

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

- DATE:** Monday, March 03, 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:** Representative Malek
- GUESTS:** Wayne Denny, Paul Leary, Dave Taylor, Elke Shaw-Tulloch, Department of Health & Welfare; Julie Taylor, Blue Cross of Idaho; Stacey Satterlee, ACS CAN; Gloria Totorilaguena, PNWER;
- 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 February 24, 2014, Committee meeting. **Motion carried by voice vote.**
- RS 23036:** **Rep. John Rusche** presented **RS 23036**, a proposed Resolution to proclaim March, 2014, Social Worker Recognition Month.
- MOTION:** **Vice Chairman Perry** made a motion to introduce **RS 23036** and recommend it be sent directly to the Second Reading Calendar. **Motion carried by voice vote.** **Rep. Rusche** will sponsor the Resolution on the floor.
- HCR 46:** **Rep. Rusche** presented **HCR 46**, legislation to promulgate telecommunication Rules for standardized telehealth services, regulation, and support. He described the telehealth work group's purpose, expansion, and recommendations. Training is needed to incorporate telehealth into practices serving rural areas. Compensation standards are important to adopt the technology. Televisits to facilities like nursing homes will improve residents' health and lower costs. The \$30,000 fiscal note is a cost estimate from the DHW, who anticipates it to be a part of the State Healthcare Innovation Plan (SHIP) Grant and Home Project. Additional grants and existing funds will be sought if it is not a part of the SHIP grant.
- For the record no one indicated their desire to testify.
- MOTION:** **Rep. Hixon** made a motion to send **HCR 46** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Rusche** will sponsor the Resolution on the floor.
- H 561:** **Steve Millard**, President, Idaho Hospital Association (IHA), presented **H 561**, legislation to remove limiting dates and continue hospital assessments. He shared the way Medicaid reimburses hospitals, the upper payment limit (UPL), and the use of intergovernmental transfers (IGTs) to leverage federal funds. The Idaho Hospital Assessment Act received federal approval under strict guidelines to provide private hospital aggregate assessment parameters to be the state match and access additional federal Medicaid IGTs, with a sunset date to assure it was working properly.
- A 2009 omnibus bill designed to reduce overall Medicaid expenses, modified the Hospital Assessment Act to include the Disproportionate Share Hospital (DSH) Program as an additional assessment levied on private hospitals to require hospitals pay the state's share to leverage federal Medicaid DSH funds. This remains in existing law to offset losses for serving Medicaid patients.

In a memorandum of understanding (MOU) in 2010 all Idaho community hospitals agreed to assessments, beyond the UPL assessment, in the amount of \$50M over the next two state fiscal years. The applicable legislation contained a 2012 sunset clause to restore the statute to its original status and removed the 2009, 2010, and 2011 limiting dates to allow assessment continuation. Assessment payments continued during 2013. A legislative audit led to the discovery that the 2012 sunset reversal also restored the limiting dates in error.

**H 561** removes the limiting dates to make the assessments perpetual, as intended. Additional changes provide language consistency.

Responding to questions, **Mr. Millard** said the ACA decrease in DSH payments will result in a smaller amount distributed to offset the costs to hospitals. Private hospitals are non-profit and for-profit hospitals. All other hospitals are either district or county hospitals and would be referred to as public hospitals or governmental hospitals. The term "Non state owned governmental hospitals" is used by the Centers for Medicare and Medicaid Services (CMS) and include county and district hospitals, not state hospitals.

**MOTION:** **Rep. Rusche** made a motion to send **H 561** to the floor with a **DO PASS** recommendation. He said as a result of what is likely to happen with our gap Medicaid population and DSH payment reduction, it is important to have this extra allowable funding.

**Mr. Millard** explained the audit revealed the Department didn't have authority to receive the 2013 assessment, but, since it went through the Joint Finance and Appropriations Committee, they could document that a mistake was made in the implementation of **H 656**. Without this legislation, the money would have to be paid back to the CMS and hospitals, which would be a large impact to the hospitals, but not to the General Fund.

**VOTE ON MOTION:** **Chairman Wood(27)** called for a vote on the motion to send **H 561** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Chairman Wood(27)** will sponsor the bill on the floor.

**S 1328:** **Wayne Denny**, Chief, Bureau of Emergency Medical Services (EMS) and Preparedness, Division of Public Health, Department of Health and Welfare (DHW), presented **S 1328**. The EMS health care profession is charged with the delivery of emergency medical care in Idaho. The Idaho Code EMS definition describes the system in which EMS is delivered, but does not describe when care provided is considered EMS.

This legislation adds new language to focus on the aid rendered by a person or group of persons and describes elements that must be met in order for the aid being rendered to be considered EMS. The new language will not have any effect on currently licensed EMS personnel or organizations. The definition also clarifies EMS is not first aid provided by a bystander. Specific code reference is made to the Idaho Medical Practice Act that added National Ski Patrol affiliated ski patrollers to a list of unlicensed persons who may practice medicine and EMS in Idaho.

Answering questions, **Mr. Denny** said the new definition captures all currently licensed persons. They were careful not to include guides and outfitters. The requirement that all elements must be met to be considered EMS excludes good samaritans. Licensure for ski patrol personnel is not required, although some are licensed.

For the record no one indicated their desire to testify.

**MOTION:** **Rep. Rusche** made a motion to send **S 1328** 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 9:40 a.m.

---

Representative Wood(27)  
Chair

---

Irene Moore  
Secretary