MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE:	Wednesday, February 25, 2015
TIME:	3:00 P.M.
PLACE:	Room WW54
MEMBERS PRESENT:	Chairman Heider, Vice Chairman Martin, Senators Nuxoll, Hagedorn, Tippets, Lee, Schmidt and Lacey
ABSENT/ EXCUSED:	Senators Lodge and Schmidt
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 Senate Health and Welfare Committee (Committee) to order at 3:00 p.m.
PASSED THE GAVEL:	Chairman Heider passed the gavel to Vice Chairman Martin.
SCR 109	**Chairman Heider** presented **SCR 109,** recognizing music therapy. **Chairman Heider** explained the legislation was inspired by an experience with his sister who became unable to speak due to complications from a surgery. Matthew Jordan had been to her home to provide music therapy, and her daughters told Chairman Heider that the music therapy made a big difference in their mother's life. Chairman Heider later watched Mr. Jordan work with a 17-year-old who was in a nearly vegetative state. During music therapy the patient would participate on the keyboard or handle the drum. It was impressive to watch the young man's progress while Mr. Jordan was there. **Chairman Heider** concluded there are not enough music therapists in the State of Idaho to form a board; however, a concurrent resolution stating the benefits of music therapy would be in the best interests of the people of Idaho. He turned the presentation over to Mr. Jordan. **Mr. Jordan** said music therapy started in Idaho in 1950. Currently, Idaho has 15 board-certified music therapists; 12 in the Treasure Valley, 1 in Rexburg, 1 in Montpelier and 1 in Coeur d'Alene. They work in hospitals, retirement communities, hospice, and private practice with a huge array of people with developmental disabilities, dementia, stroke, and with the deaf and hard of hearing. Certification requires a bachelors degree in music therapy and completion of a 1,040-hour internship, or a person with a bachelors degree in music may complete two additional years of schooling and the 1,040-hour internship. There is a masters program and there are two masters level music therapists in Idaho. **Mr. Jordan** demonstrated music therapy by playing a guitar and singing "Somewhere Over the Rainbow" with a transition into lyrics tailored to the patient's needs. He gave other examples of helping a developmentally disabled man improve his motor movements and helping a stroke victim who couldn't speak write a song to communicate with her loved ones. He said Senator Gabrielle (Gabby) Giffords credited music therapy with helping her learn to speak again after suffering a traumatic brain injury. He said he appreciated the Committee recognizing music therapy as important work. **Chairman Heider** thanked Mr. Jordan and invited questions.

Senator Tippets asked who certifies music therapists. **Mr. Jordan** said the Certification Board for Music Therapists (CBMT) of the American Music Therapy Association (AMTA) certifies applicants after they complete the education and internship requirements. Continuing education is required to keep the certification.

Senator Nuxoll asked what types of music the music therapists use. **Mr. Jordan** said they look for the music that will be motivating for the client they are working with. They use all types of music with the understanding of what some music does to emotions and feelings.

Senator Lee commented her family saw the difference in a family member who was in a medically induced coma. When the hospital brought in music therapy, there was an incredible change in the patient's blood pressure and breathing.

Senator Nuxoll asked if they do music therapy for pregnant women. **Mr. Jordan** said there is a music therapist in Idaho who focuses on pregnant women and music-assisted childbirth. She is a certified doula as well. **Senator Nuxoll** shared that prenatal classical music and preschool violin lessons have helped calm one of her children who is very active.

Vice Chairman Martin asked for discussion and provided his view that listening to 60s music in a '65 Mustang had helped him feel 16 again.

MOTION: **Chairman Heider** moved to send **SCR 109** to the floor with a **do pass** recommendation. **Senator Nuxoll** seconded the motion. The motion carried by **voice vote**. Chairman Heider will carry the resolution on the floor.

SCR 110 **Senator Janie Ward-Engelking** presented **SCR 110** recognizing National Diaper Awareness Week. She said the resolution has bipartisan support and several co-sponsors, including some members of the Committee. She said she thinks this concurrent resolution will show the need for a diaper bank in Idaho and how it fills an important void. She turned her time over to Shawna Walz, Executive Director, Idaho Diaper Bank.

Shawna Walz said the Idaho Diaper Bank was incorporated in April 2014 and received 501(c)(3) status in September. They joined forces with an organization in Caldwell and have developed a statewide model. The Diaper Bank Board (Board) has 16 members, diverse in terms of their backgrounds and talents. They have distributed 5,000 to 10,000 diapers per month for a total of approximately 50,000 diapers. An anonymous donor gave them warehouse space in Meridian from which they can distribute one million diapers, which is their goal. They are members in good standing with the National Diaper Bank. There are 48 other diaper banks in the United States. Through their membership with the National Diaper Bank network they get negotiated bulk pricing.

Ms. Walz said the Diaper Bank is seeking people to be involved statewide, and **SCR 110** would help raise awareness. She explained 80 percent of people surveyed understood the concept of food banks for supplemental food, but only 18 percent had heard about diaper banks as a possible resource. She pointed out disposable diapers are expensive and there is no government assistance for purchasing them. Food stamps and the Women, Infants and Children (WIC) Program do not cover them. She observed that once people hear about diaper need and the crisis, they are very eager to help address the problem by learning about the issue, donating diapers, having diaper drives, volunteering and getting involved.

Ms. Walz shared some statistics about diaper needs and the impact a resolution could have on the community. She related one in three moms report struggling to afford diapers for their children. She said 55 percent of Idaho children age 3 and under were living in low income or poverty. Thirty-nine percent of births in Idaho were financed by Medicaid as of 2010, and the number has been growing. There are approximately 35,000 babies in Idaho whose families struggle to provide diapers.

Ms. Walz explained that children cannot go to early childhood education without a day's supply of diapers. Research shows that children who get early childhood education are almost three times likely to go on to higher education. Children cannot attend most day care facilities without a day's supply of diapers, so a parent cannot go to work or school as a consequence. Diapers are a basic necessity, just like food or shelter, and many families have more than one child they are diapering. Mothers are very resourceful. In desperate situations they may try to clean and reuse a disposable diaper or use a diaper that does not fit. Sometimes parents try to potty train children sooner than they may be ready. The American Academy of Pediatrics says more child abuse occurs during toilet training than any other developmental step. The Board is talking with groups like IdahoSTARS to help make sure that parents have the concrete support they need so they are not in a desperate situation to push kids that might not be ready into potty training.

Ms. Walz concluded the Diaper Bank founders and Board hope the Committee will send **SCR 110** to the floor to help raise awareness and to have an Idaho Diaper Bank Awareness Week at the end of September. She also encouraged the Committee to engage about the topic of diaper need when they are talking to constituents to help the Diaper Bank become a statewide resource for families in need.

Chairman Heider thanked Ms. Walz and invited questions.

Senator Nuxoll asked what the State would have to do to get this recognized and what State monies would be used. **Ms. Walz** said the Board will be organizing many different events during Diaper Need Awareness Week that will not require funds from the State. It would all be handled by community partners. Passage of the resolution would raise awareness that they will use as they go out and talk to people in the communities. **Senator Nuxoll** asked if there was another way to get the information out rather than through the State. **Ms. Walz** said there are a plethora of avenues through social media, and they intend to use all of them because people need to hear the message more than once or twice, and people have different forums that they read for information.

Senator Tippets applauded Ms. Walz's efforts. He asked if part of the reason she started the Diaper Bank was to find a private solution to the problem rather than ask the State to fund the effort. **Ms. Walz** said absolutely. The Board recognizes there is no government assistance for diapers, and they do not plan to try to change the Health and Welfare system. As a matter of fact, the Board has been contacted by the Department of Health and Welfare (DHW) and other groups looking to tap into the resources that are coming into the community through the Diaper Bank.

Senator Lacey said the cost of doing an SCR is minimal and it is a good thing to do for the Diaper Bank. He applauded what they are doing and offered to give them the benefit of his 15 years of Food Bank experience moving things around through the State. He thanked Ms. Walz and wished her great success.

Chairman Heider said he echoed Senator Lacey. He told Ms. Walz that Senator Ward-Engelking is a wonderful spokesman and to remember the rest of the Committee when the Diaper Bank is looking for representatives around the State to push the movement.

Senator Lee said this is the perfect example of what private and charitable organizations are doing in the community. She said she thinks it is the proper role of the Legislature to bring awareness to a statewide need that does not have implications but provides the opportunity to bring awareness. She said she was proud to be able to support the Diaper Bank.

Senator Ward-Engelking said she was excited to take this on the floor as it was important to have 105 people from throughout the State understand the need. She urged passage of **SCR 110**.

MOTION: **Senator Martin** moved to send **SCR 110** to the floor with a **do pass** recommendation. **Senator Lacey** seconded the motion. The motion carried by **voice vote**. **Senator Nuxoll** asked to be recorded as voting nay.

H 33 **Casey Moyer,** Program Manager, Division of Behavioral Health (Division), Department of Health and Welfare (DHW), presented **H 33** relating to substance abuse.

Mr. Moyer said the Division is seeking to amend sections of this law now covered under Idaho Code Section 39, Chapter 31 – the Regional Behavioral Health Services Act and federal regulations. He said the Alcoholism and Intoxication Treatment Act (AITA) became part of Idaho law in 1975. Since that time there have been a variety of system and legal changes that have moved the practice toward an integrated behavioral healthcare system. When created, the AITA reinforced the now well-embedded principle that the act of using and abusing alcohol and drugs should be met with a response of treatment, not criminalization.

Mr. Moyer said there are two sections of this law DHW proposes to repeal. Section 39-303A established the Regional Advisory Committees (RACS). The RACS have been combined with mental health boards to form Regional Behavioral Health Boards as afforded in Idaho Code 39-3132.

Section 39-308, addresses the requirements related to records of those in treatment. He said since the law's initial passage, additional federal regulations have established a standard of confidentiality and practice that is far beyond that contained in this section. The Health Insurance Portability and Accountability Act (HIPAA) of 1996 and CFR 42, Part 2, established in 1987, each raise the bar higher, and federal laws supersede Section 39-308 of the AITA.

Mr. Moyer reported that in discussions with the Association of Counties and partners in the courts, there were no objections to the proposed repeal of the two sections. Further research by the Deputy Attorney General yielded no concerns or legal conflicts being created by the repeal. He said amendment of this chapter would assist the DHW and the system in continuing their shared change efforts. On behalf of the Division and the individuals that they serve, he asked the Committee to advance **H 33** to the Senate with a do pass recommendation.

Chairman Heider said he was reluctant to vote on **H 33** because he had not read the sections it would repeal.

Senator Hagedorn asked if Section 39-308 was replicated in statute elsewhere. He said he was concerned there would be no instructions to keep patients' records confidential if this portion was repealed. **Mr. Moyer** said CFR 42 establishes confidentiality requirements for patients' records, supercedes state law and would be the standard all substance use providers and medical treatment providers would use. Keeping Section 39-308 intact may confuse or confound individuals reading the statute since it was inserted in the 1970s and has not been updated since the passage of the new federal standard which is much higher and more prescriptive than the text in the bill. **Senator Hagedorn** asked if CFR 42 may have changed in the last few days because of any regulation changes that could have been published on the federal registry to CFR 42. **Mr. Moyer** said he had not checked the Federal Register in the past few days, however they are alerted any time there are proposed language changes. **Senator Hagedorn** said he was concerned about relying on a federal regulation that the Legislature does not review as it changes pertaining to the records of Idaho citizens.

Senator Lacey asked Mr. Moyer if it would be better to reword Sections 39-303(A) and 39-308 to conform with the federal regulations, so the sections would still be in Idaho statute where they could be watched. **Mr. Moyer** replied CFR 42 is fairly lengthy in its requirements. It breaks apart different segments of a client's treatment record, and there are different levels of ability to share parts of the file with certain professionals. The section of the statute proposed for repeal is a blanket statement that is difficult to enforce because they have a much more advanced substance abuse disorder treatment system and many more types of records they work with. Removal of the sections may help clarify and reduce confusion about the requirements for confidentiality by having a single source.

Chairman Heider said he would prefer to delay the vote until the Committee had an opportunity to look at both of the statutes.

MOTION: **Vice Chairman Martin** moved to hold **H 33** in committee at the Chairman's discretion. **Senator Lee** seconded the motion. The motion carried by **voice vote**. **Senator Tippets** asked to be recorded as voting nay.

PRESENTATION: **Darby Weston,** Director, Ada County Paramedics (Agency), presented the Community Health and Emergency Medical Services (CHEMS) Program. He said Mark Babson would give a first-hand view of what they do in the field, and Shawn Rayne would follow up with an overview of how they are structured as an agency.

Director Weston said the Agency has been working for the last five years on what they could do to adapt to change, provide the best level of care, and address the gaps that exist in access to health care for the population they serve. He said Emergency Medical Services (EMS) throughout the State serve as a safety net for all the people. Dialing 911 in a time of crisis gets an immediate response and treatment for illness or injury. There is also a population that calls 911 any time they have a health issue because they have no other access to medical care that they are aware of. For this population, paramedics are the primary care providers, and the paramedics take them to the most appropriate resources. In the current structure of the system, the most appropriate resource is identified as the emergency room. It is also the most expensive resource. He advised that there may be much more cost-effective solutions.

Director Weston said the Agency did not want to recreate a service that was already available in the State or encroach on someone else's area of practice that was already being effectively managed. The Agency gathered all the stakeholders they had access to including the Department of Health, the hospitals, mental health, home health and nursing homes for a long conversation about what the gaps are in health care. The gaps they have identified in Ada County are the people who are discharged from the hospital without the resources they need to learn how to manage the new condition and people who do not have access to health care in the first place. They are people that use 911 as the answer to any medical concern. By design this program would allow the Agency to proactively reach out to them. Now the medical responders only see them briefly, get them to the hospital, then move away from them. If paramedics were able to address them and understand exactly what their needs were and get them pointed in a more productive direction so they could manage their own health far more effectively, that would be a benefit to them and to the Agency. As they were developing it, there was not a model in the United States. They partnered with a university in Colorado and one in Michigan to develop a pilot project to help determine if this was a concept that had value for Ada County.

Director Weston said after stakeholder engagement the next step was to figure out what additional education paramedics would need to provide this service to the community. He explained that EMS professionals are educated at many different levels. The basic entry-level position is the emergency medical technician which takes 120 hours of classroom time to achieve. The advanced emergency medical technician adds an additional 100+ hours and another set of skills. The paramedic starts out at about 650 hours, but most programs are running between 1,000 and 2,000 hours between clinical, didactic and the internship.

They are overseen by the State Bureau of EMS and also by the EMS Physician Commission that sets the scope of practice across the State. The medical scope of practice they deliver to the scene of the emergency is on par with the emergency room of the hospital with critical interventions in the first 30 minutes. They have 12V EKG, defibrillation, cardiac pacing, invasive procedures, and a list of medications to be able to stabilize the emergent condition in the field.

Every EMS agency is overseen by a physician medical director. Ada County has two medical directors to provide the level of support they require and provide a direct tie into both of the primary health care systems in the area. Quality improvement and quality assurance are monitored internally on a regular basis to make sure the professionals are performing at a level of quality that meets the standards of the Agency.

Last year the Agency responded to just under 24,000 calls for service within Ada County. Of that, 5 percent were true emergencies transported to the hospital with lights and siren, 61 percent were transported without lights and siren as the level of call did not necessitate the risk of emergency transportation, and 34 percent were not transported at all because it was determined there was nothing that required intervention by the emergency department. **Director Weston** said the CHEMS program is geared to the lower acuity patients and helping them find better solutions for their health care and giving them better access to receive health care. He turned the presentation over to Mark Babson.

Mark Babson, Paramedic, Ada County Paramedics, highlighted the unique characteristics that will allow CHEMS or paramedics to be integrated into more of a primary care setting. He said:

1. By design, EMS systems deliver care at the point of need which is typically the patient's environment. EMS professionals are very comfortable working in a non-clinical setting. They carry the same equipment and medications you would see in an emergency room or in a clinic. They have honed their skills to communicate with every type of patient whether there is a difference in age, socioeconomic background or language. They have honed the ability to look at the entire situation, not just the patient. They have the ability to assess their environment which is crucial when they are trying to make sure that a care plan is being implemented.

2. EMS has an established communication system. If anything happens, they will be able to get help there right away. Paramedics also have the ability to get online medical direction at any point. EMS professionals are very used to gathering all the information they find on a patient and relaying it back to a medical professional.

3. EMS systems are integrated with all 911 resources such as dispatch, law enforcement, fire department, the hospital and emergency department.

4. EMS professionals are very keenly aware of the community resources that are in their system and why or why not people access them. The most complex and oftentimes most expensive patient will typically initially access the health care system via EMS, so EMS is in a unique position to make a big impact on both cost and positive patient outcomes.

5. EMS professionals are already an extension of the emergency room provider, so to be an extension of a primary care provider or a primary care team would be very easy for them.

6. When a patient's clinical plan that was designed in a clinical setting fails, EMS are the first providers who see that. It gives the paramedic a unique ability to get all the information and relay it back to a patient's medical team.

Mr. Babson said health care is moving into ambulatory care or outpatient services, and that is exactly where EMS professionals are used to working. When you think about a health care delivery system through a patient-centered medical home (PCH) or an Accountable Care Organization (ACO) model, paramedics fit very nicely into that concept. EMS professionals can be the eyes and ears of the patient's medical team. They can help coordinate all the resources that would be involved in that patient medical neighborhood. Here in Ada County, the patients are liking it. They like the relationship that EMS professionals build, they like the information they give back to their team, and they like the overall situation. It can be very locally tailored, so the programs you use depend on the area and where the needs are. Some programs are focusing on transitional care post-discharge. Others are focusing on health and wellness, prevention, or care coordination depending on the need and where the gaps are. **Mr. Babson** thanked the Committee and turned the presentation over to his boss, Shawn Rayne.
Shawn Rayne, Deputy Director of Operations, Ada County Paramedics, said part of his job is overseeing the CHEMS for Ada County.

Mr. Rayne described the Ada County Paramedics' approach to the CHEMS program. They started with 2 full-time equivalents (FTE), giving 4 paramedics three 8-hour shifts as a community paramedic and one 24-hour shift as a regular paramedic in the field. They developed a three-year plan. The first year was engaging stakeholders to determine where the gaps were and where CHEMS services were needed without stepping into other providers' areas of expertise. One of the first gaps that came to the surface was home health because they found EMS was seeing patients who did not qualify for home health. In the CHEMS Program they have been getting patients referred to home health, so they have a great working relationship with the home health agencies in Ada County.

Mr. Rayne next addressed transitions programs with hospital systems. CHEMS approached St. Lukes and got involved in their care transitions program. One goal was to reduce the readmission rate on congestive heart failure patients at 30 days by 3 percent. A study was done and they have been able to reduce the readmission rate by 5 percent. Now they are working with St. Alphonsus as well.

Today when a patient is discharged they get a lot of information in a really short period of time, and they don't know what to do with it. Having a paramedic available to sit down with them and make sure they understand the recovery plan and the medications they are on, look at all the other medications they have at home to be sure they don't double up on medication, and make sure their primary care physician is up to date puts patients on a good footing to be able to manage their health and proceed out of the system without having to go back to the hospital.

Mr. Rayne described how CHEMS has assisted the county with their flu vaccine and wellness programs by taking vaccines and biometric screenings out to the workplace. This increased the percentage of employees getting flu shots to 68 percent.

Mr. Rayne next spoke about at-risk field referrals. When a firefighter, police officer or paramedic in Ada County responds to a 911 call from a frequent caller, they can fill out a referral form, and a community paramedic will respond to see what resources the patient really needs instead of taking them to the emergency room in an ambulance. They have some really good success stories.

Mr. Rayne said the biggest program they are running is an Emergency Department Diversion Program for mental health crises. Prior to this program, when someone called 911 with a mental health crisis, a police officer would go out and put them on a 24-hour mental hold. The officer or an ambulance would take the caller to a hospital emergency room which generated a $2,500 hospital bill. The emergency department would send the patient to a psych facility where they would generate another $2,500 to $5,000 bill for the patient. Community EMS has formed a team with a law enforcement officer, a social worker from the Mobile Crisis Unit, and a community paramedic. The community paramedic goes out and does a medical screening to see if the patient can avoid the emergency room and just go to the psych facility. Seven months into their beta test they found they were able to divert more patients all the way out of the system. A vast majority of these patients' primary payer is no payer, and indigent services ends up picking up the bill. It has been a very successful program and has kept CHEMS really busy.

Mr. Rayne said the final thing they do is the Tuberculosis (TB) Direct Observation Therapy Program where they go out to watch TB patients take their medications. They are tough medications. The paramedic makes sure the patient takes the pill and watches for a few minutes to make sure the patient is OK. DHW has contracted with EMS to go out and do that if Central District Health doesn't have someone available on a weekend or if the patient is homeless or hard to find. **Mr. Rayne** turned the presentation over to Director Weston for a wrap-up.

Director Weston said since they started this, CHEMS has gained traction across the country. **H 33** is going to the House Health and Welfare Committee to define community medicine, community paramedic, and to authorize the ambulance taxing districts to provide this service to the community. Every community has different needs, density, demographics, and funding sources or mechanisms so the system evolves around what the need truly is as opposed to a cookie cutter approach. What they've seen so far is that there is a good value created, and it is something they would like to continue to develop and expand, creating a model that can be adjusted by many different communities across the State. **Director Weston** thanked the Committee and stood for questions.

Chairman Heider said obviously the system is working in Ada County, and it is a wonderful model. He asked Director Weston how it could be spread throughout the State and at what cost. **Director Weston** said defining it in the Idaho Code would allow the EMS Bureau and the Physician Commission to draw the model beyond what Ada County has experimented with, and then it could be adapted to other communities. In Ada County they look at it as a model that will have to fund itself. Some aspects of funding will be current tax revenues they generate, future downstream savings, and reimbursement from the indigent fund later down the road. If they can intervene up front with a much lower cost resource and get frequent users to the point where they can manage their own health effectively, then the downstream savings will fund what they need. In the past, if a patient was readmitted to the hospital within 30 days of being discharged for a particular procedure, the hospital got paid. But with the changes in health care, that's not a true statement any more.

Senator Hagedorn asked if there were any other funding mechanisms like Medicaid. He also asked if there was a mechanism to recognize the amount of savings due to this program. **Director Weston** replied Ada County Paramedics is an enterprise fund. They operate an ambulance taxing district and about 35-40 percent of their total operating budget comes from their tax bases. The other 60-65 percent comes from the fees they charge for their service. The pilot CHEMS project was 100 percent funded out of those funds. The reason they are doing pilot projects now is to be able to drill down and figure out the savings. With the results they have seen from the Mental Health Crisis Diversion project, he thinks the savings to the CAB Fund will be quite substantial because a lot of those payments come out of the CAB Fund for the reimbursement. As they work with the hospitals, they are looking very carefully at exactly what it costs to bring a patient back in and figuring out the value of that service to the hospital. St. Alphonsus is funding an MBA intern to study that piece for the hospital.

He said going forward there will be a broad spectrum of payers. Some work will be done on contract with the medical facilities themselves. Sometimes Medicaid and Medicare will pay because they have a large set in the population CHEMS is serving. Others will be private payers. **Director Weston** said CHEMS is trying to figure out how to develop the model so they get funding from each of those sources for long-term sustainability. He suspects the biggest challenge will truly be the CAB Fund because the structure of that fund is completely reactionary.

Vice Chairman Martin asked if approximately 40 percent from taxes and 60 percent from fees was the correct ratio of funding. **Director Weston** said yes. **Vice Chairman Martin** asked if the 40 percent taxes were solely Ada County taxes or if there were other tax sources. **Director Weston** said the 40 percent is an $85,000 a year tax they receive from the license plate fees for EMS. They utilize that percentage for the operation of the joint powers authority they have entered into with all the fire districts that provide EMS within the boundaries of Ada County. He is not aware of any funds other than the taxation of the ambulance taxing district. **Vice Chairman Martin** said this has been very educational. He asked what they want from the Legislature, legislation, money, or something else? **Director Weston** said they are not asking for money. He believes if they cannot develop CHEMS as a self-sustaining program, then they do not have a model that is worth continuing forward with. He asked that if **H 33** is successful in the House and reaches this Committee, that the Committee would consider it in a favorable light.

Senator Nuxoll asked if CHEMS was coordinating with home health or replacing them. **Director Weston** said the CHEMS function is simply to refer to the appropriate health care provider. He said home health and hospice provide a range of services far beyond CHEMS capabilities or interest.

Chairman Heider asked Director Weston if CHEMS is tied in with the Statewide Healthcare Innovation Plan (SHIP) Program and SHIP grant. He said it deals with total wellness, follow-up care and post-surgical care to develop a model very similar to what he described today. **Director Weston** said Mr. Babson has a very good relationship with the folks in the SHIP Program. Part of that, to his understanding, is grant funding to develop education around this kind of a delivery model. CHEMS also provides the personnel who deliver the education in the Paramedic Sciences Program at Idaho State University. A Paramedic Sciences Program and community paramedic training are some of the concepts that they are looking to fund with the SHIP grant as this process moves forward.

Chairman Heider said it is wonderful they are collaborating with all the parties including Idaho State University. He emphasized it will be nice to have the answers bundled together so that everyone gets the benefit that Ada County is getting now through their services. He said the presentation was informative and enjoyable, and the Committee appreciated the time they spent to share it.

ADJOURNED : There being no further business, **Chairman Heider** adjourned the meeting at 4:35 p.m.

_____

Senator Heider
Chair

_____

Erin Denker
Secretary

_____

Paula Tonkin
Assistant Secretary