

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Monday, February 09, 2015

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

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

**ABSENT/  
EXCUSED:** None

**GUESTS:** Kris Ellis and Tony Smith, Eiguren, Fisher, Ellis; Bev Barr, IDHW-Rules; Toni Lawson, Idaho Hospital Assoc.; Elizabeth Criner, ISDA; Wayne Denny, Bill Morgan, and Christian Surjan, ID-TSE; Dieuwke A. Dizney-Spence and Elke Shaw-Tulloch, IDHW-Division of Public Health; Brad Hunt, O.A.R.C.; Dennis Stevenson, Rules Coordinator; Angela Richards and Woody Richards, AHIP.

**Chairman Wood** called the meeting to order at 9:00 a.m.

**MOTION:** **Vice Chairman Packer** made a motion to approve the minutes for the January 29 and January 30, 2015, meetings. **Motion carried by voice vote.**

**DOCKET NO.  
16-0201-1401:** **Bill Morgan**, Trauma Surgeon, St. Alphonsus Regional Medical Center, Chairman, Idaho Time Sensitive Emergency (TSE) Council, presented **Docket No. 16-0201-1401**, a new Rule to establish the TSE Council authority, membership, duties, regions, regional TSE committees, standards, criteria, fees, and the designation of voluntary trauma centers. The stroke and heart attack designations continue negotiations and will be added to the Rules at a later date. The TSE System Standards Manual is incorporated in the Rules by reference. The American College of Surgeons is listed under definitions without specific manual edition because the most recent manual version was considered less comprehensive.

The fees for hospitals choosing to become a TSE designated trauma center, are payable on an annual or triennial basis. Fees are also charged for required on-site surveys, based on designation levels. The general fund fiscal impact is \$225,800 for operating expenses. In the next two years the TSE system maturation will eliminate national accreditation reliance.

**Dr. Morgan** noted the definitions include those facilities located more than thirty-five miles from a hospital and a separate listing for rural clinics, which may be well beyond that limit.

The twelve designation levels mirror the national accreditation levels. The designations will be for three years, as opposed to the two year national designation. Applicants with a national accrediting board verification pay only the designation fee, while those without national verification require a TSE on-site review prior to designation and paying a survey and designation fee. On-site reviews will be conducted at least once every three years, unless the center becomes verified.

The two-member review teams will consist of a physician and nurse, or two physicians. For Level II and III trauma centers, physicians from outside of Idaho will be brought in to assure fairness. The maximum survey fee will not exceed \$3,000, Levels I through III, and \$1,500, Levels IV through V. The remainder of the Rules cover waivers, application denial, modification, revocation, suspension, and designations to a lesser level.

Responding to questions, **Dr. Morgan** said the intention is to include hospitals in a system that gets patients timely care. The region would review each transfer and death to help the facilities improve. Facilities have the option to be designated by the state and through a national accrediting board. Some designated centers may not meet all the requirements for their level, although they may offer something to offset what they don't have. In those cases a waiver would be a tool to maintain their designation and recognize what they offer.

For the record, no one indicated their desire to testify.

**MOTION:** **Rep. Rusche** made a motion to accept **Docket No. 16-0201-1401. Motion carried by voice vote.**

**RS 23453:** **Rep. Janet Trujillo**, District 33, presented **RS 23453**. It is estimated that 100,000 individuals, or 8.4% of our population, live with diabetes, 7.5% live with pre-diabetes, and 1,500 mothers experience gestational diabetes. This proposed Resolution shows Legislative support for the goals and ideals of the American Diabetes Month in November, including encouraging individuals to fight diabetes through public awareness, prevention, education, and treatment options.

**MOTION:** **Vice Chairman Packer** made a motion to introduce **RS 23453. Motion carried by voice vote.**

**RS 23477C3:** **Rep. John Rusche**, District 6, presented **RS 23477C3**, proposed Legislation to improve the healthcare of Idaho citizens through telecommunications technology, to be known as the Idaho Telehealth Access Act. It identifies benefits and outlines the use of telemedicine and telehealth, including reliance on the boards of the healthcare professions. Non face-to-face patient-provider relationships are addressed and limits on authorized prescriptions are placed. Informed consent, provisions for continuity of care, and the availability of records are also covered.

**MOTION:** **Rep. Beyeler** made a motion to introduce **RS 23477C3. Motion carried by voice vote.**

**H 46:** **Rep. Kelley Packer**, District 28, presented **H 46**, Legislation defining a stand alone dental policy and clarifying those offered on the Idaho Health Insurance Exchange (HIX). The stand alone plans are designed for persons with health insurance, perhaps through their employer, without dental coverage and allows them to shop on the HIX for dental plans to cover their family.

**MOTION:** **Rep. Redman** made a motion to send **H 46** to the floor with a **DO PASS** recommendation.

For the record, no one indicated their desire to testify.

**VOTE ON MOTION:** **Chairman Wood** called for a vote on the motion to send **H 46** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Packer** will sponsor the bill on the floor.

**Dick Armstrong**, Director, Department of Health and Welfare (DHW), presented Fun Facts and Myths, an open discussion about perceptions that become reality without education to the contrary. Welfare is steeped in myth started in truth that changed over time.

The myth that most welfare recipients are drug users was dispelled when Florida began testing and found only 2% of their recipients tested positive, which is the same rate as the general public. Idaho uses random drug screening and pursues treatment for those adults testing positive.

Child support myths are dying because the DHW either acts as a transfer accountant or takes special enforcement action. License suspension has resulted in about 50% performance increase. Many of the individuals would like to make payment, but do not have the money. The DHW works with them to get to the point where they can support their families.

**Director Armstrong** clarified drug use, not addiction, is voluntary. Brain scans of methamphetamine users show dead spots in the brain that will never recover, so they are no longer the same person they were before using. Prescription pain medication abuse is an epidemic, exceeding heroine and cocaine deaths. He said we need to monitor our medicine cabinets and protect our children. One in eleven people using marijuana will become addicted. For states who have legalized its use, the far-reaching social and health impact can be costly. Universal drug testing for those applying for Medicaid or temporary assistance for needy families (TANF) is costly and inefficient.

The idea that a foster parent must be married or make a lot of money is untrue. Anyone with compassion, patience, and a willingness to help a child and their family during a difficult time can be a foster parent. There is a required criminal background check, they insure the home is safe, and references are required. A foster parent is paid from \$366 to \$487 a month, with certain provisions for children with disabilities, since they are more complex cases.

The myth of the welfare queen was a composite created by **Ronald Reagan** during his 1976 presidential campaign. The 1996 national welfare reform required work and work services for food stamp and TANF recipients. Idaho is one of the highest performing states, with 88% of our adults taking part in work or job search activities.

**Director Armstrong** explained the monthly TANF maximum is \$309, no matter how many children are in a family, and any income is subtracted from that amount. There is a two-year lifetime limit for TANF and participants are required to be working or in job training. Out of 578,000 households, 204 are TANF recipients.

Medicaid is not available for working age adults. It is only available for low income pregnant women, children from low income families, low income elderly, people with disabilities and low income adults with children in the home. Medicaid pays for 44% of Idaho deliveries, which is a concern since children in low income households have greater risks. The largest portion of the DHW budget is Medicaid, which only uses 3% of its \$2.6M budget for administrative costs and personnel.

Only legal immigrants can receive food stamps, after five years in the country and other requirements are met. The DHW finds those here legally are reluctant to apply due to language barriers or distrust based on government abuse in the country they lived in before.

Eighty-two percent of all Special Needs Assistance Program (SNAP) benefits go to households with children, elderly, or people with a disability. The average monthly payment of \$115 is used for food products, with restrictions. Beginning in 2016, benefits will be distributed more than once a month. The program requires job training or employment. The rate is declining with single adults as they gain employment after the recession and leave the program.

Vaccines will not overwhelm a child's immune system. In fact, there are more bacteria in a child's mouth than there are people in the world. Idaho buys a single supply of immunization agents, which is then provided to all physicians and clinics in the state. The insurance companies are assessed for their portion of use. We also have the second highest immunization exemption rate in the nation, which results in a high vulnerability for disease in schools and in their siblings at home.

**Director Armstrong** described herd immunity, which is a threshold for certain diseases to get a foothold. The immunization threshold percentage for measles is 95%. With higher opt-out rates, the threshold across the country has dropped lower, hence the spread of the disease. Idaho is currently at a measles threshold of 91%, although some communities in the state are much lower.

Measles, once thought to be eradicated, can have serious side effects. The DHW is working to increase vaccinations through more education and public awareness. Immunizations are available and the herd immunity level, when high enough, protects those not immunized because the disease isn't going to go anywhere.

Answering questions, **Director Armstrong** explained the measles outbreak site study revealed 84% of the individuals had no immunization. The majority were adults and some were too young to be immunized. Once infected, they traveled to other sites, unaware that they were carrying this airborne disease.

With the decrease in single adults on SNAP, the enrollment has declined. The HIX requires, for ineligible adults, any children in their family are placed on Medicaid, increasing those numbers. SNAP benefits are from the Department of Agriculture and apply directly to recipient cards. The state pays half of the program administrative costs, which is the only portion of this program included in the DHW appropriation.

In the event of any disease outbreak, Idaho has a refined preparedness network with communications to hospitals, clinics, and public health districts. During an outbreak some schools in areas with higher exemptions could be shut down for the disease incubation period, twenty-one days in the case of measles.

Answering another question, **Director Armstrong** agreed the Medicaid costs are higher with the aged population. In 1963 most U.S. kids had the measles by 11 years of age, one or two in every thousand died. Other possible measles side effects were brain damage, loss of sight, or loss hearing.

**ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 10:19 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary