

MINUTES
JOINT MEETING
SENATE HEALTH & WELFARE COMMITTEE
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Friday, January 24, 2014

TIME: 8:00 AM - 9:30 AM

PLACE: WW02 - Lincoln Auditorium

MEMBERS PRESENT: Chairman Heider, Vice Chairman Nuxoll, Senators Lodge, Hagedorn, Guthrie, Martin, Lakey, Bock and Schmidt

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

ABSENT/ EXCUSED: Representative Romrell

NOTE: The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

CONVENED: **Chairman Heider** called the meeting to order at 8:02 a.m. and welcomed guests.

TESTIMONY: **Ian James Bott, Bobbie Phillips, Janalyn Kesler, Amy James-Rish, Misty-Dawn James**, Idaho residents; **Dan Hymus** and **Paul Hymus**, Upper Valley Resource and Counseling Center; **Teronda Robinson**, Community Partnerships; **Laura Scuri** and **Nikki Tangen**, Access Behavioral Health Services; **Jim Baugh**, Disability Rights Idaho; **Jessica Chilcotte**, Sandpoint Family Services; **Stacy Stephens**, Alliance Family Services, Inc.; **Darci Morano**, Core Counseling Center; and **Doug Loertscher**, Starr Family Behavioral Health, testified about issues regarding Optum Idaho and Medicaid.

They informed the Joint Committee of their frustrations with Optum. It is difficult to obtain the mandatory authorizations for medication, and they suggested that Optum suspend the prior authorization requirement until the issue of lengthy delays are resolved, and gave testimony of their frustrations. Patients coming out of state hospitals are particularly impacted. The lengthy hold times on the telephone for authorizations sometimes range from three to seven or more hours in duration and are quite burdensome. Mental health services, from the time the provider was contacted to the time services were rendered, had taken about three weeks prior to Optum. Since Optum, that time frame has increased to six weeks, and is continuing to grow. Services are being bottlenecked.

They informed the Joint Committee that they, as providers and provider associations, have not been well informed of changes, such as the Case Manager duties. There has been a deficiency in the guidelines for services rendered. Non-reimbursement of case managers for care coordination has resulted in rural areas suffering. A request was made that the reimbursement schedule and the level of care process be reviewed, and that input from providers be weighed in. Although Optum had offered assurances in the beginning that they would pay like the previous system, payment delays were creating unpaid employer taxes.

Optum is mandating that medical practitioners have digitized records and run a full-time practice. This is forcing medical practitioners to either purchase the expensive program or close their businesses.

Services are now crisis management driven. There are concerns that Optum has broken promises and is in violation of their contract due to the phone hold times being longer than two minutes and the response to complaints being beyond two days.

Bill Benkula and **Nancy Luevano**, Idaho residents; **Tracy Warren**, Council on Developmental Disabilities; **Mark Mayfield** and **Sara Lloyd**, Stepping Stones Services; and **Charlene Quade**, Attorney and Private Guardian, testified regarding Community Supported Employment (CSE). They informed the Joint Committee that individual budget reductions have resulted in Medicaid participants being forced to reduce their CSE services. This reduction has eliminated the opportunity for these individuals to keep their jobs and independence. The state funded rehabilitation employment services wait list has grown exponentially, and they requested budget modifications be implemented for employment and health and safety needs. Transitional services in high school that allow competitive workers would otherwise fall through the cracks without these services.

Kathy Mercer, Idaho resident, testified in support of Medicaid Redesign as a significant change and advancement for Idaho.

Requests for restoration of preventative dental services were made.

Suzanne Jamison, Executive Director, Dental Hygienist Association, urged the Joint Committee to consider the formation of an oral access advisory task force to assess the dental hygiene practice, which would allow for expansion of dental hygienist services in Idaho.

Marilena Delgado, **Genevieve Sylvia**, and **David Lounsberry**, Idaho Community Action Network; and **Rachel Raue** and **Glen Raue**, Idaho residents, conveyed concern about insurance coverage and Medicaid loss, and of older working individuals and poor workers who do not qualify for insurance. They asked for a redesign to expand Medicaid to cover those groups without coverage.

Van Beechler, Idaho Association of Developmental Disabilities Agencies, spoke about Children's Redesign. He informed the Committee that the crisis intervention services have overburdened some case managers. He furthered that rural areas have accessibility issues. Crisis intervention services need an intermediate level, with a BA degree requirement.

Chairman Wood and **Chairman Heider** thanked everyone who attended and testified. They affirmed that the issues brought before the Committee today were important issues, and that upcoming legislation and meetings will assist the Committees attend to several concerns.

ADJOURN: There being no further business to come before the Committee, Chairman Heider adjourned the meeting at 9:30 a.m.

Senator Heider
Chair

Linda Hamlet
Secretary