Role of the Health Care Task Force
Elizabeth Bowen – Legislative Services Office
October 13, 2015

Assigned by Law
- Idaho Code § 56-1054(5)(g) – receive reports from Health Quality Planning Commission
- House Bill 750 (2000), as amended by Senate Bill 1314 (2006) – monitor effects of HB 750 (high risk reinsurance pool) and make recommendations to the Legislature when appropriate

Assigned by Legislative Council
- None currently

De Facto
- 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
56-1054. HEALTH QUALITY PLANNING. (1) It is the intent of the legislature that the department of health and welfare ("the department") promote improved quality of care and improved health outcomes through investment in health information technology and in patient safety and quality initiatives in the state of Idaho.

(a) Coordinated implementation of health information technology in Idaho will establish widespread use of networked electronic health information or health records to allow quick, reliable and secure access to that information in order to promote patient safety and best practices in health care. This goal is consistent with the mission of the office of the national coordinator for health information technology, established by the president of the United States in 2004, to provide leadership for the development and nationwide implementation of an interoperable health information technology infrastructure to improve the quality and efficiency of health care and the ability of consumers to manage their care and safety.

(b) Coordinated implementation of statewide patient safety standards will identify uniform indicators of and standards for clinical quality and patient safety as well as uniform requirements for reporting provider achievement of those indicators and standards.

(2) There is hereby created and established within the department a health quality planning commission ("the commission").

(a) By May 1, 2006, and as needed after that date, the governor shall appoint eleven (11) voting members upon assurance of equitable geographic and rural representation, comprising members of the public and private sectors with expertise in health information technology and clinical quality and patient safety. The membership shall represent all major participants in the health care delivery and financing systems. A majority of the commission shall be health care providers or employees of health care providers. One (1) member shall be an Idaho resident representing the public interest. The commission chairperson shall be appointed by the director of the department.

(b) Members of the commission shall be appointed for a term of two (2) years. The term of office shall commence on July 1, 2006. As terms of commission members expire, the governor shall appoint each new member or reappointed member to a term of two (2) years in a manner that is consistent with subsection (a) of this section.

(c) The commission shall meet quarterly and at the call of the chairperson.

(d) Each member of the commission shall be compensated as provided by section 59-509(d), Idaho Code.

(e) Upon the occurrence or declaration of a vacancy in the membership
of the commission, the department shall notify the represented entity of that fact in writing and the represented entity shall, within sixty (60) days thereafter, nominate at least one (1) and not more than three (3) persons to fill the vacancy and shall forward the nominations to the governor, who shall appoint from among the nominees a person to be a member of the commission to fill the vacancy. Such appointments shall be for a term of two (2) years.

(f) Members of the commission may be removed by the governor for substantial neglect of duty, gross misconduct in office, or the inability to discharge the duties described in this section, after written notice and opportunity for response.

(g) A majority of the members of the commission shall constitute a quorum for the transaction of all business and the carrying out of commission duties.

(3) The department may dedicate funding to the operations of the commission, subject to appropriation from the legislature. The department shall seek federal matching funds and additional private sector funding for commission operations.

(4) The commission shall perform the following duties related to health information technology planning:
   (a) Monitor the effectiveness of the Idaho health data exchange; and
   (b) Make recommendations to the legislature and the department on opportunities to improve the capabilities of health information technology in the state.

(5) The commission may use the information generated by the Idaho health data exchange and other data sources to promote health and patient safety planning. The commission may perform the following duties related to health quality and patient safety planning, provided that performance of these duties may include contracting with and supervising independent entities for the performance of some or all of these duties:
   (a) Analyze existing clinical quality assurance and patient safety standards and reporting;
   (b) Identify best practices in clinical quality assurance and patient safety standards and reporting;
   (c) Recommend a mechanism or mechanisms for the uniform adoption of certain best practices in clinical quality assurance and patient safety standards and reporting including, but not limited to, the creation of regulatory standards;
   (d) Monitor and report appropriate indicators of quality and patient safety;
   (e) Recommend a sustainable structure for leadership of ongoing clinical quality and patient safety reporting in Idaho;
   (f) Recommend a mechanism or mechanisms to promote public understanding of provider achievement of clinical quality and patient safety standards;
   (g) Provide quarterly progress reports to the director of the department and to the legislative health care task force. An annual report shall be due to the director, the legislative health care task force and the senate and house of representatives health and welfare committees on June 30 of each year; and
   (h) In regard to the commission's duties provided for in this section, the commission is directed to ensure that such duties are developed and implemented in such a manner and in such forms or formats as to result in health care data that will be readily understood by the citizens of this state.

History:
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shall be paid to the Idaho high risk individual reinsurance pool established in chapter 55, title 41, Idaho Code.

(e) The balance of the premium tax, fines and penalties shall be distributed to the general revenue fund of the state of Idaho.

(f) All moneys received for fees, licenses and miscellaneous charges collected shall be distributed to the insurance administrative account.

(2) The director shall make and file with the state controller an itemized statement of the fees, licenses, taxes, fines and penalties collected by him during the preceding month, and shall deliver a certified copy of the statement to the state treasurer.

SECTION 19. This act shall be in full force and effect on and after July 1, 2000; provided however, that the basic, standard, catastrophic A and catastrophic B health benefit plans provided for in Section 2 of this act shall not be available until January 1, 2001.

SECTION 20. The President Pro Tempore of the Senate shall appoint five senators, and the Speaker of the House of Representatives shall appoint five representatives, to act as a joint legislative oversight committee to monitor the effects of this Act; The committee shall report its findings and recommendations to the Second Regular Session of the Fifty-sixth Idaho Legislature in 2002.

SECTION 21. Prior to the initial assessment for the Idaho Individual High Risk Reinsurance Pool of March 1, 2001, as provided for in Section 41-5508, Idaho Code, the Health Insurance Premiums Task Force shall determine a method of limiting the assessments which may be imposed on carriers providing reinsurance by way of excess or stop loss coverage and on carriers selling insurance in the individual market. The Health Insurance Premiums Task Force shall also review options regarding initially limiting enrollment in the Individual High Risk Reinsurance Pool in order to preserve the financial integrity of the pool.

Statement of Purpose / Fiscal Impact

STATEMENT OF PURPOSE

The purpose of this legislation is to establish an Individual High Risk Reinsurance Pool which will provide health insurance coverage to high risk individuals regardless of health status or claims experience. The pool will also receive funds from a diversion of 25% of net premium tax funds received above $45,000,000. The legislation continues the current small employer reinsurance mechanism.

FISCAL IMPACT

The legislation provides for a diversion of 25% of the net proceeds from the premium tax above $45,000,000 to the Individual High Risk Reinsurance Pool.

Contact
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Rep. Max Black
Sen. Dean Cameron
Phone: 208-332-1000

STATEMENT OF PURPOSE/FISCAL NOTE

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STATEMENT OF PURPOSE

RS 15465

This legislation directs the Health Care Task Force to be the legislative oversight committee that monitors the state High Risk Reinsurance Pool. The original High Risk Pool legislation in 2000
Natural Resources Interim Committee (continuing) HCR 31 (2013); HCR 8 (2015)

Sen. Steve Bair, Co-chair
Sen. Jeff Siddoway
Sen. Lee Heider
Sen. Dean Cameron
Sen. Michelle Stennett
Sen. Bert Brackett (Ad Hoc)
Sen. Shawn Keough (Ad Hoc)
Sen. Jim Patrick (Ad Hoc)
Sen. Roy Lacey (Ad Hoc)

Rep. Dell Raybould, Co-chair
Rep. Scott Bedke
Rep. Mike Moyle
Rep. Marc Gibbs
Rep. Donna Pence
Rep. Ken Andrus (Ad Hoc)
Rep. Paul Shepherd (Ad Hoc)

Pro Tem Hill pointed out that on the Natural Resources Interim Committee, Senator Abby Lee's name as Ad Hoc had been removed, after discussing this with her.

Representative Rusche moved to approve the above roster, seconded by Senator Burgoyne.

Senator Davis called for a point of order and stated that he thought only members of committees were approved by Legislative Council and that ad hoc status was reserved for the Speaker and Pro Tem. Chairman Bedke affirmed that it was his opinion that approving ad hoc status was reserved for the Pro Tem and Speaker. When a member is officially appointed as an ad hoc member, travel expenses are compensated.

Representative Rusche's motion passed unanimously by voice vote.

Health Care Task Force (continuing) - (1999) I.C. 41-5502

Sen. Dean Cameron, Co-chair
Sen. Steve Vick
Sen. Marv Hagedorn
Sen. John Tippets
Sen. Lee Heider
Sen. Steven Thayn
Sen. Dan Schmidt

Rep. Gary Collins, Co-chair
Rep. Fred Wood
Rep. Lynn Luker
Rep. Brandon Hixon
Rep. John Rusche
Rep. Elaine Smith

Representative Rusche said he thought that the statutory provision for the Health Care Task Force had to do with increasing costs of health insurance and establishing a reinsurance pool. With changes in the industry and in federal and state law, that charge is probably too limiting or incorrect at this time, but health care is probably 20% of GDP (gross domestic product) and certainly warrants the ability for this task force to look at issues prior to a legislative session. Even though this task force has not had much activity, he did think that addressing health and health financing in this task force was important, focusing on what brings best value. He thought perhaps this task force could bring changes in the charge and direction.

Senator Bair said he thought that this task force needed to be reevaluated.
Chairman Bedke asked if the task force should take up in the interim a recommendation as to what this task force looks like going forward with regard to scope, or could that be better taken up in another venue. Representative King asked how the task force could be formally tasked with changing their mission and scope. Chairman Bedke said that two members on that task force were here on Legislative Council; he added that there was some reluctance to disband this task force since issues may come up that fit best into this task force, even though it was used for the high risk pool. It still might come in handy at times. He said there might be a need to refocus the vision.

Pro Tem Hill said the statute references a board, to be known as the Idaho Individual High Risk Reinsurance Board, and he asked if that was another board. If it is, he didn't think the Health Care Task Force was authorized by the particular statute he was looking at. Pro Tem Hill said the task force had been asked to not meet last year, unless an issue arose, and he suggested that this task force be approved with the same kind of instructions. However, he thought the statute needed to be examined during the interim to determine if this task force should be continued. If so, that should be done through a concurrent resolution next session, if the Legislative Council agrees.

Representative Moyle restated the Pro Tem's recommendation as he heard it, that the task force could meet if some issues arise, and that next session it will be decided whether this task force go forward through a resolution. Rep. King asked for clarification on who would get together, the task force or legislative council members. Representative Moyle said he assumed it would be the two co-chairs who would have that discussion, leaving the option that if something happened with the Supreme Court this summer, then the task force could meet, if necessary.

Representative Collins interjected that as far as the high risk pool board, the health care task force had oversight history over that board. He thought that if the Affordable Care Act continues as is, the Idaho Individual High Risk Reinsurance Pool (HRP) will be dissolved within a year or two. Issues could come up, and he said he thought there was benefit to reassess the goal of this task force.

Pro Tem Hill revised his recommendation to approve the task force and requested that, at the fall meeting of Legislative Council, there be a report from LSO and the co-chairs as far as the need and what statutory requirements are there, etc. If there is no statutory requirement, then the Legislature should go through the regular concurrent resolution process. Senator Davis said that Section 56-1054, Idaho Code, provides for the Health Quality Planning and does specifically reference the task force especially in 5(g) referred to as "The Legislative Health Care Task Force." He said he would support the Pro Tem's recommendation, especially about having a more robust statutory understanding in the fall.

Senator Davis made a motion consistent with the Pro Tem's recommendation, seconded by Representative Rusche. Chairman Bedke repeated that the motion, which was to approve the Health Care Task Force's roster and to have the co-chairs, in concert with the minority, develop a recommendation (perhaps by conference phone call, if there is no meeting) regarding the future of the task force. This could mean that the task force could be addressed in either statute or by concurrent resolution. The motion passed unanimously by voice vote.