vote.**

S 1014: **Paul Leary**, Administrator, Division of Medicaid, presented **S 1014**, which amends Title 41, Chapter 4, to allow funding to cover program expenditures. Three Department of Health and Welfare (DHW) programs, Children's Health Insurance Program (CHIP B), Children's Access Card and the Small Business Health Insurance Pilot Program, are funded through dedicated premium tax funds. Current statute directs the percentage of funds allocated to each program. This allocation funding for State Fiscal Year 2013 will leave the children's program under funded, while excess funds in the adult program will remain idle. This change will allow full funding of each program. There is a sunset date of October 1, 2015, included because the adult premium assistance program will transition to the Affordable Care Act (ACA) federal subsidy program. ACA federal funding to CHIP B will increase 23 percentage points, which will bring federal funding of the program to 100%, eliminating the state's share of the premium. There is no general fund impact and no change on amounts of premium tax used in the three programs, since they are included in statute.

Responding to questions, **Mr. Leary** said the Small Business Health Insurance Pilot Program will transition into the insurance subsidy program as part of the ACA, along with other nationwide premium assistance programs, sunsetting federal waivers at that time. He said the premium tax fund derives revenue from a tax on insurance plans and policies. This bill addresses premium tax funds allocation variations caused by plan expenditures related to provided services and utilization.

Rep. Rusche explained the premium tax, the DHW use of state general funds, and the distribution formula. He said the premium tax is from a variety of insurance premiums, not just health insurance, and is the fourth largest revenue source for the General Fund.

Responding to questions about the use of the dedicated funds, **Chairman Wood(27)** explained that such tax funds are created, typically, by statute, which specifies their dedicated fund use. With the changes in the programs, funding necessity will be a future legislative policy decision. **Rep. Rusche** said the funding amount collected through the Health Insurance Exchange is unknown, as are the outcomes of the Medicaid expansion and any policies outside the exchange.

Mr. Leary stated that the CHIP B formula is 80% for children's programs and 20% for adult accounts. The forecasted move of adults toward premium acquisition through small business employers did not materialize, and the CHIP B program continued to grow. He explained the Small Business Health Insurance Pilot Program where qualified individuals can receive up to $100 per member, per month, or $500 per family, per month, to assist with premium costs.

MOTION: **Rep. Rusche** made a motion to send **S 1014** to the floor with a **DO PASS** recommendation.

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

Vice Chairman Perry commented on the motion, stating a modification of the title might be a better approach to allow the Department to fully fund each program. She expressed concern over decision and oversight bypass in a Department with such an enormous budget.

Chairman Wood(27) advised that the Joint Finance and Appropriations Committee (JFAC) must abide by all statutes, and account funding must remain where statue designates. He added that he has never found the DHW to be inappropriate in their administerial functions.

Rep. Vander Woude commented that this is a good policy change to use the funds where needed.

Mr. Leary said current statute dictating what goes into the fund is not changed. Within the three-program framework, they are requesting the ability to move the funds between the programs. The Affordable Care Act will use insurance subsidies to take care of the adult program. The 23% increased federal funding will combine with the existing 80% federal funding, for 100% funding of the children's programs. The funds will then be used elsewhere in the Department.

Chairman Wood explained that the DHW budget is constructed differently because federal grants and funding can vary on an annual basis. Additionally, most DHW funds go to trustee and benefit payments, such as Medicaid. Any sudden population growth or decrease removes any budget projection assumptions. This policy change removes ongoing supplemental requests for these programs.

VOTE ON THE MOTION: **Chairman Wood(27)** called for a vote on the motion to send **S 1014** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Vander Woude** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:40 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Wednesday, March 06, 2013

SUBJECT	DESCRIPTION	PRESENTER
RS22209	Minors, Tanning Devices	Ken McClure Attorney Idaho Medical Association

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

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Wednesday, March 06, 2013
TIME:	8:00 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:	Representative Malek
GUESTS:	Stacey Satterlee, American Cancer Society; Ray Amaya, KBOI Television Station; Jane Wittmeyer, American Suntanning Association

Chairman Wood(27) called the meeting to order at 9:00 a.m.

MOTION: **Rep. Rusche** made a motion to approve the minutes of the February 28th, 2013, meeting. **Motion carried by voice vote.**

RS 22209: **Ken McClure**, Attorney, Idaho Medical Association, presented **RS 22209**, which is in response to common concerns expressed at the introduction of **H 191**, tanning bed use by minors. Subsection 8 has been changed to reflect civil penalties of $100 for a first violation, $300 for a second violation, and $500 for subsequent violations. Since compliance is the focus of the act, penalties are not expected. Section 8, clauses (a) and (b), provide clear protection for anyone attempting, but unable, to comply. He gave the example of someone checking identification, unaware that it is falsified. This also protects owners with compliance programs that are not followed by employees. The remainder of **RS 22209** is identical to **H 191**, which was previously before the committee.

MOTION: **Rep. Morse** made a motion to introduce **RS 22209. Motion carried by voice vote. Reps. Vander Woude** and **Hixon** requested to be recorded as voting **NAY**.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:10 a.m.

_____

Representative Wood(27)
Chair

_____

Irene Moore
Secretary

AMENDED AGENDA #1

HOUSE HEALTH & WELFARE COMMITTEE

7:00 A.M.
Lincoln Auditorium - Room WW02
Thursday, March 07, 2013

SUBJECT	DESCRIPTION	PRESENTER
H 248	Health Care Exchange	David Hensley Chief of Staff Governor's Office

Sign in begins at 6:30 a.m.

3 Minutes Time Limit Per Testimony

If you have written testimony, please place one copy in the testimony box.

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, March 07, 2013

TIME: 7:00 A.M.

PLACE: Abraham Lincoln Auditorium - Room WW02

MEMBERS: Chairman Wood(27), Vice Chairman Perry, Representatives Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, 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 Wood(27) called the meeting to order at 7:03 a.m. He welcomed the audience, gave instructions on meeting decorum, and acknowledged the newly named Abraham Lincoln Auditorium, requesting the audience respect the beliefs and viewpoints of its namesake.

H 248: **David Hensley**, Chief of Staff, Governor Butch Otter's Office, presented **H 248**, legislation to establish an Idaho Health Insurance Exchange (HIX). This will be an independent body corporate and politic, not a state-run Exchange. The HIX Board will be created and empowered to adopt bylaws that must be approved and reviewed by the Director of the Department of Insurance (DOI). The Board will also appoint advisory committees, assess fees, and collect fees.

The Exchange cannot change its legal structure. It has to be financially self sufficient, cannot ask for state funds, and cannot encumber state assets. Participation in the Exchange has to be voluntary, with no insurance purchase requirement, and no prohibition of any qualified provider. The Board must hold public meetings. A procurement process has to exist. The HIX cannot inquire about firearm use or storage. It must also provide security for the information acquired from participants, maintaining confidentiality.

The fourteen Governor-appointed voting Board members are subject to Senate confirmation. The Board will also have three Legislative voting members and two nonvoting members from the DOI and the Department of Health and Welfare (DHW). The Board will submit annual written activity reports and present any changes in bylaws, fees, and regulations to the germane legislative committees, during the session.

There are two types of costs: startup, or implementation, and ongoing. Twenty million dollars in federal funds are available to build the Exchange, with additional grants possible to cover costs beyond that amount. Other states are willing to share major components they have developed, and private companies selling Exchange systems are already in the marketplace. Ongoing costs require a self-sufficient operation. Annual costs are estimated at ten million dollars. Health and Human Services (HHS) estimates a 3.5% premium on federal Exchange plans, with ongoing annual federal costs estimated at twenty-eight million dollars.

Responding to questions, **Mr. Hensley** explained that the initial four-year term allows the Governor to reappoint individuals or the entire group. The three key areas are state control and discretion with respect to governance, finance, and oversight. The Governor will select local citizens to conduct the Board's business in an open and transparent process in Idaho, instead of Washington D.C. or Maryland. The state controls the ongoing operations, with an eye to cost-effectiveness. The Board and state determine and approve the Exchange's terms, criteria, rates, actuarial plan values, and navigators, impacting transparency and accountability through the process. Local decisions are better than decisions made in Washington D.C.

The Exchange could not prohibit producers or providers, as long as they meet the applicable laws. There will be a marketplace outside of the Exchange where agents can still sell plans to individuals not participating in the Exchange.

The Exchange Board would apply for additional federal grants for set up costs beyond the twenty million dollars funded. There is no set up funding liability should we decide, after establishing a state-based Exchange, that we would rather have a federal Exchange. **Mr. Hensley** shared the Attorney General's opinion that there is no Health Freedom Act violation. Implementation funds will carry the HIX through 2015, with non-state funds available to cover additional start up and ongoing costs.

Mr. Hensley said the state has a great understanding of what is required for a state-based HIX under federal regulations and law. Questions exist about the appearance of a federal Exchange, and information is still forthcoming about HHS provisions. Under **H 248**, Idaho is not liable for any acts, funds, or anything else that this Exchange might do or be liable for by not doing. Before the Exchange can accept any application and conduct it's operations, it has to certify to the Governor, DOI Director, and DHW Director that information obtained is secure and privacy is protected.

There are some federal reporting requirements, which must be conveyed to the federal government, but all other information is protected. The Patient Protection and Affordable Care Act (PPACA) does not mandate use of an HIX, and provisions in **H 248** make sure it is completely voluntary. The state retains the authority to terminate the entire state-based Exchange. **Mr. Hensley** said requirements for outside sales are unknown; however, the Exchange would not be able to acquire any personal information from outside providers or carriers. On the Exchange website individuals will provide only preliminary eligibility information, and be able to select a policy to purchase. Additional information of a more personal nature will be only between the provider and the individual.

Wayne Hoffman, Executive Director, Idaho Freedom Foundation, shared the foundation's history and their legislative input. He stated that they are opposed to a state insurance Exchange, expressing concern that Idaho will have to conform to specific federal government regulations, with no input ability, as evidenced when the PPACA was developed. He said there has only been one example of an established government program being eliminated, and it was moved into another program. Despite changes made from the original Senate bill, they remain concerned with the creation of a new government agency. The language to support Idaho business is in opposition to a free market. The Exchange will be stewards of government-administered fees, so they have the obligation to find the right contract, no matter if it exists outside of Idaho. The PPACA invalidation statement does not stipulate what the ruling could be. The Foundation finds little legislative oversight and few provisions that restrain the operation of the Exchange. The Affordable Care Act (ACA) is a form of socialism. Accepting portions of the ACA clears paths for the entire Act. He asked for a stand against the overreach and imposition of the federal government.

Those speaking **in support** of **H 248** were **Woody Richards**, American Health Insurance Plans; **Peggy Munson**, AARP; **Christine Tiddens**, Catholic Charities of Idaho; **Scott Leavitt**, Idaho Association of Health Underwriters; **Margaret Henbest**, Nurse Leaders of Idaho; **Stacey Satterlee**, American Cancer Society, Cancer Action Network; **Steve Thomas**, Idaho Association of Health Plans; **Ray Stark**, Boise Metro Chamber of Commerce; **Elizabeth Criner**, Idaho State Dental Association; **Toni Lawson**, Idaho Hospital Association; **Jeremy Pisca**, St. Alphonsus Health Systems; **Brent Olmstead**, Milk Producers of Idaho;

They said an Idaho HIX will be able to negotiate for the best health insurance for Idahoans, agreeing that the HIX would provide more affordable options. It was clarified that the previous medical underwriting is longer done, reducing personal health information gathered. They expressed concern that a federal Exchange would cost more than a state-based HIX. The loss of industry-related jobs and state tax revenue with a federal Exchange, was of concern. They were of the opinion that a state-based HIX promotes affordable high quality coverage for all Idahoans, especially low and middle income families, allowing personal health and health care decision responsibility. They were pleased with the proposed Exchange transparency. An online market place will offer clear options, with better competitive comparison opportunities. It was their view that **H 248** is not an endorsement of any federal act or ObamaCare. Idahoans developing an Idaho-based Exchange will help take care of Idaho's insurance needs. Experience working with federal entities was shared, along with the preference for Idahoans designing, working, and in charge of an Idaho Exchange. Concern was expressed that call centers would be located in Washington D.C. or other parts of the nation. They expressed the opinion that timely access promotes wellness and decreases higher downstream health care costs.

Those speaking **in opposition** to **H 248** were **Kerry Uhlenkott**, Right to Life of Idaho; **Karen Calisterio**, Republic Liberty Caucus of Idaho; **David Ripley,** Executive Director, Idaho Chooses Life; **Dr. Loel Fenwick**, Physician; **Dan Roberts**, SOS Foundation of Eastern Idaho; **Milt Espuibel**, Tea Party of Idaho; **Daryl Ford, Joe Egusquiza, Mary Adler, Viki Purdy, Mark Druid, Sheila Ford, Daniel Freedman, Steve Ackerman, Bob Van Arden, Greg Ferch, Jim Camelik, Danielle Ahrens, John Colson, Chad Inman, Joe Rommer, Steve Pugmire, Dale Pearce, Craig Campbell, Ronalee Linsenmann,** and **Duncan Ferris**, citizens.

They were concerned about personal record protection, religious freedom, unborn life protection, cost estimates that continue to rise, and federal oversight of every aspect of an HIX. They were of the opinion that the ACA could only impose a tax penalty if a state-based Exchange exists. Strong objection to the existence of ObamaCare was expressed. They asked which law enforcement agency would enforce the tax without a purchase, how Board members would be paid, how state liability would be avoided with three legislative Board members. Fiscal concern was expressed about the impact on future generations when federal money is borrowed from other countries. Concern was expressed that our citizens will become government dependents. It was requested that additional time be taken before passing any legislation, so all the HIX facts are known. This is an issue of who will bear the burden of implementation when families are already experiencing financial strain.

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

Rep. Vander Woude said he is **opposed** to **H 248**, which is really a private Exchange with the state having no supervision beyond annual reports. He expressed concern that monitoring would be by a state agency.

Rep. Rusche stated that the costs are just estimates. Until the Board and the bylaws exist to determine truer costs, a state-based Exchange will be less of an operational expense. He noted that most discussion has related to government oppression and nullifying ObamaCare. The real question is will a state or federally managed tool best provide private insurance products to the population. Because Idaho can do this less expensively than a Maryland or Washington D.C. central operation, it is important to move forward with this legislation.

MOTION: **Rep. Rusche** made a motion to send **H 248** to the floor with a **DO PASS** recommendation.

Rep. Malek commented that ObamaCare is not the answer. We're not going to take control of our state sovereignty. We must take advantage of the next fifteen years to make sure Idaho is a leader with the best healthcare and opportunities for families, which will not happen with a federally run government program. This HIX is the perfect answer for Idaho, given the current situation, and he will be voting **in support** of the motion.

Rep. Morse said the variety of testimony represents the opposition and anxiety about ObamaCare. However, this is an issue about the HIX, not ObamaCare. The choice is between a federal Exchange, with less control and input, versus a state-based Exchange. The changes made to previous bills that created **H 248** strengthen the legislation. There will be continued ObamaCare challenges and litigation. If any part of ObamaCare is ruled invalid and unconstitutional, this legislation gives Idaho the flexibility and legal control to collapse and eliminate those affected portions. A State-based HIX provides a superior choice to one run by the federal government. For these reasons he will be voting **in favor** of **H 248**.

Rep. Henderson emphasized that the private sector could do a better job running the Exchange than the government. **H 248** is an identity of a state government, but comes as close to his ambition of a private sector administered and funded Exchange as is possible. Reading from sections of the legislation, he said Idaho is making a bold and assertive statement of our state's rights. He encouraged everyone to read the bill and will be voting **in support** of the motion.

Rep. Hixon stated that he has had many discussions with constituents and the business community. Although not an easy decision, and independent of other influence, he's taken his stand. As a member of the Idaho House of Representatives, he cannot subject any citizen to an insult of the federal government that does not reflect the best interests of Idaho citizens. Previously opposing any state-based Exchange, he has read through the law, sat through meetings, and absorbed the endeavor. After all that, he is not ready to give authority to the federal government. There is enough protection in **H 248** to keep costs low for those who choose to use the HIX. The liability obligation section is important, which is why it is an independent body corporate and politic. The previous legislative oversight concern has been addressed and strengthened in this bill. A state-based Exchange will save Idaho citizens money. Given all facts, and the necessity for a decision, he will approve and closely monitor the state-based Exchange.

Vice Chairman Perry commented that Idaho's open government is a privilege that she appreciates. Testimony about ObamaCare concerns are understandable; however, we are already operating out of PPACA. She stressed the need to understand that a state-operated Exchange is a separate issue from ObamaCare policies. Rep. Perry shared her pleasure that this Exchange is voluntary, allowing choice. Any future changes to ObamaCare and PPACA policy will be done at the federal level. The state has implementation flexibility, which is a two-year culmination of input, discussion, and research. Idaho needs to lead by avoiding ideology, taking time to listen to both objective research and stakeholder input, taking a stand to protect its citizens. Every state will have an Exchange and the question is who will operate it.

Rep. Romrell expressed the difficulty of this decision, although this is an improved bill. As a proud Idahoan, he is not interested in letting the federal government handle an Exchange. We have more correction and change opportunities with a state-run program. He will vote **in favor** of the motion.

Rep. Hancey wished the debate was about nullification of ObamaCare. Instead, the debate is about a state or federal Exchange. The state-based Exchange is the best program for Idaho. It is unfortunate that we have the health care problem and a fumbled resolution attempt by the federal government. The state-based Exchange seems to be the best way to work together to resolve health care industry problems. He will support the motion.

Rep. Vander Woude expressed concern that having a state-based Exchange adopts, by federal standards, a section of code. Adopting any new and existing federal regulations without any review is a dangerous precedent. He was concerned with the stipulation that the Board writes its own bylaws without any outside approval, and any changes are reviewed by the DOI Director. He would prefer a ten dollar fee cap, especially in light of the continually increasing cost estimates. He was told that a cap was not possible because it would be a non-state agency that must be self sufficient. Rep. Vander Woude expressed his concern that there was no religious conscience protection in **H 248**, wondering, why if such protection can be granted to religious agencies, individuals are excluded. He stated his intent to stand against the motion.

Rep. Hixon said defaulting to a federal Exchange gives up all negotiation authority. Once that occurs, religious freedom and any other freedom will be lost. The decisions about navigators and who can purchase policies will be made by someone at the federal level. The Legislature can repeal this act, including fees that are out of balance.

Chairman Wood(27) declared Rule 38, stating a possible conflict since his employer and it's subsidiaries may or may not be affected by this legislation.

Chairman Wood(27) reminded the committee of circumstances and consequences to the introduction of wolves. He expressed his displeasure that a choice has to be made. He shared a recent conversation he had with **Paul Dioguardi**, Director of Intergovernmental Affairs, HHS, about the state-based Exchange government structure. Mr. Dioguardi explained that the structure has not been decided. It may have a portion run out of Region 10 in Seattle, which reports to HHS in Washington D.C. Chairman Wood(27) stated his refusal to acquiesce by default to the federal government managing a sector of our economy. He stated his respect for all testimony presented. Idaho and our country are great because individuals participate in their state government.

Rep. Malek declared Rule 38, stating a possible conflict of interest because his company has clients who may or may not be affected by this legislation.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to send **H 248** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Vander Woude** requested he be recorded as voting **NAY. Chairman Wood(27)** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:32 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Monday, March 11, 2013

SUBJECT	DESCRIPTION	PRESENTER
RS22196C1	Medicaid - Dental Services	Marilyn Sword, Executive Director Council on Developmental Disabilities
RS22221	Idaho Free - Market Health Insurance Act	Rep. Luker
RS22222	Weight Limitations - Motor Vehicles	Sen. Guthrie
RS22244	Mentally Ill Minors - Hospitalization	Ken McClure Idaho Medical Association
RS22211	Health Care Professionals - Safety	Emily McClure Idaho Medical Association
H 239	Pharmacists - Compounded Product	Mark Johnston Executive Director Board of Pharmacy
S 1063	Medical Consent - Natural Death Act	Ken McClure Idaho Medical Association

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

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, March 11, 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: Representative Malek

GUESTS: Marilyn Sword, Idaho Council on Developmental Disabilities; Ken McClure and Emily McClure, Givens Pursley; Mark Johnston, Board of Pharmacy.

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 March 6, 2013, meeting. **Motion carried by voice vote.**

RS 22196C1: **Marilyn Sword**, Executive Director, Idaho Council on Developmental Disabilities (DD), presented **RS 22196C1** to restore preventative dental services to adults on the Medicaid Enhanced Plan. She explained the **H 260** temporary reductions and the return of partial coverage for specified groups. The fiscal impact of service restoration for the remaining adults on the Medicaid Enhanced Benefit Plan is estimated at $1.48M in state General Funds and $3.442M in federal funds. This restoration supports prevention and best practice that will save the state money in the long run.

MOTION: **Vice Chairman Perry** made a motion to introduce **RS 22196C1**, commenting that she is a proponent of preventive care.

Responding to a question, **Ms. Sword** said a trailer bill would be required to modify the Division of Medicaid budgets, which have already been set.

Rep. Rusche commented in support of the motion, stating that, although the significant restoration cost does not include emergency visits or pharmacological costs for infections and pain, it was a repeated comment and request at the joint Health & Welfare hearing.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to introduce **RS 22196C1. Motion carried by voice vote.**

RS 22221: **Rep. Luker** presented **RS 22221**, pertaining to the Health Insurance Exchange (HIX) and the Patient Protection and Affordable Care Act (PPACA). This legislation does not impact the HIX and encourages continuation of insurance sales outside of the Exchange. **RS 22221** starts the discussion about insurance policies sole outside of the HIX, with ground-level costs, open deductibles, co-pays, and stop losses. A policy would be priced at 70% of the lowest metallic level in the Exchange and sold through brokers. This is a free-market approach.

In answer to committee questions, **Rep. Luker** said the requirement to offer a plan comparable to each metallic level would mean four additional plans would be offered. The current limited method of rating would still apply, with no new rating analysis necessary. The intent is to allow a broad flexibility of insurance plans in the marketplace. A review with the Department of Insurance (DOI) would be part of the discussion. The six-month requirement allows better risk management by the insurance companies and would also be a part of the discussion points. The stipulation that polices are priced at 70% or less for the lowest plan offered at metallic levels is a starting point to get the discussion going and does not preclude other policies with higher percentages. Rep. Luker was unaware of anything that would prevent a carrier from offering this type of policy now.

MOTION: **Rep. Hancey** made a motion to introduce **RS 22221**.

Rep. Hixon commented in support of the motion, stating that this is a good time to discuss healthcare options and avenues for lower costs.

Vice Chairman Perry commented that it is important to have a discussion and she will support the motion.

Rep. Rusche stated he will be opposing the motion, since it's premature to involve the DOI without checking with them first and the structure is counter to federal law.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to introduce **RS 22221. Motion carried by voice vote. Rep. Rusche** requested he be recorded as voting **NAY**.

RS 22222: **Sen. Guthrie** presented **RS 22222**, proposed legislation that amends Idaho Code Section 49-1011 to allow farm vehicles transporting agricultural products up to two thousand pounds in excess of any axle, bridge, or gross vehicle weight limit. He gave examples of situations when weight shift might cause an overweight reading on an axle, although the overall weight is within limits.

MOTION: **Rep. Hixon** made a motion to introduce **RS 22222**.

Responding to a question, **Sen. Guthrie** explained that the intent is not to increase weight limits, but to mitigate challenges when the overall weight limit is fine and the axle weight is too high. This applies only to the agricultural industry.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to introduce **RS 22222. Motion carried by voice vote.**

RS 22244: **Ken McClure**, Attorney, Idaho Medical Association, presented **RS 22244**, which replaces **H 189**. This proposed legislation allows physicians and other health care professions working in a hospital to place a temporary mental health hold on a child who is in imminent danger of causing harm to himself or others. The parental role concerns expressed with **H 189** are reflected in the stipulation that no detainment can occur if it is against parental or legal guardian explicit direction, unless the physician believes the child poses an imminent danger to himself or others. If this occurs, the physician can detain the child to get a law enforcement officer present. This change strikes a balance to protect the public, the child, and allow police negotiation only if necessary. Other changes are technical in nature and were judiciary requests.

MOTION: **Rep. Morse** made a motion to introduce **RS 22244.**

SUBSTITUTE MOTION: **Rep. Rusche** made a substitute motion to introduce **RS 22244** and send it directly to the Second Reading Calendar.

Mr. McClure explained, in response to questions, that the new process allows detention over parental objections, until parental consent is obtained, or a police arbitrator arrives. The physician must determine that the child is in imminent danger of harming himself or others, and allows the system to work through the issue without law enforcement intervention. The officer is a neutral third party, possibly in disagreement with the parents.

Rep. Hixon stated he was not sure a registered nurse practitioner could make the call to detain a child and will be voting in opposition to the motion.

Answering further questions, **Mr. McClure** said the proposed legislation is consistent with the defined child protection law roles of medical staff. The goal is to alleviate law enforcement participation, unless the parents disagree, at which point they would be called to mediate the situation. Confidentiality requirements allow the sharing of information with a parent or police officer. The mental health definition is not limited to suicide, but does require the determination that an emergency exists. He explained the definition contained in the Children's Mental Health Act.

WITHDRAWAL OF SUBSTITUTE MOTION: **Rep. Rusche** withdrew his substitute motion to introduce **RS 22244** and send it directly to the Second Reading Calendar.

VOTE ON ORIGINAL MOTION: **Chairman Wood(27)** called for a vote on the original motion to introduce **RS 22244. Motion carried by voice vote. Rep. Hixon** requested that he be recorded as voting **NAY**.

RS 22211: **Emily McClure**, Attorney, Idaho Medical Association, presented **RS 22211**, which applies to assaults on doctors and other medical professionals. This redrafted proposed legislation addresses previous committee concerns.

MOTION: **Rep. Morse** made a motion to introduce **RS 22211. Motion carried by voice vote**.

H 239: **Mark Johnston**, Executive Director, Idaho Board of Pharmacy, presented **H 239**, legislation in response to the New England compounding center tragedy that strengthens the compounded product drug outlet and distribution law. Idaho Code allows dispensing with a valid prescription drug order, which makes the distribution of compounded product illegal. This legislation grants the Board of Pharmacy statutory authority to promulgate rules that legalize limited exceptions. He gave examples of distributions that would be allowed. Existing statutory limitations remain untouched, except expanding limited distribution to all pharmacies, since many compounding pharmacies are registered as limited service, not retail pharmacies.

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

MOTION: **Rep. Chew** made a motion to send **H 239** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Chew** will sponsor the bill on the floor.

S 1063: **Ken McClure** presented **S 1063**, which corrects ambiguity created with previous amendments to the Medical Consent Natural Death Act. He described end-of-life care choices and the various directives. 2012 legislation specified that health care cannot be withdrawn or denied, except in certain limited circumstances, if a patient has an advanced directive or living will that stipulates medical care continuation in a nearing death situation with an uncommunicative patient. He said the 2012 language might apply to non-end-of-life circumstances, potentially requiring costly, inappropriate and unnecessary medical care, especially as it relates to surrogated decision makers. This legislation clarifies that a patient nearing death is entitled to care that is necessary to sustain life and provide comfort, if he or she has so directed.

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

MOTION: **Vice Chairman Perry** made a motion to send **S 1063** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Vice Chairman Perry** will sponsor the bill on the floor.

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

_____
Representative Wood(27)
Chair

_____
Irene Moore
Secretary

AMENDED AGENDA #1

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Tuesday, March 12, 2013

SUBJECT	DESCRIPTION	PRESENTER
HCR 19	Nutrition Services	Rep. Romrell
S 1072	Organ Donation Contribution Fund	Sen. Heider
S 1116	Organ Donor Notification	Sen. Heider

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

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, March 12, 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: Representative(s) Morse, Vander Woude

GUESTS: Noel Morin, Idaho State University Nursing Student; SeAnne Safaii, Nancy Rush, Shawn Dunnagan, Idaho Academy of Nutritionists and Dietitions

Chairman Wood(27) called the meeting to order at 9:02 a.m.

MOTION: **Rep. Malek** made a motion to approve the minutes of the March 04, 2013, meeting. **Motion carried by voice vote.**

MOTION: **Rep. Malek** made a motion to approve the minutes of the March 05, 2013, meeting. **Motion carried by voice vote.**

HCR 19: **Rep. Romrell** presented **HCR 19**, a concurrent resolution to recognize the nutrition and physical activity role in a healthy lifestyle, which will assist in grant and foundation fund requests. Registered dietitians can improve the health of Idahoans by providing nutritional education, medical nutrition therapy and counseling. There is no fiscal impact.

Being called upon to answer a question, **Dr. SeAnne Safaii**, University of Idaho, Academy of Nutritionists and Dieticians, said work is under way to promote National Nutrition Month.

Steve Rector, Pinnacle Biz Group, Representing the Academy of Nutritionists and Dieticians, asked for recognition of **Rep. Chew**, who originated the discussion.

MOTION: **Rep. Malek** made a motion to send **HCR 19** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Romrell** will sponsor the bill on the floor.

S 1072: **Sen. Heider** presented **S 1072**. After sharing a personal experience, he emphasized that organ transplants are required by many people who have accidents or illnesses. **S 1072** sets up an Idaho Organ Donation Contribution Fund that the Department of Motor Vehicles (DMV) can use when drivers license applicants wish to contribute two dollars to promote and support organ donation. Sen. Heider presented an amendment that replaces the Department of Health & Welfare (DHW) fund management with direct DMV transmittal of funds to Intermountain Donor Services (IDS).

Responding to questions, **Sen. Heider** explained the DMV collection fee is two to three percent per donation. IDS, located in Salt Lake City, has provided retrieval and delivery services for Idaho and Utah for over thirty years, with no competitors. A legislative readdress would occur if a competitor entered the area.

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

MOTION: **Rep. Rusche** made a motion to send **S 1072** to General Orders with amendments attached. **Motion carried by voice vote. Rep. Rusche** will sponsor the bill on the floor.

S 1116: **Sen. Heider** presented **S 1116**, legislation pertaining to first responder notification to the appropriate organ donation organizations, directs first responders to notify the Idaho State Emergency Medical Services (EMS) Communications Center (StateComm) of a victim's destination. StateComm will then notify the appropriate organ procurement organization. This change provides an organized process for organ availability notification.

Responding to committee questions, **Sen. Heider** said hectic accident scenes can prohibit timely StateComm contact. **S 1116** streamlines current procedures by the use of a central reporting location. The ISP, Idaho Fire Fighters Association, first responders, and hospital administrators were contacted and agreed with this legislation. There could be situations where it would be too late to harvest organs. A Coroner could be the first responder calling the StateComm. Prior to EMS arrival, the ISP could call the StateComm. There are no criminal or civil liabilities if the StateComm is not notified, allowing for any lack of donor information at the scene, or with the body. Idaho Drivers Licenses notate an individual's desire for organ donation. If at the scene, the license would usually remain with the body, allowing the first responders, Coroner, or hospital to call the StateComm. This legislation streamlines a time-sensitive process during a hectic situation, providing the fulfillment of a donor's wishes.

MOTION: **Rep. Rusche** made a motion to send **S 1116** to the floor with a **DO PASS** recommendation.

Rep. Rusche commented that this bill provides a unified notification mechanism since everyone calls the StateComm. It does not state that StateComm will seek organ donation, just that they receive notification when there is evidence of a wish to be a donor. If there is no documentation that the deceased is a donor, nothing happens. The StateComm is the central coordination point, which providers need to leave them free to continue their duties at the scene of an accident.

SUBSTITUTE MOTION: **Rep. Hixon** made a substitute motion to send **S 1116** to General Orders.

Vice Chairman Perry stated her **support**of the substitute motion.

Sen. Heider said he will assist with any amendment language change.

Chairman Wood(27) said he would like a stipulation that the call would occur only when donor identification is made.

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

ROLL CALL VOTE ON SUBSTITUTE MOTION: **Rep. Hixon** requested a roll call vote on the substitution motion to send **S 1116** to General Orders. **Motion passed by a vote of 9 AYE, 0 NAY, and 2 Absent or Excused. Voting in favor of the motion: Reps. Wood(27), Perry, Henderson, Hancey, Hixon, Malek, Romrell, Rusche, Chew. Absent or Excused: Reps. Morse** and **Vander Woude. Rep. Hixon** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 9:47 a.m.

_____
Representative Wood(27)
Chair

_____
Irene Moore
Secretary

AMENDED AGENDA #1

HOUSE HEALTH & WELFARE COMMITTEE

7:00 A.M.
Room EW20
Wednesday, March 13, 2013

– NOTE TIME CHANGE –

SUBJECT	DESCRIPTION	PRESENTER
H 268	Minors, Tanning Devices	Ken McClure Attorney Idaho Medical Association

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

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
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Phone: 332-1138
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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, March 13, 2013

TIME: 7:00 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: Tracie Cunningham, Jess Overgard, Jane Wittmeyer, American Suntanning Association; Scott Pirnie, Palm Beach Tan; Sharee Skinner, and Val Sinner, Southern Exposure; Lisa Winters, Joanne Graff, Patti Moran, Vicky Jekich, citizen; Linda Penwarden, St. Luke's MSTI; Erik Makrush, Idaho Freedom Foundation; Stacey Saterlee, American Cancer Society; Christian Enloy, Robin Martin, Mary Karol, Lisa Bulow, SOL Survivors.

Chairman Wood(27) called the meeting to order at 7:00 a.m.

H 268: **Ken McClure**, Attorney, Representing the Idaho Medical Association (IMA), presented **H 268**, legislation to restrict the use of tanning beds by minors. He said science teaches that some previously considered harmless practices do cause harm. Tanning device use is proving to be a risk factor, especially when begun at a young age. With the scientific evidence, it is important to prevent the early onset of diseases, particularly when there are minimally disruptive alternatives to the desirable glow. This legislation is a mechanism to educate our community to protect the most vulnerable in our society.

Mr. McClure said the devices defined in **H 268** are tanning beds or other tanning devices in a facility that charges a fee for their use, not in-home devices or spray-on tanning. Use is restricted for individuals fifteen years of age, or younger, with no therapeutic use allowed. Parental consent is required for anyone sixteen or seventeen years of age. The in-person parental consent form is valid for twelve months, or a lesser time as indicated by the parent, and is renewable, if the parent desires. The consent form advises of associated risks. Use is restricted to twice a week. The civil penalties also protect against the use of false identification and employees not following established procedures. Additional stipulations prevent false health benefit claims. The civil penalties are included as a deterrent and are expected to be used infrequently.

Dr. Steven Mings, Idaho Medical Association, Idaho Dermatology Association, testified **in support** of **H 268**. He said ultraviolet (UV) exposure, whether artificial or natural, is shown to cause skin cancer. Young people are uniquely susceptible to this type of UV light, and evidence indicates that childhood exposure increases the likelihood of melanomas.

Dr. Mings explained how normal and abnormal cell division occurs, the built in security immune system that eliminates problem cells, and what happens when the process fails and cells continue to grow. Cancer risk analyses show that certain conditions or behaviors predispose individuals to cancer, ranging from mild to dramatic increases of risk.

Dr. Mings described three UV wave length components. UVA, 320 to 400 nm, is most common, found in tanning beds, penetrates the skin the deepest, produces sunburns, and inhibits immune systems. UVB, 290 to 320 nm, is more intense, but is blocked by the ozone layer. It does not penetrate as deeply and less successfully suppresses immune systems. Narrow band UVB is used in Dermatology treatments for certain skin conditions. UVC, 200 to 290 nm, penetrates the least and is also blocked by the ozone layer. UVA and UVB accelerate cell mutations and the aging process. Tanning booths are listed as "Group 1" carcinogens, along with asbestos, arsenic, and tobacco smoke.

Explaining melanoma, basal cell, and squamous cell skin cancers, **Dr. Mings** summarized meta-analyses that confirm the association between indoor tanning to all three skin cancer forms. The Federal Trade Commission reprimanded the tanning industry for misrepresentations, placing restrictions on what they can represent about the safety and government approval of indoor tanning. He explained that childhood UV exposure is especially dangerous with disproportionate life-long damage. He noted that lifetime skin cancer risk is related to the childhood residence climate region more than adult residence climate region. Evidence also reveals possible tanning addiction, even in the face of a significant health impact.

With the absence of a self-policing industry, and the continued risk of misrepresentation, nothing stops a young customer attending multiple salons or finding a salon that does not follow any restrictions. Uniquely susceptible young people, who are also dealing with self image, need to be protected from medical harm until they can make an informed decision.

Responding to questions, **Dr. Mings** said tanning beds have eliminated most of the quick burn UV, so customers get significantly more UVA, which is more intense than natural sunlight. Idaho's higher melanoma rates may be caused from our higher elevation with less ozone protection, our outdoor lifestyle, and even the disproportionate number of fair skinned people.

Tracy Cunningham, American Suntanning Association, testified **in opposition**, stating salons already practice controls and education about UV light. She agreed with the spirit of **H 268**, but shared concerns about the statistical information, citing discrepancies in the studies and meta-analysis limitations. She expressed concern that the legislation targets women-owned small businesses, which are already suffering economically. Ms. Cunningham shared a report that melanoma is actually decreasing in women and increasing in men, with the rise in rates starting before tanning beds existed. A light photon is the same, no matter where it originates, and controlled indoor tanning is consistent.

Scott Pirnie, Palm Beach Tan, testified **in opposition to H 268** because they meet and exceed existing standards. Responsible tanning centers train employees and have their own industry standards in place. He described the Fitzpatrick Classification Scale and set tanning schedules based on Federal Drug Administration (FDA) equipment guidelines. They also use biometric fingerprinting to prevent overuse or abuse. They inform their clients about UV side effects and require a signed release. They do not allow tanning for children under fourteen years of age without a doctor's permission. Their standards and procedures are voluntary, without cost to the state, so further legislation is unnecessary.

In answer to committee questions, **Mr. Pirnie** stated that FDA schedules are specific to each piece of tanning equipment and are affixed equipment labels. Every client has a skin analysis, and the FDA requires the use of the Fitzpatrick scale. An analysis several years ago indicated five percent of their customers were eighteen years of age or younger. Mr. Pirnie indicated they have two salons in Boise, but was unaware of their market share numbers. He also has other salons in Texas and are the largest chain in the country, with a goal to bring professionalism to their industry. Texas regulations follow current Idaho statutes, with an age restriction of sixteen and a half. Texas inspectors frequently visit his salons and are encouraged to drop in, since they want to be ahead of compliance. His Boise salons have not been inspected yet, but they are authorized and invite such an inspection. He did not know who would be conducting the Boise inspections.

ShaRee Skinner, Owner, Southern Exposure Tanning Center, testified **in opposition**, stating that they would be agreeable to licensing. She said her salon advocates moderate usage and skin types each new client. They require parental signature for minors and do not advertise that indoor tanning is free from risk. Their signs and client cards include warnings that overexposure can result in premature aging or skin cancer. She related that growing Vitamin D deficiency concerns have celebrity physicians speaking in favor of moderate sun bed use. Ms. Skinner explained why a parent might encourage tanning bed use for their children. 1.01% of her client base would be affected by this legislation. More importantly, it is a matter of big government encroaching on the rights of parents to make decisions on behalf of their children. Responding to a question, Ms. Skinner said she was unaware of any scientific proof that tanning beds can cure a variety of illnesses, but she sees proof of it everyday in her salon.

Lisa Winters, citizen, testified **in support of H 268.** She shared her story of tanning bed use beginning at fifteen years of age, her belief in what tanning experts told her, and disbelief of dermatology statements. She explained the impact on her family when her use became addictive, with salons willing and encouraging continued tanning for herself and her children. Ms. Winters said, as a tanning salon sales person, young people were the easiest sale, since they wanted the tan look. Her subsequent melanoma diagnosis and scar are a constant reminder of the harm she did to herself and potential future diagnoses for her children. She said children depend on us to protect them from a potential killer.

Linda Penwarden, Oncology Clinical Nurse Specialist, Mountain States Cancer Institute, testified **in support**, saying we need to protect our youth from tanning bed use. She cited a 2011 youth survey that indicated tanning use by 13% of High School students, 21% High School girls, 32% girls in the 12th grade, and 22% Caucasian High School girls. Melanoma treatment can be very difficult, with serious side effects. The disease cannot be cured, it can only be controlled. Effects impact family members and society, not just the patient. Treatment cost is staggering at $12,000 per month to $250,000 per cycle of therapy. Protecting our youth from a preventable risk is a starting point.

Eric Makrush, Idaho Freedom Foundation, spoke **in opposition**, pointing out that many things lead to cancer, including individual gene background. We cannot regulate individual protection and addictive behaviors. A public policy position questions what will be regulated next. The FDA regulation already exists. People should make educated decisions for themselves and their children. Salons use regulatory efforts to administer within their appropriate guidelines.

Stacey Saterlee, American Cancer Society, Cancer Action Network. Testified **in support**, stating they would support legislation to prohibit all minors from tanning bed use. They estimate 400 Idahoans will have melanoma diagnoses this year. Idaho has the seventh-highest melanoma rate in the nation, with the highest death rate. This legislation sends a message that we choose to keep our children away from things that could cause them harm. Kids need to know that tanning beds are dangerous.

Christina Enloy, Member, SOL Survivors, testified **in support of H 268**, detailing her Stage 4 melanoma, treatment in San Francisco, Intensive Care Unit stays, and remission, emphasizing that there is no cure for metastatic melanoma and few treatment options. Emotional stress was the greatest toll, changing her family's perspective and financial situation. She said it costs her $50,000 per treatment. Speaking on behalf of other survivors, and those who have not survived, there is a common denominator of tanning bed use, mostly in their youth, and lack of melanoma family history. She was told it was safe, would make her tan, not burn, and not cause cancer. It is an addictive device, giving a high from the warmth of the rays and compliments from other people. She noted that Australia is planning to shut down all tanning salons by 2016.

Robin Martin, Member, SOL Survivors, testified **in support**, describing her teenage tanning, melanoma experience, current treatment, emotional scars, and wishes that this type of age restriction was in place when she was a teenager. She wondered if tanning salon owners would oppose this bill if they had a diagnosed family member.

Lisa Bulow, Boise School District, Idaho SOL Survivors, described learning that she had a malignant melanoma. She said this bill can help the statewide need for education. Restrictions would have made an impact on her thinking process when she included her teenage daughter in tanning bed use.

Blake Sampson, Pocatello Native, Medical Student, University of Washington, testified **in support of H 268**. He shared his interest in the legislation, which began after his wife experienced skin lesions, with increased malignant melanoma risk, related to her heavy teenage use of tanning salon beds. Idaho is among fourteen states without legislation. Societal treatment costs are staggering, while the industry cost is minimal, as evidenced by previous testimony. Spray tanning revenue, which is a higher cost, would likely increase at the salons. He questioned the continued bed use, when a viable option is available. The impression that it offers health benefits has a large impact on teenagers.

Kristi Christensen, citizen, testified **in support of H 268**. She cited her experience as a health teacher, explaining that students often do not understand the severity of potential tanning health problems and equate safety with legality. This bill demonstrates that the Legislature cares about them and their health. It was her opinion that her parental rights are respected with this bill, teaching children informed decision making.

Jane Wittmeyer, American Suntanning Association, testified **in opposition to H 268**. The restrictions are not useful, impinging on small businesses and parents. She said this is not a public health issue, citing conflicting scientific evidence.

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

In closing remarks, **Ken McClure** said the celebrity physician mentioned in previous testimony has posted an article stating that that indoor tanning poses health risks. There are good and bad operators in the tanning industry, and the message of the dangers is not getting transmitted. Evidence shows a strong correlation between the use of tanning and skin cancers, with outlying studies indicating the importance of the meta-analysis. **H 268** gives parents another tool to help their children.

Rep. Rusche commented that FDA regulation pertains to the manufacture and sale of devices, not their use. The industry has no licensing, no regulations, and no enforcement standards. He noted that those in opposition have a pecuniary tanning interest and those in favor have or treat the cancers. This is good public policy to protect children, maintain parental freedom, and protect public health

MOTION: **Rep. Rusche** made a motion to send **H 268** to the floor with a **DO PASS** recommendation.

SUBSTITUTE MOTION: **Rep. Vander Woude** made a substitute motion to **HOLD H 268** in committee.

Rep. Vander Woude commented that the under sixteen parental consent requirement and the unenforceable civil penalties, are legislative overreach into parental responsibility.

Rep. Hixon stated youth tanning risks are clear, as is the demonstrated industry cognizance of those risks. He would support restrictions for sixteen and under. This is a personal responsibility issue for informed parents and he would also support educational programs. However, he is not able to support the original motion.

Rep. Malek commented that overregulating an industry can be crippling, so the risk to teens and the industry burden must be balanced. What is proposed is minimally onerous to the industry, while protecting teens from drastic future consequences. This legislation provides a tool to protect unknowledgeable teens from risks, and he will support the original motion.

Rep. Henderson stated his support of the original motion. The significant data shows conclusively the relationship between unrestricted tanning and incidences of melanoma. It is wise for reasonable legislative regulations for a potentially harmful procedure.

Rep. Romrell said he will support the original motion. He expressed his concern for an unregulated industry with serious consumer consequences. In his rural area, he has seen tanning beds for public use located in beauty shops and garages, with little or no supervision.

Vice Chairman Perry stated that regulation of this industry is needed to provide professional integrity, but questions if this bill accomplishes that goal. Better options would be industry licensure and board oversight. She will be supporting the substitute motion with the hope of a future regulatory bill.

Rep. Chew expressed her appreciation for alternative suggestions. However, since vulnerable children will still be exposed, she will support the original motion while the suggestions are developed.

Rep. Vander Woude emphasized the use of education to change attitude and behavior, as evidenced by the use of sun block.

Rep. Rusche stressed that this legislation will save lives.

Rep. Morse expressed his dilemma at comparing consumer education and parental responsibility to a risk to the public and youth. He is in support of the original motion so the floor debate can occur.

Chairman Wood(27) said the scientific evidence is sufficient to secure his support of this legislation. As a hazard, this must be dealt with to protect the children, while helping parents take care of their children in a manner that supports parental rights.

ROLL CALL VOTE: Roll call vote was requested on the substitute motion to **HOLD H 268** in committee.**Motion failed by a vote of 3 AYE and 8 NAY. Voting in favor** of the motion: **Reps. Perry, Hixon, Vander Woude. Voting in opposition** to the motion: **Reps. Wood(27), Henderson, Hancey, Malek, Morse, Romrell, Rusche, Chew.**

VOTE ON ORIGINAL MOTION: **Chairman Wood(27)** called for a vote on the original motion to send **H 268** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Reps. Vander Woude** and **Hixon** requested they be recorded as voting **NAY. 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 9:07 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

AMENDED AGENDA #1

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Thursday, March 14, 2013

SUBJECT	DESCRIPTION	PRESENTER
RS21875C1	Repeal of CAT and County Medically Indigent Statute	Rep. Loertscher
RS21973C1	Medical Assistance - Benchmark Plan	Rep. Loertscher
H 291	Mentally Ill Minors - Hospitalization	Ken McClure Attorney Idaho Medical Association

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

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, March 14, 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: Corey Surber, St. Alphonsus; Mike Brassey, St. Luke's Health System; Kathie Garrett, National Alliance on Mental Illness, Idaho; Toni Lawson, Idaho Hospital Association; Parrish Miller, Idaho Freedom Foundation; Margaret Henbest, Nurse Leaders of Idaho; Matt Malek, Resident; Tony Smith, Benton Ellis; Elizabeth Criner, Idaho State Dental Association, Pfizer.

Chairman Wood(27) called the meeting to order at 9:01 a.m.

RS 21875C1: **Rep. Loertscher** presented **RS 21875C1**, to repeal the Catastrophic (CAT) Fund and county medical indigent statute. He gave a brief history of the fund, statute, first year lack of appropriations, and exponential growth. This legislation repeals the entire county medical indigent responsibility and catastrophic program. The estimated property tax savings is $478M. Implementation begins at the end of this Legislative session, with an effective date of January 1, 2014. The county levying ability is reduced from .1 to .02, which will leave enough funding for county burials and other similar needs.

MOTION: **Rep. Henderson** made a motion to introduce **RS 21875C1.**

Responding to a question, **Rep. Loertscher** explained that this dedicated levy is for specific medically indigent care, which is no longer needed, and changes the mandate to a local option.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to introduce **RS 21875C1. Motion carried by voice vote.**

RS 21973C1: **Rep. Loertscher** presented **RS 21973C1**, proposed legislation that provides expansion of Medicaid existing programs, including the medically needy (benchmark) program. It includes a new part of Medicaid that is 100% federally funded over the first three years. Other areas of the expansion are in the mental health arena. After three years, the funding decreases to 90%. General Fund savings in the first year is $800,000. The Fiscal Note indicates only General Fund dollars, with no reflection of the federal expenditures. The estimated expansion numbers are based on the supposition that everyone eligible will apply. This is a matter of trading funds from the CAT Fund to this program. It arrests CAT Fund costs and provides a property tax savings.

Answering questions, **Rep. Loertscher** said the preponderance of savings is in the early years, which makes expansion now the best choice, so a year of eligibility is not lost. Current 70/30 funding would remain and have no impact on the expansion. Deciding against the expansion maintains the current 70/30 funding, without the 100% possible funding. After three years, the funding decreases to 90/10, indefinitely, since the rate is set in statute. The current 70/30 rate fluctuates. The CAT Fund costs will continue to grow without this type of action. This is not a shift between federal and state dollars.

MOTION: **Vice Chairman Perry** made a motion to introduce **RS 21973C1**.

Rep. Rusche stated federal, property, and sales taxes will continue the same if we do not approve this move. The current CAT Fund is a crisis cost reimbursement program that does not offer preventive care. Mental health in Idaho needs support, and the Medicaid benefit package provides that support for those who are currently under served and must turn to the CAT Fund when in crisis. This may actually improve some of the fatality issues in the state.

Responding to committee questions, **Rep. Loertscher** said the net cost could be viewed as a wash, but the same amount of dollars will be spent. The impact of a mandatory insurance requirement is unknown. The increasing CAT costs are the biggest liability, with funding directly from property taxes.

Rep. Vander Woude stated the net savings has a lot of unknowns, so it is worth having further discussion to see if there is a real savings. A shift from property tax to increased federal income tax is not a cost savings.

Rep. Malek invoked Rule 38 stating a possible conflict of interest.

Rep. Rusche invoked Rule 38 stating a possible conflict of interest, since his wife is a physician with Medicaid patients.

Chairman Wood(27) invoked Rule 38 stating a possible conflict of interest since he is involved in healthcare.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to introduce **RS 21973C1. Motion carried by voice vote.**

H 291: **Ken McClure**, Attorney, Idaho Medical Association, presented **H 291**, legislation that deals with mentally ill teenagers in an emergency hospital situation. This bill provides more clarity and parental control about the disposition of a teenager, who is a present danger to himself or others. A parent has the control, unless or until a policeman, using existing law, says otherwise. The patient may be kept at the Emergency Room (ER) while a law enforcement officer is enroute to mediate the situation with the parent. This protects the vulnerable teenager and those around him, providing a time out to secure the individual.

Answering questions, **Mr. McClure** said physicians have agreed that it is a good idea to include other psychiatric practitioners, since some rural ERs do not have full time or any physicians, relying on Nurse Practitioners with mental health issue training. Every ER has a framework in place for departmental decision making, with hierarchies in every hospital's bylaws. These are not just nurses, they are highly-trained professions who physicians consider more than competent to make such determinations.

Margaret Henbest, Executive Director, Nurse Leaders of Idaho, described her organization and membership. She stated that advanced practice nurses receive graduate or doctoral degrees with specialty area focuses. Nurse practitioners are also registered nurse anesthetists, and nurse midwives. Those who practice in a variety of settings will specialize in geriatric care and psychiatric mental health services. A clinical category, at the master or doctoral level, is applied in hospitals, often utilizing psychiatric and mental health backgrounds. Nurse practitioners are bound by statute to practice only within the scope of their education, training, and national certification. Hospital credentialing and privileging, based on their bylaws, provide another layer that describes their practice. Hospitals consider professional interface for the very best outcomes for each patient. Responding to a question, Ms. Henbest said the hospitals consider credentialing and privileging a serious charge. This group of professions provide an additional assurance that someone with the appropriate skills will be available to make such a serious decision and determination.

Dr. David Kim, ER Physician, was called upon to answer a committee question. He said there is a very formal procedure to assure the scope of practice of everyone working in an ER meets the needs of any individual who comes into the hospital. Physician Assistants are subject to the same oversight and credentialing. He answered that this type of violent patient has a serious mental illness. This would not be someone who is belligerent, antisocial, or under the influence of a substance, although they can be violent, too. Providers can distinguish between the two situations. This legislation provides a tool that was thought to already exist. Most of the time the parents are at the hospital with the child and provide a collaborative partner in differentiating an isolated incident from an underlying mental illness.

Dr. Kim explained that patients are first evaluated for any life threatening injuries that need stabilization. During that process or shortly after, the patient is asked what happened. If alone or uncommunicative, a determination could be delayed. Discussion with family or friends, who may have brought them to the ER, will usually disclose information that helps determine the severity of the situation, since everyone is usually trying to help that person.

Chairman Wood(27) commented that in his many years of ER practice, there was never an instance when a parent, with a truly mentally ill child, disagreed with securing their child. Rather, they immediately wanted the child taken care of by professionals and admitted for help. A seasoned practitioner, whether a physician or physician's assistant, knows in about thirty seconds if this is a seriously mentally ill patient or a kid who got a little methamphetamine. Hospital Boards are in charge of ERs and take community liability very seriously. Rural hospitals have primary care practitioners and no psychiatrists. They would appreciate a qualified nurse practitioner or physicians assistant with mental health specialties. He emphasized that he never had an issue with a parent because they understand that their child is sick.

In response to a question, **Mr. McClure** stated that the process works well around the state. However, the different adult and juvenile mental health Code chapters has become an in the courts when the juvenile health statute is determined the one to follow. This leaves no ability for the hospital to hold a psychotic teenager until law enforcement arrives. Such a teenager could walk out the door and roam the streets, potentially hurting people.

Chairman Wood(27) said when the original legislation was created, there was no judiciary conference to determine where it belonged in Code, leading to this discrepancy.

Mr. McClure stated that police involvement is not always needed. This is a matter of balancing the medical cost to an individual or parent versus the cost to society, especially if the teenager leaves the hospital. This gap in the law does not provide safety for individuals or society and is not a good use of police time.

MOTION: **Vice Chairman Perry** made a motion to send **H 291** to the floor with a **DO PASS** recommendation.

Rep. Rusche stated that additional qualified professionals were included in this legislation as a result of the decline in rural psychiatrist physicians, who may not be available when this type of incident occurs.

Rep. Malek explained that this type of situation is difficult to conceptualize, with a possible assumption that there might be incentives to hold someone not truly in need. Based on his experience, he assured the committee that there is no mistaking this type of incident and the need for immediate control of the individual. With the disruptive consequences, there is no incentive to keep someone in custody, unless it is in the best interest of the individual.

Responding to a question, **Mr. McClure** said the hospital, law enforcement and Department of Health & Welfare, all maintain incident records, of which Ada County reported four last year. He agreed that there are financial implications because most hospitals do not have a place to detain someone for lengthy amounts of time. Transport to psychiatric hospitals or the mental ward at St. Alphonsus are local facility options. The transport costs would be born by parents, insurance, or society, as would costs from any harm done by the child. For those times when a parent is not available, the hospital could legally proceed to hold the child.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to send **H 291** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Chairman Wood(27)** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10.27 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Monday, March 18, 2013

SUBJECT	DESCRIPTION	PRESENTER
RS22289	Pancreatic Cancer Awareness	Sandra Gore Boise State Student Volunteer Advocate Pancreatic Cancer Action Network
	Update - Idaho State Plan for Addressing Alzheimer's Disease	Dr. Troy Rohn Professor & Researcher Boise State University
	Update - Idaho Primary Care Association	Tom Fronk Executive Director
	Adult Services - Collaborative Work Group	Marilyn Sword Executive Director Idaho Council on Developmental Disabilities

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

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
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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.

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Representative Perry
Chair

_____

Irene Moore
Secretary

AMENDED AGENDA #1

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Tuesday, March 19, 2013

SUBJECT	DESCRIPTION	PRESENTER
S 1021	Board of Nursing - Executive Director Authority	Sandra Evans Executive Director

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

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Tuesday, March 19, 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:	Representative(s) Perry, Henderson
GUESTS:	Tony Smith, Benton Ellis; Sandy Evans, and Roger Gabel, Board of Nursing

Chairman Wood(27) called the meeting to order at 9:01 a.m.

MOTION: **Rep. Hixon** made a motion to approve the minutes of the March 11, 2013, meeting. **Motion carried by voice vote.**

S 1021: **Sandra Evans**, Executive Director, Idaho Board of Nursing, presented **S 1021**, legislation that gives the Board's Executive Director authority to share appropriate information and otherwise cooperate with law enforcement and regulatory agencies. The existing limited authority hampers cooperation during criminal and disciplinary investigations. This is information that is deemed that, if proved true, would indicate more than a minor infraction or an immediate threat to public health and safety. This same authority has been granted to twenty-nine other regulatory boards within the Idaho Bureau of Occupational Licenses and similar to authority has been granted to the Boards of Medicine and Accountancy. There is no fiscal or licensing fee impact.

Responding to a question, **Ms. Evans** said the Board takes action when violation complaint allegations are substantiated. She gave an example of information sharing when an individual is licensed in more than one state, practices in both states, and may present a risk. Immediate notification to the other state board would be important.

MOTION: **Rep. Hixon** made a motion to send **S 1021** to the floor with a **DO PASS** recommendation.

Answering another question, **Ms. Evans** said they use the same data banks as physicians, along with a central data bank at the National Council of State Boards of Nursing.

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

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to send **S 1021** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Hixon** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:10 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

JOINT

HOUSE HEALTH & WELFARE COMMITTEE
AND
SENATE HEALTH & WELFARE COMMITTEE

8:00 A.M.
Abraham Lincoln Auditorium WW02
Friday, March 22, 2013

SUBJECT	DESCRIPTION	PRESENTER
	Informational Hearing	
H 308	County Indigency & Property Tax Relief	Rep. Loertscher
H 309	Medicaid Reform - Benchmark Plan	Richard Armstrong Director Dept. of Health & Welfare

There will be no public testimony.

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES
JOINT MEETING

HOUSE HEALTH & WELFARE COMMITTEE
SENATE HEALTH & WELFARE COMMITTEE

DATE: Friday, March 22, 2013

TIME: 8:00 A.M.

PLACE: Abraham Lincoln Auditorium WW02

MEMBERS: Chairman Wood(27), Vice Chairman Perry, Representatives Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew

Chairman Heider, Vice Chairman Nuxoll, Senators Lodge, Hagedorn, Guthrie, Martin, Lakey, Bock, Schmidt

ABSENT/ EXCUSED: Representative(s) Henderson, and Senator(s) Bock, Lodge

GUESTS: Larry Tisdale and Steve Millard, Idaho Hospital Association; Christine Tiddens, Catholic Charities; Jeff Cilek, St. Luke's Hospital; Elizabeth Roberts, Citizen; Woody Richards, Lobbyist; Stacy Satterlee, American Cancer Society, Cancer Action Network; Heidi Low, Ritter Public Relations; Marnie Packard, Pacific Source; Lee Flinn, AARP Idaho; Lyn Darrington, Regence Blue Shield of Idaho; Dan Alberding, Idaho Grain Producers

Chairman Wood(27) called the meeting to order at 8:01 a.m.

Rep. Tom Loertscher appeared before the committees to discuss **H 308**. He described his exposure to county indigent law, which began in 1978 when he was a County Commissioner. At that time the counties began covering state medically indigent costs, which further escalated with charity case transfers from insurance companies. Increased premature baby births and neonatal costs have consumed entire county indigent budgets. The courts defined the responsibilities beyond the county budgets, including registering warrants to be paid during the following budget year and property tax levies. The law repeal caused a medical-care gap, leading to a tax-base spread through the Catastrophic (CAT) Fund as a voluntary county option. This practice continued until the full CAT program was passed, although it was not funded the first year. The first appropriation of two million dollars continued to grow, helping counties deal with escalating medical care costs.

At a recent Board meeting, $3.7M in claims on 154 cases were approved, which is representative of one month's worth of state costs and $1.7M in county costs. **Rep. Loertscher** said the escalating costs and taxpayer property tax dollars, which is a narrow tax base, demand a program change. **H 308** would repeal CAT funding and provide, over the next ten years, about $478B in direct property tax levy relief through mandated county reductions. The CAT Funding Program imposed on the counties has become unbearable and is consuming extensive staff time to keep up with increasing cost management demands. The loss of the pre-existing condition premium payment and upcoming Medicaid sunset will escalate CAT fund costs beyond county abilities. He emphasized the costs will continue to increase, and this is the year to make the move away from the County CAT Fund.

Chairman Wood(27) stated that Idaho's indigent health care is funded differently than in other states and invited **Ken Roberts**, State Tax Commissioner, to help the committees understand what is happening to county charity and indigent funds.

Mr. Roberts described charity and indigent funds effects and the impact of the reduced maximum levy rate of 0.0002. Counties with an existing rate lower will not reflect a change. He said forty-one counties are listed, since Boise, Kootenai, and Teton Counties do not levy through the same fund. He explained the variety of levies that can be in a property tax, how the counties can use different levies for their indigent funding, and why removal of a single levy may not eliminate fund collection. Answering a question, Mr. Roberts said there is no method preventing a county from shifting levy monies between different funds.

Rep. Loertscher, responding to questions, said the intent of **H 308** is to reduce property taxes, since the need for that levy will be gone. It would be tough for counties to use a windfall and not provide tax relief. He does not foresee any shortcomings, due to the January 1, 2014, effective date. He compared medical care and health care systems, stating Medicaid changes are expected to help transition our current medical care system. The Pre-existing Conditions Insurance Plan (PCIP) funding has ended and the Affordable Care Act (ACA) provision still contains unknowns.

Rep. Rusche shared that the PCIP was a temporary ACA program for those locked out of the current insurance marketplace. It had limited federal funding and terminates January, 2014, when every eligible participant is assumed to have coverage through an exchange.

Dick Armstrong, Director, Department of Health & Welfare (DHW), explained how the June, 2012, Supreme Court ruling making the previously ACA mandated Medicaid expansion a state option, resulted in a fifteen-member work group that requested data collection from national consultants and experts, such as Milliman. The Governor, upon receipt of their report and recommendations, directed the DHW and work group develop a health plan model.

The work group's first recommendation is to require personal responsibility and accountability from the member/patient side of health care. To that end, they would require enforceable health care copays for everyone. Members would use a Health Responsibility Account (HRA), with healthy behavior bonus credits applied to HRAs for copay use via an account debit card. Verbal support of the developing model has been received from the Centers for Medicare and Medicaid Services (CMS).

Another recommendation is a change from the health delivery system current fee-for-service focus to outcomes and preventative care. This plan began three years ago, allows them to better manage care within the Medicaid population, and already has three successfully completed segments. Analytic systems will be deployed with each plan, so members, providers, and policy-maker communities can have transparency into the health care system, changing realized outcomes.

After describing current Medicaid eligibility parameters, **Director Armstrong** said the group most significantly influenced by ACA are adults with children. This group currently seeks care though CAT Funds, free clinics, or have no care. They will be affected by the January, 2014, change to the Modified Adjusted Gross Income (MAGI) method of household eligibility calculation.

Idaho optional enrollments affect approximately 138% of adults under the Federal Poverty Level (FPL). These are approximately 104,000 qualified adults, ages 19 to 64, who are non-incarcerated legal residents. With a $7.25 minimum wage that provides $15,000 in annual income, it becomes evident that many of these individuals will be from the workforce. Other characteristics include the presence of at least one full-time worker per uninsured family unit, ages 25 to 54, qualified Children's Insurance Program (CHIP) children, below the 100% FPL, with regular health care. They tend to use the highest cost providers, such as emergency rooms or the CAT Fund. They do not seek preventive care, have poor health habits, higher rates of tobacco use, higher rates of obesity, and a prevalence of chronic conditions. 26% of this general population experiences diagnosed mental health issues during a twelve-month period. Current sources of care for this optional population include CAT or Medically Indigent Services, Community Health Centers, Adult Mental Health Centers, and correctional facilities. **Director Armstrong** noted that the continuity of care received in correctional facilities ends upon release.

A ten-year evaluation of the status quo indicates $394M for full enrollment claims and administrative costs, for an estimated 45,848 people. No state or county offsets will be realized, so continued costs will be $539.6M CAT Fund, $109.7M state behavioral health and public health programs, and $478.1M county indigency programs.These costs also reflect a lower federal match rate of 70/30.

The evaluation of optional enrollment costs factor in 100% federal payment of enrollment claims costs for three years, decreasing to 90% by 2020. Claim and administrative costs will be $648.8M, with offset savings of $649.3M (state) and $478.1M (county). This provides a net ten-year savings of $478.6M. He described the changes in offsets that would occur if the optional enrollment is delayed six months and eighteen months, including forfeiture of federal funds.

Full and optional enrollment provides a ten-year overall cost savings of $84.6M for the General Fund and property tax payers of Idaho. This is coming out of federal tax dollars, which will change with or without Idaho's participation.

Steve Millard, President, CEO, Idaho Hospital Association, Member, Governor's Workgroup on Medicaid Expansion, said the group noticed that the Milliman study did not show the medical claims federal funding, so a macro-level economic study was commissioned that used a 2010 Impact for Analysis for Planning (IMPLAN) model of Idaho. They determined that the $9.2B federal funds, if not received, would have a ripple economic effect to the private sector with a loss of 16,000 jobs, $716M payroll dollars, and $614M in tax revenue.

The initial Medicaid expansion program cost of $1.042B would be offset by savings from the county indigent fund ($478M), CAT fund ($539.6M), behavioral & public health programs ($109.7M), and economic activity and tax revenues ($614M). The net savings and economic activity total is $699M. Delays will lead to a loss of funds at a rate of $54M for partial year one, $106M for year two, and $110M for year three.

The ten-year hospital ACA Medicare cuts are offset by the number of insureds increasing through mandates and the full Medicaid expansion. The Supreme Court determined that the previously required Medicaid expansion had to be optional. Idaho hospital loss, over ten years, will equal $500M, which will be shifted to insurers, employers and those who pay for their own healthcare. To make the system more affordable, hospitals are pursing accountable care organizations and leaving the fee-for-payment model.

Responding to questions, **Mr. Millard,** said data shows how much hospitals write off in charity care, bad debt, and underpayment by government payers. The $500M ten-year Medicare loss will have to shift so the healthcare system can continue.

To additional questions, **Director Armstrong** answered they are ready to act on Medicaid eligibility. They are gearing up to handle the influx of eligibility applications. They are receiving modules developed by other states, using another state's benefit design benchmark, and looking at hiring their consultant. Not everything will be overhauled by January 1, 2014. He described the efforts already underway or achieved in surrounding states.

Retraction of a health care exchange is allowed under **H 248**. It would remove any safety net and leave truly uncovered insureds without anything. **Director Armstrong** said he is requesting written confirmation, but CMS appears to be standing by verbal statements, showing they want the states to move forward with personal accountability.

MOTION: **Sen. Schmidt** made a motion to send **H 308** to the floor with a **DO PASS** recommendation. **Chairman Wood(27)** ruled that the motion was improper since the public has not been able to weigh in on the issue.

ADJOURN: There being no further business to come before the committees, **Chairman Wood(27)** adjourned the meeting at 9:21 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

AMENDED AGENDA #1

HOUSE HEALTH & WELFARE COMMITTEE

7:30 A.M.
Room EW20
Monday, March 25, 2013

SUBJECT	DESCRIPTION	PRESENTER
S 1135	Medical Discipline - Licenses	Jean Uranga Attorney State Board of Medicine
S 1114aa	Behavioral Health Services	Ross Edmunds Administrator Dept. 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 Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, March 25, 2013

TIME: 7:30 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: Kathleen Mercer, National Alliance on Mental Illness (NAMI); Liza Long, Resident; Jean Uranga and Mary Leonard, Board of Medicine; Ken McClure, Idaho Medical Association; Howard Belodoff, Attorney; Jim Baugh, Disability Rights of Idaho; Martha Ekhoff, Office of Consumer Family Affairs

Chairman Wood(27) called the meeting to order at 7:33 a.m.

MOTION: **Rep. Malek** made motion to approve the minutes of the March 12, 2013, meeting. **Motion carried by voice vote.**

MOTION: **Vice Chairman Perry** made motion to approve the minutes of the March 13, 2013, meeting. **Motion carried by voice vote.**

MOTION: **Vice Chairman Perry** made motion to approve the minutes of the March 14, 2013, meeting. **Motion carried by voice vote.**

MOTION: **Vice Chairman Perry** made motion to approve the minutes of the March 18, 2013, meeting. **Motion carried by voice vote.**

MOTION: **Rep. Rusche** made a motion to approve the minutes of the March 19, 2013, meeting. **Motion carried by voice vote.**

S 1135: **Jean Uranga**, attorney, Idaho State Board of Medicine, presented **S 1135**, legislation that gives the Board authority to ensure a licensee, subsequent to drug or alcohol related criminal charges, can practice medicine with reasonable skill and safety. It also amends current laws that prevent disciplinary action until after an adverse event occurs. Earlier action avoids potential patient harm. The ultimate goal is to encourage participation in a monitored recovery program.

Ken McClure, Idaho Medical Association (IMA), testified that this legislation was presented to the IMA for input. It is a good idea, and they support it.

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

MOTION: **Rep. Hancey** made motion to send **S 1135** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Hancey** will sponsor the bill on the floor.

S 1114aa: **Ross Edmunds**, Department of Health and Welfare (DHW), presented **S 1114aa**. He described the state behavioral health transformation that began over a decade ago. The proposed changes combine the existing regional advisory committees and substance abuse health boards into regional behavioral health boards, moving the decision making to a community level. Additional changes maintain the Mental Health Planning Council as advisory, and expand the State Planning Council to review the entire spectrum, including substance abuse disorders. Statute changes reflect the delivery system. This is a major change to a managed-care approach, with a statewide provider network that could affect future behavioral health benefits. With these changes, the Division of Behavioral Health becomes a backstop to assure no one slips through the benefit system.

Mr. Edmunds said concerns have been expressed that the legislation codifies a reduction in services, which it does not. The Division of Behavioral Health is driven by Code that defines their service population, and is reflected in this legislation. The regional recovery support services development and delivery will remain the Division's responsibility until, and if, the regional boards want them. The DHW is the state's behavioral authority and delegates to the Division of Behavioral Health, who works closely with other departments to provide services. The funds anticipated from the South West Idaho Treatment Center land sale were appropriated to another division for Medicaid readiness. Alternate funding has been found in personnel and operating cost savings in the Children's Mental Health Program, with a re-appropriation trailer bill passed by the Joint Finance and Appropriations Committee (JFAC).

Responding to questions, **Mr. Edmunds** said adequacy of regional services will be monitored through information reported from the regional boards. Advisory by nature, the boards will be moved into a government entity in each region. Funding allows the volunteer board members to hire a full-time employee. The Division will provide in-kind support to create a close data connection to produce reports that will indicate regional needs. The severe and persistent mentally ill (SPMI) also require services; however, the amount of resources is not adequate at this time. The regional boards will have identical membership, resources, funding, and a major hub with supporting DHW offices.

The Division of Mental Health has been the service delivery arm for assertive community treatment and the Mental Health Court. This role, based on a memorandum of understanding and handshake, needed clarification and codification as a primary role and responsibility. The Mental Health Court aligns two segments to provide individuals with mental health issues sentencing alternatives for community transition. This requires accountability to the Court and stabilizing mental health services, for a high level of care. He noted that an individual's mental health illness may have had a role in leading to the criminal activity.

Mr. Edmunds explained that the legislation was presented to National Alliance on Mental Illness (NAMI). Their suggested expanded services is unavailable due to funding. As an evolving system component, **S 1114aa** provides the opportunity to move to a local approach.

Regional behavioral health boards will be able to get additional funding from local entities willing to invest in a less expensive, more efficient, and more effective way of covering mental health insureds in their community. The DHW would not oversee the board bylaws, but they will create sample bylaws to help them. Although the boards have DHW, judicial, and medical professional representation, they are not a pseudo extension of the DHW. **Mr. Edmunds** explained the available start up and ongoing funding. He said the DHW is unable to comply with requests to expand the Division's role, increase the dedicated funds, and change the bill's wording to cover the SPMI population. He emphasized they have not eliminated any population, but have diluted services in order to survive the economic downturn. He said his Division will continue to collaborate with all entities in the future.

Kathleen Mercer, NAMI, testified that economic improvements would lead to improved services for mental health individuals. She described NAMI's educational programs and defined psychotic breaks. She said limiting services to only a crisis base lengthens recovery and excludes wage earning capabilities.

Answering questions, Ms. Mercer explained that the codification of a six month requirement can exclude system reentry and handicaps regional srvices. The Patient Protection and Affordable Care Act (PPACA) insurance will leave a gap between Medicaid and optional insurance for an emotionally fragile population that may not be able to afford a private policy. Medicaid expansion would alleviate a lot of problems, with no denial of services prior to psychotic breaks.

Liza Long, Citizen, testified that her main concern was with regional board funding from the Children's Mental Health Programs, when the surplus funds can provide needed services within the program. She described her child's mental illness, uninsured services, and incarceration suggestions by professionals. She emphasized that proactive early diagnosis, intervention, and treatment saves money and lives.

Howard Belodoff, Attorney, expressed his concern that funding would be from Children's services. Having a child arrested to get appropriate services is extremely detrimental to the children, is not treatment, is punishment, and has to be court ordered. His second concern is the use of untrained volunteers to oversee a complicated system that has failed within the DHW. Responding to questions, Mr. Belodoff said he is a long-time participant of the Idaho Council on Mental Health, parent meetings, and regional meetings. He was of the opinion the DHW could fund the regional boards without this legislation and they are in violation of consent decrees.

Jim Baugh, Executive Director, Disability Rights of Idaho, testified that this is a seriously broken system, with long-time issues. Although this work has been ongoing for three or four years, this legislation was developed a few days before the session started and presents a number of problems. He agreed that it codifies the current state of services. Amended language can be crafted to include increased services upon resource availability.

The Affordable Care Act (ACA) provides insurance subsidies up to 138% of the FPL, with the assumption that every state expands their Medicaid, with no provision for individuals above 138% of the FPL. **Mr. Baugh** said 45% SPMI people are eligible for Medicaid, with the remaining 55% receiving coverage from other state services or private insurance. Those with the most severe mental health illness have to be in crisis or in a correctional institution before they can get services. Prevention of a mental illness crash is important, as are resources when a crash happens. This need will still exist after the Medicaid and private insurance expansion, although they will provide some relief. He supports the regionally managed mental health systems approach, with the further suggestion to pool funding resources for the boards' use.

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

MOTION: **Vice Chairman Perry** made a motion to send **S 1114aa** to the floor with a **DO PASS** recommendation. She stated her agreement that regionalization should occur, have a wide variety of board members, and include services beyond drugs and doctors.

SUBSTITUTE MOTION: **Rep. Hancey** made a motion to **HOLD S 1114aa** in committee. He commented that it is flawed and needs further review.

Rep. Hixon spoke **in favor** of the original motion, stating that Idaho's mental health system needs a lot of work, but he views this outreach with the local boards as a better way to provide community services. He would like to see how this system work for a year and encouraged **Mr. Edmunds** to continue his progress.

AMENDED SUBSTITUTE MOTION:

Rep. Chew made an amended substitute motion to send **S 1114aa** to General Orders to amend the flexibility wording. She commented that a change would provide for severe cases that have not crashed for six months. This legislation takes funding that may be needed from the Children's program, and additional time is necessary to do it right.

Rep. Morse commented that the testimony has been persuasive and influential. He complimented **Mr. Edmunds'** intentions, but expressed concern that this legislation still needs work. Codifying the current standard of SPMI is not good policy. He expressed his concern for each motion, stating that the majority of the bill is good policy, and he is in favor of holding or amending **S 1114aa**.

Rep. Malek invoked Rule 38, stating a possible conflict of interest. He spoke **in favor** of the original motion, agreeing with frustrations expressed over the lack of resources. Although this legislation is a good step toward what is needed, the funding needs to remain where it is, with limited resources for the development of the Boards.

Rep. Vander Woude spoke **in support** of the substitute motion, stating his original approval of the regional board creation is now tempered by the re-appropriated funding. The fiscal note indicates the cost for the Boards, but does not reflect whether or not the funding is needed in the other programs. He expressed concern about codifying the current system into law and expressed his desire for a better drafted bill.

Rep. Rusche commented **in support** of the amended substitute motion, stating that during his participation in the Western Interstate Commission for Higher Education (WICHE) evaluation, regionalization was a universal value. He expressed concern with the statutory limitation language, agreeing that a referral to General Orders to correct the language is appropriate. The real issue is providing adequate budgeted funds. The Legislature has voted for corporate tax cuts and mental health services cuts, hurting our citizens.

Chairman Wood(27) spoke **in support** of the amended substitute motion, expressing concern about the statutory codification to limit treatment to a certain class. He agreed with **Rep. Rusche** that it is an appropriations process, and he was certain the DHW would appreciate adequate appropriations to take care of individuals before they interface with the criminal justice system.

In closing remarks, **Mr. Edmunds** said, although he agrees with the testimony, the challenge is the consistency required between the Idaho Administrative Procedures Act (IDAPA) and this legislation. His original more liberal definition was changed upon direction from the Supreme Court to achieve that consistency. Current resources do not allow service to a larger population.

Vice Chairman Perry commented that sending **S 1114aa** to General Orders at this late in the session could mean it dies, leaving nothing changed, and a loss of all of the good. She suggested sending the bill to the floor and working on corrections during the interim.

Chairman Wood(27) said, if **S 1114aa** goes to General Orders, he will assure the Speaker that the intent is to have an appropriate amendment to codify the narrow segment of population that needs to be treated.

Rep. Vander Woude asked if the intent is to amend the funding and the IDAPA language. **Chairman Wood(27)** said a trailer bill for the funding of this legislation already exists and changing appropriations at this point in time is not an option. **Rep. Vander Woude** reminded the committee that sending **S 1114aa** to General Orders opens it to any amendment, which is a risk.

VOTE ON AMENDED SUBSTITUTE MOTION: **Rep. Chew** requested a roll call vote on the amended substitute motion to send **S 1114aa** to General Orders. **Motion carried by a vote of 8 AYE and 3 NAY. Voting in favor** of the motion: **Reps. Wood(27), Henderson, Hancey, Hixon, Morse, Romrell, Rusche, Chew. Voting in opposition** to the motion: **Reps. Perry, Malek, Vander Woude. Rep. Chew** will sponsor the bill on the floor.

MOTION: **Rep. Rusche** made a motion to add **H 308** and **H 309** to the committee agenda for Tuesday, March 26, 2013.

Chairman Wood(27) stated that the motion was in order, but ill advised at this time.

Rep. Hixon commented **in opposition** to the motion, stating that the issues need to be looked at closer.

Rep. Vander Woude spoke **in opposition** to the motion, because the agenda is set by the Chairman, and he respects that procedure.

Vice Chairman Perry spoke **in oppositon** to the motion, stating that to proceed would require a twenty-four hour public notice, which may not be possible.

Chairman Wood(27) speaking **in opposition** to the motion, said there will not be a meeting tomorrow or in the near future. He said the motion expresses frustration over the amount of money being left on the table and is understandable. Although allowing the motion, there will not be a meeting tomorrow, which is his discretion.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to add **H 308** and **H 309** to the committee agenda for Tuesday, March 26, 2013. **Motion failed by voice vote. Reps. Rushe** and **Chew** requested they be recorded as voting **AYE**.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:20 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Thursday, March 28, 2013

SUBJECT	DESCRIPTION	PRESENTER
	Approval of Minutes	

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

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Thursday, March 28, 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:	Representative(s) Henderson, Malek, Vander Woude
GUESTS:	None

Chairman Wood(27) called the meeting to order at 9:02 a.m.

MOTION: **Vice Chairman Perry** made a motion to approve the minutes of the March 22, 2013, meeting. **Motion carried by voice vote.**

MOTION: **Rep. Rusche** made a motion to accept the minutes of the March 25, 2013, meeting. **Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:05 a.m.

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Representative Wood(27)
Chair

_____

Irene Moore
Secretary