

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, March 10, 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: Steve Millard, IHA; Cynthia York, DHW

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

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

RS 23107: **Rep. Fred Wood**, District 27, presented **RS 23107**, proposed legislation with a single line change to remove the reimbursement rate sunset date. In 2011 the unadjusted Medicaid rate of reimbursement was changed from 100% to 95%, with a three year sunset date. The fiscal note indicates the General Fund appropriation will show a savings of \$1.8 million.

Responding to questions, **Rep. Wood(27)** explained the rate is pursuant to Title 19 of the Social Security Act and can be adjusted lower, but not higher.

MOTION: **Rep. Morse** made a motion to introduce **RS 23107**.

Rep. Rusche commented the methodology, or process, of the cost report is defined in Title 19 of the Social Security Act. The rate is determined by that process and the code is not changed at all.

**VOTE ON
MOTION:** **Vice Chairman Perry** called for a vote on the motion to introduce **RS 23107**.
Motion carried by voice vote.

Vice Chairman Perry put the meeting at ease and returned the gavel to **Chairman Wood(27)**.

Chairman Wood(27) called the meeting back to order at 9:12 a.m.

S 1288aa: **Roger Gabel**, Deputy Attorney General, General Legal Counsel Board of Nursing, presented **S 1288aa**. This Legislation will broaden and clarify currently established nurse or applicant for a nursing license disciplinary grounds to include discipline in another jurisdiction and sexual misconduct against a patient or former patient.

At the suggestion of the Senate, an exception is proposed for a nurse providing care to a spouse or other individual with whom the nurse had a sexual relationship prior to establishing the nurse-patient relationship.

The changes provide the statutory basis for subsequent promulgation of appropriate rules to define terms and otherwise implement statutory provisions. They are consistent with national uniform licensure requirements and provide greater uniformity and consistency between states.

Answering questions, **Mr. Gabel** said there would still be grounds for discipline for incidents occurring prior to this legislation. Several states have time constraints for the relationships. This was considered too restrictive as part of the statute. Each determination will be a case-by-case decision.

The emergency clause was suggested to provide the Board's authority is in place while rules are being promulgated. Rules would define the terms "former patient," "sexually exploited," and explore possible relationship time constraints.

For the record no one indicated their desire to testify.

MOTION: **Rep. Rusche** made a motion to send **S 1288aa** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Hancey** will sponsor the bill on the floor.

S 1355: **Ken McClure**, Idaho Hospital Association, presented **S 1355**. A reimbursement system focus change is occurring from fee for service to quality or outcome based payment through reimbursement metrics. The Affordable Care Act (ACA) and any insurance companies wishing to sell policies on an Exchange must adopt their own set of quality metrics used for reimbursement purposes.

This legislation stipulates any quality metric can be used for reimbursement purposes, but clarifies they cannot be used to establish the standard of care in any community in Idaho. Any case involving a physician following a quality metric, and alleged to have committed malpractice, cannot use the metric in either their defense or offense. This does not prevent consideration of any case facts that may end up the same as quality metrics and coincide with standard of care. Idaho law remains the same, notwithstanding the fact that the metrics exist.

Mr. McClure said he has an amendment to clarify **S 1355** opposition concerns that "any other law or regulation of the United States," could include Veteran Affairs or Federal Drug Administration requirements. He requested **S 1355** be sent to General Orders to add the amendment.

Responding to questions, **Mr. McClure** said this legislation does not deal directly with patient injuries and invoke the Health Insurance Portability and Accountability Act. There is no change to the law, only clarification. Sometimes the best practitioners get the most complicated and troubling cases, which can lead to bad outcomes.

The Physician Quality Reporting System, adopted by the Centers for Medicare and Medicaid Services (CMS), has several hundred procedural specific quality metrics listed, including readmission and reinfection rates, for which they pay for good outcomes. The lists have been in discussion at CMS and other agencies for several years, but the ACA jump-started their use. The metrics can be used by hospital health systems, physician groups, or networks and would bow to community standards of care for restriction and malpractice.

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

MOTION: **Rep. Rusche** made a motion to send **S 1355** to General Orders as requested by the sponsor. **Motion carried by voice vote.** **Rep. Morse** 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.

Representative Wood(27)
Chair

Irene Moore
Secretary