

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

**DATE:** Friday, January 30, 2015

**TIME:** 8:00 A.M.

**PLACE:** Lincoln Auditorium

**MEMBERS PRESENT:** Chairman Heider, Vice Chairman Martin, Senators Hagedorn, Tippetts, Lee and Schmidt

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

**ABSENT/ EXCUSED:** Senators Lodge, Nuxoll and Lacey

**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** called the meeting to order at 8:01 a.m.

**TESTIMONY:** **Jessica Chilcott**, District 7, Idaho, said Optum's catalyst for change had brought an increase to denials of service, unpaid workload by case workers and unresponsiveness to filed grievances.

**Terry Sterling**, Idaho Community Action Network, on behalf of Jenna Silvia, gave her support for and desire to see Medicaid expanded in Idaho as it would increase job opportunities in the healthcare industry.

**Brenda Smith** spoke about her experience with the adoption of special needs children. She felt parents were not given enough of a voice to guide the care of these children's lives within the school and mental healthcare systems.

**Cameron McCown** requested that a non-biased oversight authority of Optum be established in order to review the procedures and care given to patients and ensure that care was adequate, proper and effective.

**Eric Makrush**, Foundation for Government Accountability, stated to prevent federal government dependency, problems within the Medicaid system should be addressed by a state level healthcare system to maintain control over its development and implementation.

**Aaron White**, President, Idaho American Federation and Congress of Industrial Organizations (IAFL-CIO), expressed support of Medicaid expansion. Medicaid expansion allows for economic growth as well as stability of healthcare in rural communities and across Idaho.

**Anita Santos**, Executive Director, Idaho Academy of Family Physicians (IAFP), expressed the IAFP's support for Medicaid expansion. She said the overall effect of providing affordable healthcare to more people was a less costly healthcare system. The IAFP was committed to finding solutions to Idaho's healthcare issues.

**Rebeka Casey** said the critically needed Community Based Rehabilitation Services (CBRS) component of care given to special needs children has been reduced by Optum. She asked for an investigation into Optum's violation of due process in their denial request appeals process and into Optum's utilization of evidence-based practices.

**Jeff Marino**, Stellar Mental Health and Mediation, testified on his professional experience with Optum; their cutback of CBRS services, the lack of accountability and the decline in care for the youth in need.

**David Decker**, President, Self Advocate Leadership Network, said Medicaid expansion would correct the coverage gap for those who do not qualify for traditional Medicaid nor federal tax credits yet are unable to afford health insurance.

**David Murgiotio**, Family Medicine Residency of Idaho, said affordable healthcare was a significant issue for people who fall between the income gap of too much for Medicaid and not enough for tax credits. He expressed his appreciation for the legislative support of the Healthy Idaho Plan.

**Ashley Piaskowski**, Patient Enrollment Specialist, Heritage Health, expressed her support of Medicaid expansion to close the coverage gap in Idaho.

**Vanessa Bates Johnson**, Access Community Base Services, stated a dissolution of Optum was unnecessary, but rather oversight and regulation should be implemented to include adequate public disclosure and metrics for the progress of mental health services provided by Optum.

**Randy Shelton** expressed concern over the dwindling number of hours Transportation Support Services allotted for individuals in need and the effect that caused to their feelings of independence; his son was a good example as he recently had to quit his volunteer activity for fear of lack of transportation.

**Amanda Harris**, patient, Stellar Mental Health, stated she was denied services through Optum despite her doctor's letters in support of her need. Although her services recently had been restored, there was a need to review Optum's determination of access to mental health services.

**Diane Overall** expressed frustration with the difficulty to appeal denial requests from Optum. She said the break in care resulted in severe regression of her grandson's condition even after eventual reinstatement of care.

**Ali Landers** said a transition program for those recovering or managing mental health issues was needed to allow them to contribute to society.

**Douglas Alles**, Director, Catholic Charities of Idaho, stated the financial burden of no or inadequate healthcare presented significant challenges to families and individuals seeking to remove themselves from government and charitable assistance. He said he supported the Healthy Idaho Plan.

**Ilene Kingery** spoke about the benefits her son had received from mental health services through CBRS. She said there was need to review Optum's denial rate against the service denials and subsequent emergency care provided to Idaho.

**Beverly Hines**, licensed professional counselor, said whole family care was an essential component to the ongoing health of children and as such should not be left out of mental health services provided to families.

**Liza Long** said she supported the expansion of Medicaid to close the coverage gap. She said Optum's denial of services may be shifting the cost of preventative mental healthcare to the juvenile justice system. She stated there was a need to review Optum's denial of services and those children who then received emergency treatment or went into the juvenile justice system.

**Karri Schock** said her family experienced the her son's behavioral regression due to Optum's policy for an ongoing 90 day reevaluation process, which included a break in care while under review. Optum must address the continuity of care issues faced by mental health patients during this 90 day reevaluation as well as the high level of service denials.

**Joshua Grade** said budget cuts and denial of Medicaid put the legacy of Idaho taking care of its own in jeopardy, but adjustments to the system could change that course for the better.

**TJ Barr**, case worker, CBRS, said the changes Optum had made to the standard of care for children were a detriment to the child. He asked for a review of Optum's systems and processes to be done before the upcoming contract renewal between Idaho and Optum.

**Chairman Heider** asked Dallas Dulany, 2nd grader from Gateway School, to share about his favorite football team and his school. **Chairman Heider** said the little boy was one example of the children who had been talked about during the committee meeting.

**Kevin O'Sullivan** told the story of his experience with lack of insurance; he supported the Healthy Idaho Plan.

**Brandi Hooker**, President, Idaho Dental Hygienist Association, urged the Legislature to support the federal grant for workplace innovation in the oral healthcare field. She said these grants would provide improved care to Idaho citizens.

**Mary Syms-Pollot** said there was a great need for revision to the cumbersome, inefficient healthcare system processes.

**Carol Augustus** expressed her support for Medicaid expansion.

**Matthew Johnson**, Glens Ferry Healthcare Incorporated, expressed his support for the Healthy Idaho Plan.

**Veronica Dulany** said peer related counselors were an important component of behavioral based counseling, however, this critical service had been severely reduced by Optum.

**Greg Dickerson**, Mental Health Providers of Idaho, said a strategic plan for the renewal of Optum's contract should outline metrics and real time outcome data to meet the needs of the patients.

**Marie Milanez** expressed her appreciation for the Starr program; her child had benefited from their mental health services.

**Jessica Trent**, Program Director, Starr Family Behavioral Health, said there was a need for an assessment of the administrative overload mandated by Optum for both adequate reimbursement and redundancies of procedures already in practice.

**Zach Warren**, Pearl Health Clinic, said Optum's takeover of mental health services had resulted in a decline in patient care as well as a reduction in payment for services.

**Sathya Shankar** said up until Optum's management of the mental health services her son was making excellent progress. She said a service denial from Optum caused regression in her son's mental health. **Ms. Shankar** expressed the need for the current system to reflect the continuing needs of her child and children like him.

**Chairman Wood** gave a recap of the testimonies presented to the Committee. He said the two primary topics were the healthcare coverage gap and the development of managed care into accountable care within the universal healthcare system. He said there would be challenges in the ongoing shift away from the traditional medical system to an integrated system. **Chairman Wood** said public input was a valuable resource and thanked those who testified today.

**ADJOURNED:** There being no further business, **Chairman Heider** adjourned the meeting at 9:59 a.m.

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Senator Heider  
Chair

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Erin Denker  
Secretary

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Jenny Smith  
Assistant Secretary