

MINUTES
JOINT MEETING
HOUSE HEALTH & WELFARE COMMITTEE
SENATE HEALTH & WELFARE COMMITTEE

DATE: Friday, January 30, 2015

TIME: 8:00 A.M.

PLACE: Lincoln Auditorium

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

Chairman Heider, Vice Chairman Martin, Senators Lodge (Johnson), Nuxoll, Hagedorn, Tippetts, Lee, Schmidt, Lacey

**ABSENT/
EXCUSED:** None

GUESTS: The sign-in sheet will be retained in the committee secretary's office until the end of the session. Following the end of the session, the sign-in sheet will be filed with the minutes in the Legislative Services Library.

Chairman Heider called the meeting to order at 8:01 a.m. He and **Chairman Wood** thanked everyone for coming.

Jessica Chilcott, Cameron McCown, Randy Shelton, Amanda Harris, Diane Overall, Ali Landers, Ilene Kingery, Karin Schock, Joshua Grade, Mary Syms-Pollot, Veronica Dulany, Marie Milanez, Sathya Shankar, Idaho Citizens; **Brenda Smith**, Madison Memorial Hospital; **Rebeka Casey**, Idaho Council on Developmental Disabilities; **Vanessa Johnson**, Access Community Base Services; **Jeff Marino**, Stellar Mental Health and Mediation; **Greg Dickerson**, Mental Health Providers Association of Idaho; **T.J. Barr** and **Jessica Trent**, Starr Family Behavioral Health; and **Zack Warren**, Pearl Health Clinic, testified regarding Optum.

One set of best practice for all children is ineffective. Many community based rehabilitation services (CBRS) therapies have been discontinued without concern about their impact. Family therapy services have increased. Additional services, such as peer support, have always been available, but were not used.

Optum's denial of service is common and the appeals process is arduous for families and agencies. Denied services result in a lapse that can cause an individual to backslide on their progress, with the possibility of never achieving the same level or ending up in the hospital, which costs Optum nothing. Without community support, these individuals can become homeless, burdening churches and organizations. A transition program would greatly help those who can move away from care. Transportation support services impact persons working and participating in their communities and striving for independence.

Optum doctors never meet the children, while parents know their needs. Support services impact how the children see themselves, building their confidence as goals are reached. Dropping CBRS without any notice is tough to handle, especially when the child views the provider as a friend.

Payment inconsistencies and other provider burdens are decreasing the number of providers, which will impact coverage. Providers face 35 to 40 unbillable weekly hours of paperwork. The application process requires both a school test and a Department of Health and Welfare (DHW) test, which is a wasteful duplication of time and resources.

The ninety-day review process increases the provider administrative load and causes distress for families. Disruptions in routine consistency impact individuals graduating from their services. The state and Optum need to review individuals from services to determine if there is any cost savings.

Oversight is needed to assure the company is providing the contracted services. The state needs to investigate the lack of notices, service denials, and lack of appeal opportunity.

Dave Moreno, Ashley Piakowski, Ali Landers, Liza Long, Kevin O'Sullivan, Carol Augustus, Idaho Citizens; **Terry Sterling**, Idaho Community Action Network; **Aaron White**, President, Idaho AFLCIO; **Niva Santos**, Executive Director, Idaho Academy of Family Physicians; **Dave Decker**, President, Self-Sufficiency Group; **Douglas Alles**, Director, County Charities of Idaho; **Beverly Hines**, Licensed Professional Counselor; **Matthew Johnson**, Glens Ferry Healthcare Inc.; and **Eric Makrush**, Foundation for Government Accountability, testified regarding Medicaid expansion and redesign.

Medicaid was designed to help a specific population and needs to remain intact. States expanding Medicaid expect a 4.4% growth and states redesigning Medicaid expect a 6.8% growth. Primary care physicians, internists and pediatricians support Medicaid and changes that help over 78,000 Idahoans obtain insurance coverage.

Patients without healthcare live sicker and die younger because health issues go unattended until they become serious and expensive. Preventive service plans greatly reduce costs when compared to emergency room and hospitalization costs. Those without insurance rely on catastrophic and county indigent funds.

Statistical links to poverty include self sufficiency and health care access. Dealing with a life-threatening illness is hard enough without other concerns. People who work hard to put food on their tables and provide for their families are being forced to live with the fear that one medical crisis can bring about financial ruin.

Medicaid problems need to be addressed on the state level, without federal intervention or dependency. The redesign will save lives, create jobs, and lead to new economic activity in our state infrastructure. We need to help close the gap with the Healthy Idaho Plan.

Brandi Hooker, President, Idaho Dental Hygienist Association, urged the exploration of grant programs to fund workforce innovation and pilot new dental alternative practitioners. All dental disease is fully preventable and lack of coverage is unnecessary. With a declining dentist population, alternatives are needed.

Chairman Wood thanked everyone for testifying.

ADJOURN:

There being no further business to come before the committees, the meeting was adjourned at 9:59 a.m.

Representative Wood
Chair

Irene Moore
Secretary