

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Friday, February 27, 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:** Representative(s) Hixon, Vander Woude

GUESTS: Dr. McEachern, St. Alphonsus; Susie Pouliot, ID Medical Assn; Rachel Satterwhite, Jeremiah Wickham, Darby Westen, Shawn Rayne, Ada County Paramedics; Bruce Cheeseman and Mindi Anderson, Idaho EMS; Mary Sheridan, IDHW; Amy Holly, IPCA; Julie Taylor, Blue Cross of ID; Marnie Packard, Select Health; Liz Roberts, Idaho Citizen.

Chairman Wood called the meeting to order at 9:01 a.m.

RS 23703: **Rep. Caroline Troy**, District 5, presented **RS 23703**, proposed legislation to recognize Benewah County upon it's centennial.

MOTION: **Rep. Perry** made a motion to introduce **RS 23703** and recommend it be sent directly to the Second Reading Calendar. **Motion carried by voice vote.** **Rep. Troy** will sponsor the bill on the floor.

H 178: **Rep. Kelley Packer**, District 28, presented **H 178**, a change in the Rural Physician Incentive Program (RPIP).

Susie Pouliot, CEO, Idaho Medical Association (IMA), said previous efforts to improve the rural and under-served community physician shortage have increased the number of students in the interstate compact and expanded the residency training program. Because the academic debt incentives are lower than other federal and state programs and only one repayment program can be selected, physicians are not finding the program attractive.

The annual 4% fee collected from compact medical students attending the Utah Medical Education Program or the Washington-Alaska-Montana-Idaho (WAMI) Medical School provides \$191,000 to RPIP. **H 178** doubles the current award amount from \$50,000 to \$100,000, paid over a four-year period. It also increases the number of awards by allowing the total awards to exceed the amount of fees annually generated. Finally, it requires the RPIP Board retain an appropriate fund balance. Existing eligibility requirements will stay the same.

Answering questions, **Ms. Pouliot** said the fees are generated directly from the medical students, without state funding or allocation. Each Idaho student awarded a WAMI or University of Utah state-supported medical seat is assessed a 4% fee that is paid directly into the fund. These students, with first application priority, can receive RPIP debt repayment funds and practice in Idaho.

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

MOTION: **Rep. Redman** made a motion to send **H 178** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Packer** will sponsor the bill on the floor.

H 153: **Rep. Luke Malek**, District 4, presented **H 153**, legislation to set a platform for community paramedicine by amending the existing ambulance district statute. The changes add definitions to allow community paramedicine in the rule making process. Liability language existing in statute is applied to community paramedics as well as current emergency medical services (EMS) providers.

Darby Weston, Director, Ada County Paramedics, testified **in support** of **H 153**. This is something their agency developed and has had as a successful pilot program for the last five years. It sets a framework to identify and address gaps in healthcare access. By treating a patient's condition when it is less expensive, it provides improved patient outcomes, better health, and reduces the downstream cost.

Answering questions, **Mr. Weston**, said ambulance district references include all licensed Idaho EMS providers. Pilot projects with St. Alphonsus and St. Luke's were integrated, referring discharged patients deemed a good match for follow-up home visits.

Dr. Edward McEachern, Director, St. Alphonsus Health Alliance, testified **in support** of **H 153**. Idaho health care data indicates 14% of our population generates 55% of the costs. This legislation changes the health care system to allow well-trained paramedics the ability to provide follow-up visits, assisting patients in their homes so they remain healthy and do not return to the hospital.

Answering questions, **Dr. McEachern** said this program, especially in rural settings, allows highly skilled paramedics to be the eyes and ears of a physician. This is within the skill and talent domain of licensed emergency medical technicians (EMTs) or paramedics, allowing more patient contact than a rural physician may be able to provide. This establishes a way for systems to work together, invest in each other, and remove barriers. It could create a new rural career path with a new income stream, possibly from additional programs and future federal programs.

MOTION: **Rep. Romrell** made a motion to send **H 153** to the floor with a **DO PASS** recommendation.

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

Answering further questions, **Mr. Weston** said they are developing a sustainable model. Funding will be based on health care savings and may also come from ambulance taxing districts, CAT Fund reimbursements, private payers, and hospital groups. All these avenues will experience a cost savings by their services.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **H 153** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Malek** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:39 a.m.

Representative Wood
Chair

Irene Moore
Secretary