MINUTES
(Subject to approval by the Committee)
Health Care Task Force
Tuesday, October 13, 2015
9:00 A.M.
State Capitol - Room EW42
Boise, Idaho

Co-chair Representative Gary Collins called the meeting to order at 9:00 a.m. and requested a silent roll call. Members present were: Co-chair Senator Lee Heider, Senators Steve Vick, Marv Hagedorn, Steven Thayn, and Dan Schmidt; Co-chair Representative Gary Collins, Representatives Fred Wood, Lynn Luker, Brandon Hixon, John Rusche, and Elaine Smith. Senator Bob Nonini and Representative Luke Malek were absent and excused. Legislative Services Office (LSO) staff members present were: Elizabeth Bowen, Jared Tatro and Jackie Gunn.

Others in attendance: Molly Steckel, Idaho Medical Association; Lisa Hettinger, Denise Chuckovich, Christine Hahn, Elke Shaw-Tulloch, and Russ Barron, Idaho Department of Health & Welfare (IDHW); Mandy McLennan, Pinnacle Business Group; J. Robert Polk MD (HQPC); Skip Smyser; Jason Kreizenbeck; Lee Flinn and Moriah Nelson, Idaho Primary Care Association (IPCA); Toni Lawson, Idaho Hospital Association; Dean Cameron, Tricia Carney, and Kathy McGill, Department of Insurance (DOI); John Foster; and Colby Cameron, Sullivan & Reberger.

Co-chair Collins called for approval of minutes from December 9, 2013. Representative Rusche moved for acceptance, and the motion was approved unanimously by voice vote.

Co-chair Senator Heider welcomed everyone and thanked the presenters and attendees for their time.

Co-chair Collins called Mr. Jared Tatro, Principal Budget and Policy Analyst, LSO, to the podium who said his focus was on health and human services. Mr. Tatro referred to three handouts that can be found at: Budget Overview for IDHW. Mr. Tatro referred to the first document showing FY2012-FY2015 Actual Expenditures for the Catastrophic Health Care Program, dropping from $28,578,840 in FY2012 to $18,024,644 in FY2015; his handout also showed the General Fund original appropriation ($27,000,000), adding that only 10% of that had been spent to date, anticipating FY2016 expenditures to be very similar to FY2015. Mr. Tatro also pointed out a reappropriation totaling $16,941,700 as the amount of General Funds that the Catastrophic Health Care Program did not spend in the prior fiscal year; without legislative action, that money will sit there as an unspent appropriation. The FY2017 request is $22,000,000 and he said they had been working closely with counties to assure that there is an accurate number for setting budgets during session, to avoid a supplemental.

Representative Rusche asked whether, in trying to accurately predict, that included anticipated estimate of caseload, as well as medical inflation, and Mr. Tatro said that it was his understanding these were factored in. Representative Rusche commented that he and Senator Schmidt sit on the Catastrophic Health Care Program board, and this is clearly the effect of having more insured and covered individuals. He urged everyone to think about that for the remainder of the population, going forward.

The second document referred to by Mr. Tatro was an overview of IDHW by budgeted divisions. Mr. Tatro said that this spreadsheet should give members a ballpark of where IDHW wants to go in coming years. The General Fund request is a 3.3% increase, or $21.5 million higher than the FY2016 original appropriation; all funds, 4.4% or $115.2 million. Select Budget Enhancements were pointed out, one being to propose a statutory reduction in Civil Monetary Penalties from 25% to 10% and a fund shift for the General Fund to cover the lost revenue. Any time there was fraudulent billing, whether intentional or not, in Medicaid a civil monetary penalty is imposed; current law

says that must be 25%, at a minimum, with the proposal being to lower it to 10%, since there are unintentional errors.

Representative Wood asked if there was a chance of there being two rates, one for errors with intent, and another for errors without intent. Mr. Tatro said he imagined that would be allowed within Idaho Code, if that was what the legislature wanted, but in the draft legislation, he believed the reduction was from 25% to 10%. However, if IDHW found there was intent, there could be a higher penalty charged, over the 10%. Representative Wood said if that penalty was lowered due to unintentional errors, he didn't have a problem. If there is intent, he said he didn't think the penalty should be lowered from the current 25%, and he suggested looking at that further, perhaps considering a two-tier system to include penalties with intent to defraud, and a lesser penalty for an unintentional error. Mr. Tatro agreed to work with IDHW to make sure that stipulation is on their agenda. Representative Rusche commented that there was also criminal prosecution for intentional fraud, as well as sanctions from the federal government and the state, so he didn't think there would be a shortage of punishment.

Senator Hagedorn asked about the second handout, showing department-wide budget highlights , regarding nondiscretionary adjustments, a requested increase of $14,933,000 from the General Fund and $70,210,600 from all funds, asking whether those are federal adjustments, not Idaho state adjustments, or just with the current laws as they stand. Mr. Tatro replied that this adjustment will affect state and federal funds, for example, with caseload. Idaho Code defines who is eligible for Medicaid, and if there is a 2% increase in caseload, IDHW is allowed to request that as a nondiscretionary adjustment.

Senator Thayn commented about the second document, under maintenance adjustments, showing a Medicaid increase of $11,227,200 from the General Fund and $65,998,100 from state funds. He said that should be contrasted with a decrease in the Catastrophic Health Care Fund, so as one decreases, another is affected. He said that the cost of medical care access and primary care had not been addressed, nor was getting Medicaid individuals onto private insurance, since there are many issues still to deal with.

Mr. Tatro's third document was a two-page report of IDHW FY2017 requests, with breakdowns by division. Representative Luker asked about 100% federal funds for CHIP, requesting explanation of what happened there, since he didn't think it had traditionally been 100%. Mr. Tatro replied that when CHIP was reauthorized, Idaho was calculated out to 100% federal funds, so for this year and next year, 100% of the CHIP population will be federally funded; after two years, that could be different. Historically, he said the split had been about 80/20 for the CHIP program.

Senator Schmidt asked about how the FY 2017 27th week payroll would be handled, and Mr. Tatro replied that the cost of $2,548,700 would come from the General Fund, $5,986,000 from all funds, pointing out that this occurs every 13 years. Senator Schmidt asked why the $2,548,700 was in General Funds, not dedicated funds, asking whether that was on top of what had been appropriated. Mr. Tatro said that the $20 million that had been set aside was not appropriated, but was set aside as a placeholder for this budget cycle, since the cash was available last year, to spend this year.

Representative Rusche said he would find it a lot easier if the Medicaid line of business was separated out from the administrative lines of business, noting a 1.5% General Fund increase for Medicaid. He thought it would be useful to know how to approach that $2.1 billion and manage it, if that could be split out, regarding cost and utilization. He thought the increase was minimal. Mr. Tatro said that he did have nondiscretionary adjustments broken out and, closer to session, he does pull and separate the Medicaid and trustee and benefit portions, to compare administrative costs. He said these nondiscretionary adjustments were split about 70/30.

Director Richard Armstrong, IDHW, presented Strategic Plan for DHW. Senator Hagedorn asked about a reduction in the CAT fund, and the increased number of people who signed up for health insurance in Idaho, wondering about the federal subsidy and how that number compares to reduction in the

CAT fund to those 86,000 insured people. Director Armstrong said that the average premium for a family is about $135 monthly, for an individual the cost is about $60, depending on age, etc. The tax subsidy can be calculated as to worth, and he said the flow of subsidies has been dramatic for this group of people. Mr. Armstrong has the numbers for indigency by county and how much tax credit flows in to each county. There are not as many people applying for indigency; people covered by insurance are not covered by the indigent program.

Senator Hagedorn said it was his understanding that, if a policy costs $300 monthly, a family pays $100 monthly, and the federal government pays an insurance company $200 monthly. He asked how that amount, times 86,000 people who signed up last year, compares to the savings in the CAT fund. Are CAT fund savings being replaced with federal funding coming in? Is it one-for-one, or is it significantly higher from the federal subsidy coming in? Director Armstrong answered that the Advanced Premium Tax Credit is significantly greater than the savings in the CAT fund, with many more dollars flowing into the Idaho health system than what is being directly reduced out of the county and the CAT fund. Co-chair Collins asked how much the subsidy would be for the average family with a premium of $135. Director Armstrong replied that Mr. Pat Kelly would be presenting later in this meeting, and that he might have that information. Co-chair Collins added that there is a difference between the tax credit and the other credit, which was confirmed by Director Armstrong.

Representative Rusche thanked Director Armstrong for his presentation adding that data was so important and quality improvement requires performance data. He said that practice transformation is the result of providing data to practitioners and hospitals for them to incorporate into the way they practice -- and wondered how to best encourage such transformation. Director Armstrong said that the culture would have to be changed within the practice, since tools can be available, but if practices do not adapt those tools into their everyday routines, then there is not an effective outcome. Through the pilot and visiting with other clinics, IDHW has seen that use of analytics can be used effectively at the patient level, if implemented in a sensitive, timely manner. The practice must commit to accepting a model, and this must be done within an organization. It takes patience and cooperation on all sides to bring about patient compliance. He said this was a very rewarding process, pointing out that it is currently at the very beginning, and will take time for refinement to fully function. Representative Rusche said that the larger, integrative practices will be able to incorporate analytics to better manage the delivery of care, and he said that smaller or less urbanized practices might require more assistance. Representative Rusche pointed out that chronic mental health was appropriate to address in the strategic plan since, as baby boomers age, often their children have mental illness and can no longer care for them at home. Director Armstrong agreed, that was a major issue that needed to be understood.

Senator Vick asked about SHIP (State Healthcare Innovation Plan) and whether patients will have the ability in larger areas to switch providers, if they are not satisfied. Director Armstrong affirmed such would be an option, even within a clinic in choosing physicians. In some communities, however, he said choices may be limited. In providing for primary care, there has been some growth in the number of providers, even though Idaho remains an under-served state. Freedom of choice will be part of this program.

Senator Thayn asked about SHIP and the fixed monthly fee paid to providers; after this federally-funded pilot is over and the program transitions to long-term sustainability, he wondered how those monthly payments will be paid. Director Armstrong replied that payments made under the pilot were made under Medicaid as a shared responsibility, adding that it would be part of the same payment process, federal/state combined dollars, since the way money flows was being changed. He didn't know what the amount would be, as compared to the pilot amount, but he guessed it would have to be tiered, based on some level of acuity. In the pilot, the amount paid was about $17 per month, per member.

Dr. Christine Hahn, State Epidemiologist, Department of Health & Welfare, next presented Epidiolex. There is an expanded access program in Idaho for this drug, which is currently in FDA-approved clinical trials in the U.S., as a treatment for various pediatric epilepsy syndromes. Senator Schmidt noticed a different spelling of this drug in her PowerPoint, and Dr. Hahn confirmed that the company's website obviously had a typo, affirming that the correct name was "Epidiolex."

Senator Schmidt asked how the FDA would confirm what this substance is and whether the FDA was doing the testing, proving and delivery to be administered. Dr. Hahn replied that in order for the company to begin clinical trials in this country, documentation must be submitted to the FDA. She said she did not know how the FDA verifies the ingredients, assuming that the FDA does that, before the clinical trials begin.

Representative Rusche said that in some communities that border other states, marijuana is easily available across the border. He asked what the status was of prescriptions for cannabis extract or those types of medications in bordering states. Dr. Hahn agreed that several bordering states have legal medical marijuana, and she thought that in Washington and Oregon there were residency requirements for medical marijuana, but she added that it is still illegal to cross back into Idaho or to possess it once within Idaho. Data has proven there has been response to these types of products. Representative Rusche asked Dr. Hahn who else, in bordering states, was involved in these programs. Dr. Hahn said that there is no published list of trials that are being conducted. She said there was a trial site in California, and other states have published initial findings, such as the states of Florida and Georgia.

Representative Smith asked how many children in Idaho would be eligible for this study, and Dr. Hahn said that around 1,500 children had been mentioned, although these children with epilepsy are not tracked, so there is not a firm number. Representative Smith asked how it is determined who gets into the study, and are there certain criteria. Dr. Hahn said that letters had been sent out to neurologists statewide on August 10, 2015, so they can decide which patients might qualify. It will be first-come, first-served, after meeting criteria.

Representative Luker asked if the funding was from a federal grant, and if state money was added. Dr. Hahn said that DHW was not given funding to run this program, so thus far DHW found some funds, including CHIP bonus funds, adding that DHW will be asking for funding for the coming year in order to continue the program. Representative Luker asked if this study would be funded from any federal funds, or would it be totally state funded; if so, would income be a criteria for children to participate. Dr. Hahn said this study would be totally state funded, with no grant programs that she knew of, and there would not be eligibility criteria per se because cost is not the issue. It would be more about the availability, criteria, and severity of the epilepsy.

Co-chair Collins invited Dr. J. Robert Polk to present next, and his PowerPoint can be found at: Health Quality Planning Commission 2015.

Senator Hagedorn referred to Dr. Polk's bar chart with regard to suicide rates by age, asking what the causes are. He wondered if there were a way to understand whether there were other medical maladies that led people to take their own lives. Is there ability to break out further those kinds of things, hopefully to address issues before there is a crisis. Dr. Polk replied that he was not aware of that data being available. Much research has been done as to why suicides occur. Many of the upstream education opportunities are effective, and must be expanded across the state, he said.

Senator Schmidt commented that there is one entity in the state, the child mortality review, done just on children under the age of 18. He asked about gathering data, adding that Oregon required reporting of suicide attempt presentations in emergency rooms to public health or DHW, as a way of collecting data. Could that information be collected similarly in Idaho? Dr. Polk affirmed that it could.

Director Dean Cameron, Department of Insurance, presented next, and his PowerPoint can be found at: Health Ins. in Idaho. Director Cameron addressed strengths and challenges that face the health insurance market today.

Co-chair Collins asked how Mountain Health Co-op was established, and Director Cameron explained that the ACA (Affordable Care Act) allowed for co-ops to be created and funded by the federal government. Co-ops have had significant issues throughout the country, in terms of being financially secure. The Mountain Health Co-op signed an agreement in order to participate in Idaho, which required them to file data with DOI monthly (most carriers do not), and other requirements to protect Idaho consumers. Anyone enrolled with the co-op would be afforded a special enrollment period, in order to change carriers; however, consumers would lose some of their benefits.

Director Cameron addressed upcoming issues which included: open enrollment; PACE Act; reinsurance reduction; risk corridor; and cybersecurity.

Senator Vick asked why rates didn't go up more than they actually did, in order to cover differences between actual claims and premiums. Director Cameron explained that every carrier would have anticipated a certain amount of claims to justify premiums; carriers that have a strong brand probably absorbed more high-risk claims than other carriers that perhaps didn't have as strong a brand. He believes that a carrier's strategy is to continually be competitive in the marketplace to offset losses.

Representative Luker asked about rate increases by carrier, noting that increases on the individual side are double or more than small group plans, asking for an explanation. Director Cameron said that the individual marketplace has always been very difficult, often with large group and group plans subsidizing the individual marketplace. On the small group side, he said that the carrier may be overestimating the pricing of small group products and the increase now is flatter, where the individual marketplace may have been more aggressive in the initial year. Representative Luker asked how many folks are using the exchange who do not receive a subsidy. Director Cameron responded that of the 119,000 in the chart, 94,000 are on ACA compliant plans, not necessarily on or off the exchange.

Representative Rusche pointed out that he was on the Exchange Board and he stated that about 80% to 85% receive a subsidy.

Representative Hixon said his constituents see costs as being way too high already, without increases; he asked if this would level off anytime soon for the average middle-class Idahoan. Director Cameron answered that he hoped costs would level out, that being a challenge to the marketplace. He said that rate increases by carrier are significantly less than in other states.

Senator Hagedorn asked whether the Advanced Premium Tax Credits (APTC) are a tax credit or subsidy. Does it offset in any way income tax collection to the General Fund? Director Cameron answered that he did not think so, believing it to be clearly aligned with the federal government. Senator Hagedorn asked about someone who is authorized for the APTC; is that tax credit reflected in income taxes paid? Director Cameron said it was reflected in federal income taxes and, by virtue, in individual income tax.

Next on the agenda was Laren Walker, Administrator, High Risk Reinsurance Pool who presented: High Risk Reinsurance. Mr. Walker said the High Risk Reinsurance Pool was intended to help Idahoans with affordability and accessibility for health care with the many changes, due to the ACA. He showed the significant decline in activity during 2014-2015, pointing out assets in the amount of $17,068,404 in 2015 and liabilities amounting to $17,942,706, with a fund balance of negative $874,302 compared to negative $2,414,863 in 2014. Premiums YTD 2015 totaled $318,970, compared to $1,638,020 in YTD 2014; claims incurred in YTD 2015 totaled $1,171,946, compared to $4,018,283 in YTD 2014.

Co-chair Collins asked about assessments to insurance companies, and Mr. Walker said that for the individual reinsurance program there is a component for an assessment, if there are losses that

exceed the premiums from carriers and the premium tax dollars coming in from the state fund, and for federal grants. Since the beginning of this program, when there was an assessment for startup costs, there has not since been an assessment to carriers for this program.

Mr. Walker said that since the inception of this program, 10,656 individuals in Idaho benefitted significantly from this legislation, amounting to $98,999,883 in claims paid out. The Board is currently working to help individuals transition to the ACA programs, in most situations, since these people are very ill.

Representative Rusche asked about whether the premium tax flowing into the pool was no longer there, and Mr. Walker affirmed that to be correct. Co-chair Collins said that it sunsetted just a few days ago.

Co-chair Collins announced that Mr. Steve Thomas, who was on the afternoon agenda, had cancelled. The committee recessed for lunch about noon and reconvened at 1:15 p.m.

Ms. Elizabeth Bowen, LSO Research Analyst, presented next and her presentation can be found at: Health Care Task Force (history/role). Ms. Bowen said that on May 19, 2015, at the Legislative Council meeting, there was discussion about what the role of the Health Care Task Force was and whether it should continue; if it should continue, what should be the essential mission of this task force. She said that the Legislative Council would like a recommendation from the co-chairs, with input from the minority, by the next Legislative Council meeting on November 6, 2015, about whether this Health Care Task Force should continue or be disbanded. Ms. Bowen gave a brief history of the task force, having begun in 1999, and not authorized by any legislative resolution. It was created by leadership at the request of some members, including then-Senator Cameron, the purpose at that time being to study health insurance premiums having risen dramatically, and over the years the role of the task force expanded. It studied at least 30 issues related to health care, and has developed and recommended or endorsed legislation related to health care. The task force also provided oversight, which continues, having become a go-to body for oversight and research on matters relating to health care. The current role of the Health Care Task Force was assigned by law, Section 56-1054(5)(g), Idaho Code, to receive quarterly and annual reports from the Health Quality Planning Commission. The task force was also assigned a role in the session laws, an uncodified law, so it is not in Idaho Code, but it does have the force of law. House Bill 750 (2000), as amended by Senate Bill 1314 (2006), set up the High Risk Reinsurance Pool and section 20 of that bill assigned the task force to oversee the effects of the act and to make recommendations to the legislature, when appropriate. Those are the only two tasks currently assigned to the Health Care Task Force, by law. This task force has also been assigned various tasks by the Legislative Council in the past; currently, there are no assignments from the Legislative Council, with the exception of wanting a recommendation by November 6, 2015. Ms. Bowen pointed out what she saw as the de facto role of this task force over the years as follows: study matters relating to health care; monitor effects of legislation relating to health care; provide legislative oversight; develop, recommend or endorse legislation relating to health care.

Representative Rusche said that at one time, this task force had been used as a sieve for legislation involving health care or health insurance, and asked when that happened. Ms. Bowen said that the task force began to expand in 2003 when the name changed from the "Task Force on Health Insurance Premiums" to the "Health Care Task Force." Co-chair Collins interjected that the expansion was voluntary and, if there were ideas for proposed legislation, the task force would hear those ideas and make recommendations (or not), allowing exposure before sessions.

Representative Luker said that several years ago, he had researched what source authorized the task force, and what he came up with was that there was no legislation or resolution that authorized the Health Care Task Force; he asked if Ms. Bowen's research had revealed that. Ms. Bowen replied that there was no authorizing legislation creating the task force; that over the years, there had been limited, specific legislation authorizing the task force to undertake certain projects, but there was

no concurrent resolution setting up the task force. Representative Luker said this leads to the anomalous situation where there have been codified assignments, but actually no underlying creation of the entity, to which duties were assigned. Ms. Bowen said this was an odd situation. She pointed out two statutes: Sections 67-428 and 67-429, Idaho Code, which authorize Legislative Council to set up committees to study issues. As long as the Legislative Council has been authorizing the task force and appointing members, there has been some indirect statutory authority, with direct authority coming from the Legislative Council itself. Co-chair Collins asked if the task force was "kind of" legal, and Ms. Bowen responded that the task force was very legal, but added that it was very unusual for an interim committee or body of this type to not have enacting legislation. Co-chair Collins added that he was currently participating in a working group that may be in the same boat. Ms. Bowen restated that there were two statutes that authorized Legislative Council to set up committees to research projects reasonably related to a legislative purpose. Co-chair Collins invited discussion.

Representative Wood moved that the Health Care Task Force recommend the following to the next Legislative Council: (1) Going forward, issues in health care needing further study and investigation between legislative sessions, be managed by an interim committee on health care; (2) The interim committee on health care should be convened on an issue-driven, as-needed basis; (3) The interim committee should be authorized by concurrent resolution; (4) The concurrent resolution should stipulate the topic of study, duration of study, reporting requirements of the committee, and the authorization for funding; it is important to specifically authorize funding; (5) Amend Idaho Code statute 56-1054(5)(g) to reflect the reporting requirements of the Health Quality Planning Commission to the Health Care Task Force; (6) House Bill 750 (2000) as amended by SB 1314 (2006), be amended to remove the reporting requirements of the High Risk Reinsurance Pool to the Health Care Task Force. Representative Luker seconded the motion.

Representative Wood spoke to his motion by saying that there were several important things to note about why he wrote up his motion the way he did. He said that in the May 19, 2015, Legislative Council Minutes, Representative King brought up a point about conflict of interest, asking if legislative members would sit here and recommend that "we put ourselves out of business." He said he thought that was an important point, and he said that he worded his motion in a manner so that all segments of the economy of Idaho are managed by legislative duties. Members have duties to make laws and duties of oversight. From his perspective, health care is complicated and complex, but should members operate differently with regard to health care than any other entity? He thinks that Representative King's issue would come up with any recommendation to the council from the task force, adding that he did not support that. Several months ago, Representative Wood said he'd asked Kristin Ford, LSO Librarian, whether the Health Care Task Force was actually authorized; he added that it is not in statute or session law. Obviously, just as authority for this meeting was approved by Legislative Council, so was the task force, and he didn't think the task force had been operating illegally, but the task force had not been operating like other entities. He said he believed that is where mischief starts, and exactly the way the task force should **not** be operating. If there needs to be an interim committee on health care, then a concurrent resolution can be drawn up and voted upon. Representative Wood said he thought the task force should operate differently than it had been. With respect to amending the code and session laws, he said that was strictly a duplication of effort. He thought that the last thing citizens of Idaho want is to needlessly spend money; he said that the germane committees in the legislature were capable of receiving reports from the Health Quality Planning Commission and from the High Risk Reinsurance Pool. In code, he said, is also the requirement to report to germane committees, and reporting to them would alleviate duplication of effort. Representative Wood said that his motion was what he had suggested for the co-chairs to take back to Legislative Council, since they requested only a recommendation.

Representative Luker said that a point of order for this particular task force was that there were House and Senate members present, but no authorizing resolution, asking if the motion needed a second. He then seconded Representative Wood's motion. Representative Luker expressed concern

about a long-standing committee without any authorizing legislation to support it; he said he also understood the latitude given to Legislative Council to gather information on issues, but he thought this goes way beyond what that latitude was intended to accomplish, and funding is another aspect of that. He said he thought that germane committees were able to handle issues and, if certain issues need to be studied, than an interim committee could be properly formed.

Representative Rusche said he didn't think the germane committees were equipped, particularly during the rush of session, to really understand complex issues; perhaps an interim committee needs to be formed, with statutory basis. He pointed out many subjects studied over the years, and upcoming issues that put Idaho at great risk, such as boards and not having protection. Health care transformation is going to create many issues, he believes, and he thinks there is a strong role for education, much more than can be presented during committee meetings during sessions. He emphasized how broad and complex health care was, so he thought that an ongoing interim committee made sense to him.

Senator Hagedorn said he agreed with everything Representative Rusche had said. Given the broad spectrum of issues relating to health care, with limited time during session, he believed that having a single body to review all these matters may not be the correct approach. He submitted that if there are important issues, he would much rather have the Pro Tem and Speaker assign that particular subject to be studied further, through a concurrent resolution.

Representative Wood said that he appreciated Representative Rusche's comments, adding that the problem is that this is the argument always used to justify the expansion of government. He thinks that the comments made by Senator Hagedorn were on point, and that if a topic needs to be studied, then a concurrent resolution needs to be drawn up. Experts on a particular subject matter can then be consulted and findings studied in a smaller setting on a specific topic. He doesn't want any interim committee or task force to usurp power from a standing committee, which he said was wrong. Whatever is done in the future, he emphasized that it needs to be done by concurrent resolution or by statute.

Co-chair Collins asked the committee to ponder the motion and the discussion until after the next presenter addressed the task force.

Mr. Pat Kelly, Executive Director, Your Health Idaho, presented: Your Health Idaho Update. Mr. Kelly updated the task force on accomplishments of Your Health Idaho as a state-based marketplace, and what can be looked forward to as open enrollment for 2016 approaches. Mr. Kelly pointed out that Your Health Idaho operates with a 1.5% assessment fee, as opposed to the federal marketplace's 3.5%, saving Idahoans $8.4 million between January 2014 and September 2015. If this trend continues, almost $10 million will have been saved by the end of this year. The focus of Your Health Idaho is control, affordability, and sustainability. The Idaho Exchange is fourth in the nation for enrollments per capita, the highest of any state-based exchange, and was accomplished with the smallest budget of any fully-functioning, state-based marketplace. In 2014, Idaho was the first and, to date, only state to transition from the federal platform to our own state-based technology. The average Idahoan who signs up on the exchange pays $65/month for insurance coverage. The average APTC (Advanced Premium Tax Credit) for Idahoans is approximately $227/month. Of the more than 86,000 Idahoans enrolled on the exchange, approximately 88% qualify for cost savings. Your Health Idaho, he said, is working to improve the consumer experience, and they continue to work with stakeholders. Mr. Kelly said that a Small Business Health Options Program (SHOP) is open to small businesses and not-for-profits in Idaho, with 50 and fewer full-time equivalent employees, and is required by the ACA. Your Health Idaho, he said, works to improve the consumer connector experience which includes enrollment counselors, agents, and brokers; technology and call center improvements have also been made.

Representative Wood asked Mr. Kelly to explain about Idahoans who have a policy through the exchange which they are satisfied with, asking whether they only have to continue sending in checks,

to continue a policy. Mr. Kelly replied "yes," adding that if a citizen had a change in income or in household composition, those changes would need to be reported.

Representative Rusche expressed his thanks to the Your Health Idaho staff and consultants for a job well done.

Co-chair Collins commented that the assessment fee percentage, having been at 1.5%, will rise to 1.99% in 2016, and Mr. Kelly affirmed that to be true.

Senator Vick asked if, during February, after the open enrollment period closes, a citizen wants to buy insurance on the exchange, what is the process. Mr. Kelly explained that open enrollment ends on January 31, 2016, so then citizens enter a special enrollment period. From February 1 through December 31, 2016, a citizen would have to have a qualifying life event, such as having a new baby, divorce, marriage, etc. Idahoans can call a toll-free number (1-855-944-3246) for enrollment and customer service. Senator Vick asked whether changing jobs would be a qualifying life event, and Mr. Kelly said the loss of coverage due to a job change would be a qualifying life event.

Senator Thayn asked Mr. Kelly to explain the SHOP program, who it's for, and how it works. Mr. Kelly explained that the SHOP is part of the ACA; in Idaho it is for employers with zero to fifty employees. Enrollment is handled directly with a carrier to complete the application that determines appropriate coverage for employees and whether the employee (or employer? since he said "you")would qualify for a tax credit. There are certain stipulations around average income of employees, relative to full-time equivalent, and there are a number of detailed requirements that would determine how much tax credit could be received.

Co-chair Collins redirected the task force back to the previous discussion on Representative Wood's motion. Co-chair Heider said that part of the role of Idaho legislators was to give and receive information, and to discuss issues in a less formal setting than session, within interim committees. He suggested this as a reason for continuing this task force, which he said he has found extremely beneficial. Perhaps the authorization needs to be adjusted, he said, adding that the value of this task force has been experienced during the exchange of information in this meeting today.

Senator Schmidt commented on the authorization process, which he thought was important, adding that the legislature does need to express, either through a concurrent resolution or Legislative Council, a commitment to this process. He said he strongly supports the recommendation to Legislative Council for authorization of this task force by concurrent resolution (short-term), or in statute (long-term).

Representative Rusche said he didn't understand that there was a usurpation of standing committees, adding that during session it is difficult to get an understanding of all the various aspects of the industry. He said he thought there was value to citizens of Idaho to increase the knowledge base in this task force. He thinks that the diverse interests with regard to health care, health care policy, and financing warrant continuation of this task force, since ongoing education is very important.

Representative Wood commented that he didn't think his motion was against anything that had been said, and he repeated his motion as follows: Representative Wood moved that the Health Care Task Force recommend the following to the next Legislative Council: (1) Going forward, issues in health care needing further study and investigation between legislative sessions, be managed by an interim committee on health care; (2) The interim committee on health care should be convened on an issue-driven, as-needed basis; (3) The interim committee should be authorized by concurrent resolution; (4) The concurrent resolution should stipulate the topic of study, duration of study, reporting requirements of the committee, and the authorization for funding; it is important to specifically authorize funding; (5) Amend Idaho Code statute 56-1054(5)(g) to reflect the reporting requirements of the Health Quality Planning Commission to the Health Care Task Force; (6) House Bill 750 (2000) as amended by SB 1314 (2006), be amended to remove

the reporting requirements of the High Risk Reinsurance Pool to the Health Care Task Force. Representative Luker had seconded the motion.

Representative Luker said that he agreed with Representative Wood and Senator Schmidt; there does need to be an authorizing resolution, adding that it doesn't mean that there can't be a committee authorized to evaluate issues, but it just needs to be done properly. The current task force, he added, does not meet that test.

Representative Rusche said he took issue to the motion, pointing out all the important information exchanged at today's meeting. He believes that the scope is so broad and that there is a need for having an educated vote in germane committees and on the floor which would warrant an ongoing or standing educational effort.

Representative Wood commented that there had been information exchanged, asking if they really needed a budget overview of DHW at this time in the year. Everyone will hear the strategic plan for DHW in committee, as well as other information shared here today. He wondered if duplications of reporting were necessary.

Senator Schmidt said that this task force had provided an opportunity for significant health care draft legislation, such as the insurance exchange, before it was presented to the legislature, as well as legislation that had a harder time that didn't go through the task force. The role of vetting or previewing legislation regarding health care is of value, in his opinion. He emphasized that there should not be a requirement for draft legislation to be vetted in an interim committee or task force, before going to a germane committee, believing that to be improper. He wondered if perhaps in the past, this task force had abused its existence; he asked for clarification of the task force's role. He added that a commitment to this role from leadership, as well as the legislature, would be worthwhile.

Co-chair Collins said that a motion was on the table to send the recommendation to Legislative Council. He called for a voice vote, which passed; Representatives Rusche and Smith requested to be recorded as voting "no."

Co-chair Collins adjourned the meeting at 2:25 p.m.

Note: These minutes were typed by Charmi Arregui, LSO, but she did not attend this meeting.