

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, January 21, 2014

TIME: 9:00 A.M.

PLACE: Room EW20

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

**ABSENT/
EXCUSED:** Representative Vander Woude

GUESTS: Sheila Pugatch, Paul Leary, Natalie Peterson, Lisa Hettinger, Medicaid; Elisha Figueroa, Office of Drug Policy; Kendra Witt Doyle, BCI Foundation; Sarah Fuhriman, Roden Law Office; Holly Kool, IPAA; Jason Kreizenbeck, Lobby Idaho, LLC; Kris Ellis and C. Blea, MD, Idaho Midwifery Council; Brody Aston, Lobby Idaho, LLC; Barbara Rawlings, Midwifery Board; Paula Wiens, Midwifery Board, Elizabeth Criner, ISDA; Woody Richards, AHIP; Steve Millard, ALTA; Jim Baugh, DRI; Kyndal Verueckken, Idaho Board of Midwifery

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

RS 22461: **Rep. Luker** presented **RS 22461**, legislation that provides insurance exchange consumers with the ability to anonymously comparison shop and provide identifying information only when purchasing. Also included is a website warning that the accurate income information is needed to determine subsidies. This legislation allows users capability to anonymously browse the Insurance Exchange while ensuring there is a warning about a risk when not using accurate income information.

In response to a question, **Rep. Luker** agreed that additional warnings about the nonbinding aspect of the estimate are in order.

MOTION: **Rep. Rusche** made a motion to introduce **RS 22461**. **Motion carried by voice vote.**

Kris Ellis, Representing the Idaho Midwifery Council, presented an overview of Idaho midwives and their profession. She described their training, education, certification, license qualifications, and scope of care. Since licensure, there have been improvements in communication with other medical professionals, public safety, and a forum to address concerns and complaints.

Barbara Rawlings, Chairman, Board of Midwifery, presented her legislative report to the Committee. The Board consists of five appointed members. Having been charged with public protection, the Board insures that all qualifications are met by applicants prior to licensure and responds to all licensee complaints. Licensing has had a positive impact on Idaho's midwifery profession with improved standards, accountability, and public safety.

In 2012, 551 births were attended by midwives. Of those, 182 were first babies with a maternal average age of 29.6 years and an eight pound average birth weight. 46 were transferred to hospitals while in labor, 28 had C-section deliveries, and 5 were transferred after the birth. There were no newborn or maternal deaths.

Since their creation in 2010, there have been 28 total complaints. Nineteen resulted in some form of disciplinary action, seven were closed without action because no violation was found during the investigation, three were outside the Board's jurisdiction, and two are still under investigation. Fourteen were from the medical community, nine were from clients, two were from law enforcement, and two were received from the Bureau. Three went to hearing, which incurred costs that decreased the Board of Midwifery account cash balance from \$6,441 to a negative \$72,363. They are a self-governing board, with no general funding, so they will attempt to recover the costs through licensing and renewal fees. The fee increase has been submitted to the Legislature.

The Board remains a cohesive and dedicated group that is working with the medical community. Licensing has improved Idaho's midwifery profession by providing standards and accountability.

Responding to questions, **Ms. Rawlings** said initial complaints dealt with the scope of practice and have now been replaced with documentation, education, and updated paperwork issues, which is quite an improvement.

Tana Cory, Bureau Chief, Idaho Bureau of Occupational Licenses, was invited to answer Committee questions. Ms. Cory stated part of the disciplinary process is recovery of resultant costs and fees. There is a process in place for collection, including a payment time line or payment plan. The current increase will recoup the costs at an estimated rate of \$10,000 per year.

Natalie Peterson, Bureau Chief, Medicaid Long Term Care, presented to the Committee on the past, present, and future of the Medicare-Medicaid Coordinated Plan. She explained Medicare is a Federal Health Insurance Program under Title XVIII of the Social Security Act and is administered by the Centers for Medicare. Medicaid, created in 1965 under Title XIX of the Social Security Act, is a jointly funded federal-state health insurance program that is administered by the Department of Health & Welfare (DHW). She gave an overview of what Medicare pays and what Medicaid pays when it comes to hospital care, physician and ancillary services, skilled nursing facilities, home health and community base services, hospice, prescription drugs, and durable medical equipment.

Dual Eligibles (Duals) are individuals who qualify for both Medicare and Medicaid coverage separately. She explained the importance of coordinated care as a way to navigate the different systems. The Medicare-Medicaid Coordinated Plan (MMCP) is offered to provide coordinated health coverage and is a voluntary program. She stated today, there are over 650 MMCP participants.

In looking to the future, **Ms. Peterson** described the Medicaid intention to participate in the Demonstration to Integrate Care for Dual Eligible Individuals. Two health plans submitted applications in February, 2013, but one dropped out in late August. Since two plans are required for the demonstration, they could not move forward. Options include expansion of benefits offered, pursue the Demonstration in 2015, and transition current Duals Special Needs Plan (SNP) into a fully integrated dual eligible SNP in 2014 and 2015. Since November, six health plans have submitted a Notice of Intent to Apply for the 2015 Duals Demonstration and completed applications are due by February 25, 2014.

In response to a question, **Ms. Peterson** stated that the current MMCP plan places risk with the Division of Medicaid. The expanded program planned for 2014 will shift the risk to prepaid inpatient plans.

Kendra Witt-Doyle, Foundation Manager, Blue Cross of Idaho Foundation for Health, presented on the High Five Children's Health Collaborative, which addresses the epidemic of children's obesity. Effects of this situation include annual health care expenditures of \$190 billion and the fact that 27% of 18 to 24 year old adults are too overweight to enlist in the military. This program is a statewide effort to improve access to healthy, affordable foods, increase physical activity, assure schools and child care facilities are healthier, educate parents, and promote public policies that fight the causes of obesity. One program element awards community grants to Idaho cities. Another element is called "Daily Do" and texts or e-mails recipes, tips, events, and special deals to parents and caregivers on a daily basis. Community partnerships increase the voices for change, providing discussion platforms.

Ms. Witt-Doyle responded to a question, stating the definition of overweight has changed since the 1980's, but the one for obesity has not changed. She said that Blue Cross of Idaho has made a ten-year commitment to focus on the High Five Program. They do expect to create goals and objectives under each of the fifth pillar of public policy and recommendations over the next several years.

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

RS 22490: **Rep. Fred Wood(27)** presented **RS 22490**, proposed legislation to place medical specialties within the Idaho Code General Surgery Primary Care Section. This change was requested by rural hospitals, especially those designated as shortage areas, who are experiencing medical shortages as a result of the proliferation of surgery subspecialties. He explained that the J-1 Visa Program allows foreign physicians to receive further post graduate medical training in the U.S., with immediate return to their country of origin. However, the Conrad 30 Waiver Program allows these physicians to go to a designated shortage area for a three-year employment commitment to engage in the full-time practice of medicine.

MOTION: **Rep. Morse** made a motion to introduce **RS 22490. Motion carried by voice vote.**
Vice Chairman Perry returned the gavel to **Chairman Wood(27)**.

RS 22533: **Rep. Christy Perry**, presented **RS 22533**, proposed legislation that requires Prescription Monitoring Program controlled substances registration by prescribers, other than veterinarians, upon initial registration and annual renewal. The data base already exists and there is no cost to register. She stated there were also some minor language changes.

In answer to questions, **Rep. Perry** explained the provision would apply to anyone given prescribing permission, with the exception of veterinarians.

MOTION: **Rep. Rusche** made a motion to introduce **RS 22533. Motion carried by voice vote.**

RS 22521: **Paul Leary**, Administrator, Division of Medicaid, introduced **RS 22521** to the Committee. This proposed legislation amends Idaho Code to restore funding for preventative dental services to adults with disabilities or special health needs within the Medicaid Program. He stated there is significant evidence the previous benefit reduction has resulted in a cost increase, particularly in ER dental services. He said this change would result in an annual savings of \$5 million.

Responding to a question, **Mr. Leary** stated they have monitored the reduction results for a variety of services and this one has had the greatest impact. Other programs continue to be monitored.

MOTION: **Rep. Rusche** made a motion to introduce **RS 22521. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:19 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary