MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Tuesday, January 27, 2015
TIME:	3:00 P.M.
PLACE:	Room WW54
MEMBERS PRESENT:	Chairman Heider, Vice Chairman Martin, Senators Johnson(Lodge), Nuxoll, Hagedorn, Tippets, Lee, Schmidt, and Lacey
ABSENT/ EXCUSED:	None
NOTE:	The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

CONVENED: **Chairman Heider** welcomed everyone to the Health and Welfare Committee (Committee). The meeting convened at 1:30 p.m.

PRESENTATION: **Jeni Griffin**, Executive Director, Suicide Prevention Action Network of Idaho (SPAN); Executive Member, Idaho Council for Suicide Prevention (ICSP). She began her presentation stating that SPAN is a suicide prevention organization. Their mission is to provide leadership in the prevention of suicide. In September at the State Suicide Prevention Conference recognition was given to individuals who had made a difference in Idaho's suicide prevention program. Senator Hagedorn was unable to attend that function so they presented his award at this Committee meeting.

Ms. Griffin stated that Senator Hagedorn has been a great advocate for suicide prevention and a supporter of the Idaho Suicide Prevention Hotline. He understands the need for more preventative efforts and the importance of support from the State. He also recognizes the importance of helping those with mental health issues who think their only option is suicide. More efforts, like Senator Hagedorn's, are needed to help fulfill the Health and Welfare Mission statement which is to promote and protect the health and safety of all Idahoans. **Ms. Griffin** then presented the award to Senator Hagedorn.

Chairman Heider asked Senator Hagedorn to make a few comments. **Senator Hagedorn** shared that one of the important reasons he became a supporter of suicide prevention is because the nation is losing 22 veterans a day to suicide. Combined with the fact that Idaho ranks at the bottom of the list in suicide prevention caused him to recognize something needed to be done. He is appreciative of what they are doing to help the citizens of Idaho. He congratulated SPAN and ICSP on their important efforts. (see attachment 1). **Chairman Heider** complimented both Senator Hagedorn and Ms. Griffin on the work SPAN is doing.

Chairman Heider turned the time to Dr. Linda Hatzenbuehler for her presentation.

PRESENTATION: **Dr. Linda Hatzenbuehler**, current Chair of the ICSP, began her presentation by recognizing Kathy Garrett, the founding chair of ICSP. **Dr. Hatzenbuehler** described the demographics of ICSP. It consists of a statewide group of people limited to about 20 individuals including mental health professionals, Health and Welfare employees, and survivors. Survivors include attempt survivors and family members of those who have died by suicide. The purpose of the ICSP is to oversee the implementation of the Idaho Suicide Prevention Plan (ISPP). Idaho has a great need for this type of program. The State is always one of the highest suicide rate states in the nation. In 2013, Idaho's suicide rate was 7th highest in the 50 states, and Idaho's average was 47 percent higher than the national average. Suicide is the second leading cause of death for young Idahoans ages 15 to 34, especially for males age 10-14. Also in 2013, 16 percent of Idaho youth reported seriously considering suicide, 7 percent reported having made at least 1 attempt on their own lives. **Dr. Hatzenbuehler** continued by stating there is significant economic impact related to suicide and attempted suicide. It is estimated that suicide attempts result in an annual cost of $36 million as well as costs involved with medical care and losses in lifetime productivity. The progress made on the goals of ISPP are highlighted in the Annual Report (see attachment 2).

Chairman Heider welcomed Kim Kane who accompanied Dr. Hatzenbuehler for the presentation. **Ms. Kane** indicated that she would be talking about the Idaho Lives Project and Sources of Strength. The Idaho Lives Project is a joint partnership between the State Department of Education and SPAN of Idaho funded by a three year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). The core of the program is called Sources of Strength. Research has shown young people turn to their peers first when they are contemplating suicide. In order to have youth able to help their peers, they must be trained by people who know what they are doing when dealing with suicidal youth. Schools who are part of the Idaho Lives Project have their entire staff trained. Behavioral health providers in the community must also be trained to know how to help people who need ongoing treatment. This program is bringing the leading expert in the nation on suicide assessment and management to Idaho to train personnel who are included in the Idaho Lives Project. Provisions have been made to make this training statewide. Idaho Lives Project also trains college staff and resident assistants upon request. "Shield of Care" is another best practice suicide prevention program that is designed especially for juvenile justice environments. Training is being provided for staff and some of the youth in these facilities.

Currently, they are in the 5th quarter of a 12 quarter project and have made significant progress in training professionals in several different areas. They will train 36-40 schools in the 3 year grant period. There is ongoing training in appropriate suicide prevention techniques. Sources of strength is based on the principles of hope, help and strength. Students of the program come out knowing their strengths, knowing how they can turn to trusted adults and having a sense of resiliency.

Dr. Hatzenbuehler turned the time to John Reusser, Director of the Idaho Suicide Prevention Hotline (Hotline). **Mr. Reusser** began his presentation with a brief history of the Hotline stating it had been in operation for over 2 years and 24 hour phone response was achieved on their 2 year anniversary. They currently have 47 trained volunteers. All calls are covered by them with the exception of the overnight service. Training includes 46 hours of training and shadowing before the first call is answered. There is a phone room supervised by a master's level clinician around the clock and silent phone monitoring is used on incoming calls. Volunteers are asked to commit to a four hour shift every week for one year. The Hotline has answered over 4,000 calls since launch. At least 200 of these calls have been rescue calls where the caller had already decided not to be saved and where they had already self -harmed. These calls are counted as lives saved. The Hotline has

begun training programs at various agencies where distressed callers often call such as the Tax Commission. Webcasts of the training were provided to all of the state field offices. More collaborations such as this one are being planned. The Hotline has volunteers aged 15-19 and the oldest volunteers fall into the 55-65 age bracket. One 2015 goal of the Hotline is to initiate a text response service since that is such a popular communication means for the younger, most vulnerable age group. The Ambassador Program works with SPAN and the National Alliance on Mental Illness to get the word out about the value of the Hotline (see attachment 3).

Dr. Hatzenbuehler explained that Idaho can't be satisfied with being in the top ten in suicide prevention. She suggested two goals for preventing suicide. Number one is to strive for zero suicides in the State of Idaho. Also, she suggested that Idaho needs to approve and increase affordable mental health care and decrease the stigma associated with accessing that care. She thanked the Committee for letting her present.

Chairman Heider asked if there were any questions. **Senator Tippets** asked why Idaho ranks so high for suicide. **Kim Kane** responded that the Mountain West is high in per capita suicide. Three reasons for that are: (1) access to effective, affordable, geographically accessible mental health care., (2) culture of rugged individualism, (3) access to guns. It is well proven that there is a strong correlation between states with the highest suicide rates and a high percentage of gun owning households. If someone is at risk in a home, get the guns out of the house.

PRESENTATION: **Becky diVittorio**, Executive Director Optum Idaho, gave a brief overview of Optum's role in Idaho. The goal of Optum is to link people to the care they need based on nationally recognized evidence-based medical practices. This program will require change. Change is hard but it is worth the challenges it presents. She introduced Craig Herman, Senior Vice President of Optum. He oversees the work performed by Optum. She also introduced Dr. Dennis Woody, clinical director Optum Idaho. Dr. Woody's role is to lead Optum's clinical program to ensure people are getting high quality and appropriate services.

Optum was hired to advance Idaho's system of care and to take it to the next level in partnership with the State. Optum is currently serving more than 265,000 people in the Idaho Behavioral Health Plan. Evidence-based practice means the care people receive aligns with best practices established and successfully proven by the national medical and behavioral health communities. Clinical excellence will continue to enhance the reliable use of evidence based practices. Optum will offer care management training to help everyone understand their role in the system. Some steps are being taken to improve the authorization for services process, increase provider outreach meetings and add more clinical staff. The number of members accessing individual therapy in Idaho increased 36 percent, family therapy has tripled and care coordinators help 500 people each month access services.

Another important component in this program is partnering with Idahoans in their communities. People want to feel empowered to make their own decisions for their recovery and to help develop a plan to aid in that recovery. Optum partnered with the State to remove the requirements that members need to have a primary care physician referral to access behavioral health services. Optum also created a new 24/7 Member Crisis and Access Line for Medicaid members which has proved to be very beneficial. More than 8,600 members have been referred to services in their community. In addition, mental health first aid trainings resulted in more than 100 people throughout Idaho understanding how to help someone experiencing a crisis. A good example of the Mental Health First Aid program is the Speedy Foundation. It is a nonprofit organization that is dedicated to understanding mental illness, preventing suicide and fighting stigma through education, research and advocacy.

Provider collaboration is the next component in system transformation. Optum works very closely with providers to ensure that people get the care that they need in their communities. Optum reaches out to providers to provide additional support and resources so they can fully participate in the system. Optum created a tool to give providers access to additional training to keep their licenses current. Additional steps were taken to help ease the administrative burdens on providers.

Peer support is a good example of an enhancement Optum added to Medicaid. Peer support is a nationally recognized program supported by national behavioral health organizations like SAMSHA. This program has been shown to increase an individual's understanding of their own mental health or substance abuse use challenge, recovery and access to care. Peer support links a trained specialist who has managed his own behavioral health issue with someone who is facing one now (see attachments 4 and 5). **Ms. diVittorio** thanked the committee for the opportunity to present to them.

Chairman Heider asked for questions.

Senator Nuxoll indicated that she had received many negative reports about Optum. She asked if they had removed or changed a part of the program. **Ms. diVittorio** responded that they had not changed the benefits available to members except to add benefits such as peer support services and community transition support services. **Ms. diVittorio**indicated that the change she referred to is the change with evidence-based practice. Two services that they always require are prior authorization and a clinical review of the patient. These are based on looking at what the individual needs are and making sure they get those services.

Senator Hagedorn referred to various statistics of services being provided and asked if the numbers were going to increase and what the plan was to increase them. **Ms. diVittorio** stated that there were 86,000 people who called the 24/7 access line asking for support. Members do not need a referral to access services making support more accessible. Information is sent to members through a plan handbook. They are also offered outreach, staff and website support.

Senator Hagedorn said that 90 percent of members are satisfied with the provider network and 10 percent are not satisfied. He questioned how Optum plans to satisfy that 10 percent. He also asked if they have satisfaction levels available to the public. **Ms. diVittorio** responded that they do have a provider of quality program support. Audits are also taken. If a member complains, they use that information to follow up with the provider and see what is going on. They work with members through the survey process to identify things they can work on.

Senator Nuxoll asked which of the evidence based practices were excluded. **Ms. diVittorio** said the focus is helping the providers deliver the services that are known to work for an individual situation. A service wasn't necessarily excluded, but it's more looking at the individual and what is needed for their situation..

Chairman Heider thanked Becky and her team for their presentation.

PASSED THE GAVEL: Chairman Heider passed the gavel to Vice Chairman Martin.

DOCKET NO. 24-1001-1401: **Roger Hales**, Administrative Attorney, presented **Docket No. 24-1001-1401** on behalf of the Idaho Board of Optometry (Board). He said the Board is a self-governing, self-supporting board that regulates the practice of optometry in Idaho. The rules change the reporting date for a licensee's continuing education. Effective January 1, 2017, the time frame for obtaining continuing education will change from a licensee's birth date to a calendar year (see attachment 6). **Vice Chairman Martin** asked for questions and/or testimony on this docket.

MOTION: **Senator Hagedorn** moved to approve **Docket No. 24-1001-1401**. **Senator Lacey** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 24-1501-1401: **Roger Hales** on behalf of the Board of Professional Counselors and Marriage and Family Therapists (Board), presented **Docket 24-1501-1401**.The Board is self-governing and self-supporting, and it regulates the professions of counselors and marriage and family therapists in Idaho. This rule adopts the 2014 version of the American Counseling Association Code of Ethics. This version modernizes these ethics and takes into consideration electronics. This would reflect the version of ethics currently being taught to students in counseling programs. The current code that is in effect dates back to 2005 (see attachment 7).

MOTION: **Senator Hagedorn** moved to approve **Docket No. 24-1501-1401**. **Senator Lee** seconded the motion. The motion carried by **voice vote.**

DOCKET NO. 24-2301-1401: **Roger Hales** on behalf of the Idaho Speech and Hearing Services Board (Board) presented **Docket No**. **24-2301-1401**. Board is a self-governing, self-supporting board that regulates the practice of audiology, speech language pathology, and hearing aid dealers and fitters in Idaho. Last year the Legislature passed HB 357, which amended the definition of a quorum. The law change provides that a quorum can be established if at least one member of the relevant profession is present when taking action that affects the profession, its applicants, or licensees. Proposed rules are being revised to comply with the new law change (see attachment 8).

MOTION: **Senator Nuxoll** moved to approve **Docket No. 24-2301-1401**. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 24-2601-1401: **Roger Hales** on behalf of the Idaho Board of Midwifery, presented **Docket No. 24-2601-1401**. These rules are brought by the Idaho Board of Midwifery. These proposed rules make changes based upon a law passed last year, HB 438. These proposed rules track the law change that was passed last year. Rules were reviewed by interested individuals and there have been no objections (see attachment 9).

Senator Tippets had a language question referring to the transfer or termination of care by a midwife who deems it necessary to transfer or terminate care pursuant to the laws and rules of the board. He has concern that carte blanche is being given to a midwife to transfer or terminate care for any reason. He assumes there are reasons someone could inappropriately terminate care. **Mr. Hales** stated that the language is verbatim from the law that passed last year. He indicated that there are times when the patient may not follow the midwife's directions so there may be a good reason to terminate that care. **Paula Wieens**, a member of the Idaho Board of Midwifery, said that there are cases that can be identified that don't necessarily need to go on a list, where the provider would transfer the care. A client may not be paying for her services or showing some sort of warning that she would not be an appropriate candidate for midwifery care. The midwife may choose to transfer her care to a more appropriate form of care. Midwives tend to develop close relationships with clients. There are instances when the midwife has decided to terminate the care of a client and to transfer her to the care of a physician. The client has chosen not to seek the same care. This leaves the midwife in a tenuous situation. If the midwife has done all she can to make the transfer, is there any responsibility on the part of the midwife? **Senator Tippets** said there are reasons why they should make the transfer. He verified that the language was in last year's bill. **Vice Chairman Martin** said he had similar concerns last year, but felt comfortable in passing the bill. **Senator Nuxoll** commented that it is not the problem of transferring, it's the problem of not transferring. The problem is usually that the doctors are unhappy that they are not transferring (see attachment 9). **Vice Chairman Martin** asked for any other questions or comments from the audience.

MOTION: **Senator Nuxoll** moved to approve **Docket No. 24-2601-1401**. **Senator Lee** seconded the motion. Motion carried by **voice vote**.

DOCKET NO. 24-2601-1402: **Roger Hales**, on behalf of the Idaho Board of Midwifery, **Docket No. 24-2601-1402**. These rules are also presented by the Idaho Board of Midwifery. Rules relate to conditions when a midwife must facilitate the immediate transfer of a newborn to a hospital. They also relate to conditions when midwives must consult with a pediatric provider. On page 224 the conditions are listed and have been vetted and approved by the medical association and the board. Also on page 224 the conditions are listed when a midwife must consult a pediatric provider (see attachment 10).

MOTION: **Senator Hagedorn** moved to approve **Docket No. 24-2601-1402**. **Senator Nuxoll.** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 24-2701-1401 **Roger Hales**, on behalf of the Idaho Board of Massage Therapy (Board), presented **Docket No. 24-2701-1401**. These rules clarify a continuing education course and also clarify supervision. The rule deletes approved courses that involve light therapy. Where they are prohibited from performing light therapy, the Board felt it inappropriate to give continuing education credit for courses dealing with such therapy and continue with continuing education in areas that they could practice. On page 227 the Board has clarified "supervision". There have been questions about different types of supervision. Clinical work by a student requires direct on-site supervision. Field work requires that the supervisor be available, but not on-site (see attachment 11). **Senator Hagedorn** asked what the definition of light is. **Mr. Hales** stated that it was clear under the Massage Therapy Act that they are prohibited from practicing light therapies. It may extend to infra-red light, but he wasn't sure.

Linda Chatburn, Massage Therapy Board member, said that the umbrella term is light, but that it includes infrared light, red light, and blue laser light. They are effective methods but do not fall under the terms of massage therapy.

MOTION: **Senator Lee** moved to approve **Docket No. 24-2701-1401**. **Senator Tippets** seconded the motion. The motion carried by **voice vote**.

PASSED THE GAVEL: Vice Chairman Martin passed the gave back to Chairman Heider. **Chairman Heider** thanked everyone for participating and for their input.

ADJOURNED: There being no further business at this time, **Chairman Heider** adjourned the meeting at 4:27 p.m.

_____

Senator Heider
Chair

_____

Erin Denker
Secretary

_____

Sharon Pennington
Assistant Secretary