

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, February 06, 2014

TIME: 9:00 A.M.

PLACE: Room EW20

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

**ABSENT/
EXCUSED:** None

GUESTS: Dave Dekker and Joe Raiden, Idaho Residents; Christine Pisani, Idaho DD Council, Jim Baugh, DRI; Dawn Juker, Catholic Charities of Idaho; Elizabeth Criner, ISDA; Kathie Garrett, NAMI ID; Paul Leary, DHW; Ian Bott, SALN; Susie Pouliot, ID Medical Assoc.; Kris Ellis, IHCA; Tracy Warren, Idaho Council on Developmental Disabilities

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

RS 22714: **Rep. Lynn Luker** presented **RS 22714**. This proposed legislation is a technical change to **H 393**, which requires the Health Insurance Exchange (Your Health Idaho) to allow anonymous shopping without identifying information, until a customer is ready to purchase. It also requires a website warning that premium reduction repayment can occur if the submitted income information changes. The elements to be in the warning are outlined, but the exact wording is left up to Your Health Idaho. Answering a question, Rep. Luker said the intent is for the customer to be able to comparison shop anonymously and only enter their identifying information if they purchase a plan.

MOTION: **Rep. Rusche** made a motion to introduce **RS 22714**. **Motion carried by voice vote.**

H 395: **Paul Leary**, Administrator, Division of Medicaid, presented **H 395** that amends Idaho Code to allow Medicaid evidence-based dental services. There are 25,000 adults who are neither part of the Developmental Disabilities (DD) Waiver nor the Aged and Disabled (A&D) Waiver. Since the 2011 reduction, evidence has shown a significant increase in Emergency Room (ER) dental services. Changes include removal of the A&D and DD waivers, with terminology to define participants as all adult participants on the enhanced benefit plan.

The State fiscal impact is \$1,418,100. Savings acquired from revised dental contract rates will support this change.

Responding to Committee questions, **Mr. Leary** said he would provide an addendum explaining the dental rate change implications.

Rep. Malek invoked Rule 38 stating a possible conflict because he works for an organization that bills for dental services.

MOTION: **Rep. Rusche** made a motion to send **H 395** to the floor with a **DO PASS** recommendation.

Mr. Leary explained that dental costs increased from approximately \$35,000 per month to \$60,000 per month. The additional costs appeared in hospital and ER claims through the Medicaid Program. The dental rate reduction changes the restorative and preventive service percentage levels, not the rates charged by dentists.

David Decker, Jerome resident, testified **in support of H 395**, stating the current coverage does not provide for exams, cleanings, fillings, and x-rays. He shared his experiences with abscesses, infections, and sepsis.

Joe Raiden, Moscow Resident, Long-Term Care Business Owner, Self-Advocate Leadership Network (SALN), spoke **in support of H 395**. He explained how the lack of preventative dental care has led to impacted, infected, and removal of his tooth. He shared that the ER numbers do not reflect those who, like him, were turned him away when in severe pain. This legislation helps individuals who use disruptive behavior to communicate their pain.

Christine Pisani, Executive Director, Idaho Developmental Disabilities Council, testified **in support of H 395**. She said the lack of coverage also impacts loss of work revenue and extended hospital stay costs, all for preventable illnesses.

Jim Baugh, Executive Director, Disability Rights, Idaho, testified **in support of H 395**. He commented that there is a need to redesign Medicaid so people can take responsibility for their own health and prevent future expenses. This restoration of dental services is one step toward that proactive goal.

Chairman Wood(27) commented that ERs are not manned by dentists, so oral problems are only treated for pain control, which could be construed as denial of treatment.

Mr. Baugh responded to a question, saying the statistics do not show the number of individuals turned away from hospitals or those admitted for other conditions, such as sepsis, that were a result of dental problems.

Dawn Juker, Legislative Intern, Catholic Charities of Idaho and the Roman Catholic Diocese of Idaho, testified **in support of H 395**. She said the previous benefit reductions have greatly affected vulnerable Idahoans who have the greatest need and the poorest access to health care services. Ms. Juker emphasized that psychotropic medications often break down enamel and speed decay, if not treated properly. She urged the Legislators remain mindful of the well being of those most vulnerable in the state of Idaho.

Elizabeth Criner, Idaho State Dental Association, testified **in support of H 395**, stating that the 2011 effort to save the state money has doubled the dental-related ER services. She said the ER visits do not typically resolve a patient's underlying oral health problem. This legislation improves Idaho's public safety net and is a great step in the right direction for our state.

Kathie Garrett, NAMI Idaho, National Alliance on Mental Illness, testified **in support of H 395**. She agreed with the previous testimonies, particularly about dental problems that result from medications taken by this vulnerable population.

Ian Bott, Boise Resident, SALN, College Student, testified **in support of H 395**, relayed his dental experiences and voiced his concerned for individuals not on the Waivers. He said this bill helps individuals, providers, parents, families, and communities.

Thomas Paul, Vice President, Boise Advocacy Group, testified **in support of H 395**, sharing the story of his friend's medical struggle. He said that, from a morality level, everyone deserves help.

Tina Dressel, Living Independently, Pocatello, ID, testified **in support of H 395**, sharing examples of her care facility residents without dental benefits who are now experiencing lost or rotting teeth.

Jacob Watkins, SALN, testified **in support of H 395**.

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

VOTE ON MOTION:

Chairman Wood(27) called for a vote on the motion to send **H 395** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Rusche** will sponsor the bill on the floor

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

H 394:

Rep. Fred Wood presented **H 394**, legislation that is a slight modification to the J-1 Visa introduced in the 1980's. He gave a brief history of the J-1 Exchange Visitor Visa Program, also known as the Fulbright-Hays Act of 1961, to strength relations between the U.S. and other countries. The program's goal is to give people from other countries U.S. training and experience they can then use to benefit their home countries. The J-1 Visa is a nonimmigrant visa which allows participation in cultural programs for business and medical training. Applicants, sponsored by either a private sector or government program, may remain in the U.S. until the end of their exchange program, with a departure grace period of thirty days.

Many persons on this visa are subject to a two-year home residency requirement, with a proviso that a change to nonimmigrant or permanent resident status can only happen after return to their country of last residence for two years or obtain a waiver of the two-year residency requirement. The Conrad Program Waiver is one of the waivers that can be issued to a foreign medical graduate with an offer of employment.

H 394 expands the eligibility criteria for receiving the waiver by one specialty. Each state defines what specialties fall under the National Interest Waiver for federally-defined shortage areas, such as many of Idaho's rural cities. With the significant decline of general surgeons in these areas, this legislation expands recruitment to include general surgery by increasing the definition and adding it to the specialty defined list. Another change stipulates that a physician must agree with the contract as described in the legislation, which is a contractual obligation code for a J-1 Visa physician. A final change includes the criteria for the national waiver.

Rep. Wood(27) concluded that through **H 394** the National Interest Waiver expansion will help hospitals in frontier and rural Idaho by providing a general surgery category for physicians wishing to stay in the U.S.

MOTION:

Rep. Rusche made a motion to send **H 394** to the floor with a **DO PASS** recommendation.

Responding to a question, **Rep. Wood(27)** said credentialling would require a license to practice medicine, specialty training in general surgery, board certification, and local health care facility credentials.

Suzie Poulliot, Idaho Medical Association, testified **in support** of **H 394**, stating that inclusion of the general surgery category to allow J-1 Visa individuals will help the rural and under-served areas who have a need for general surgery.

No one else indicated their desire to testify.

VOTE ON MOTION:

Vice Chairman Perry called for a vote on the motion to send **H 394** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Wood(27)** will sponsor the bill on the floor.

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

RS 22734: **Rep. Luke Malek** presented **RS 22734**, proposed legislation for community supported employment (CSE). Individual CSE Medicaid program changes in 2011 dropped the eligibility levels, leaving DD individuals without this on-the-job training benefit and support. This legislation allows people with DD budgets the ability to add CSE when these services are needed to obtain or maintain employment. With the current 70/30 cost match, the total State General Fund fiscal impact is estimated at \$235,000.

Responding to committee questions, **Rep. Malek**, said this proposed legislation changes the functionality of the existing program.

MOTION: **Vice Chairman Perry** made a motion to introduce **RS 22734**. **Motion carried by voice vote.**

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