

MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Wednesday, March 11, 2015

**TIME:** 3:00 P.M.

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Heider, Vice Chairman Martin, Senators Lodge, Nuxoll, Hagedorn, Tippets, Lee, Schmidt and Jordan

**ABSENT/ EXCUSED:** None

**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.

**MINUTES APPROVAL:** **Senator Nuxoll** moved to approve the Minutes of February 19, 2015. **Vice Chairman Martin** seconded the motion. The motion carried by **voice vote**.

**H 107** **Representative John Rusche** presented **H 107** relating to the Immunization Assessment Program (Program) that is run by the Vaccine Assessment Board (Board) of the Idaho Department of Insurance (DOI).

**Representative Rusche** said **H 107** extends the sunset date of the Board for two years from 2015 to 2017. He explained that before the recession, the State of Idaho got the lowest cost for vaccines by joining the federal vaccine purchase program called Vaccines for Children. In 2007, the state-funded program went away, so health insurance companies (carriers) and those who chose to use Vaccines for Children were facing a 30 percent to 40 percent increase in cost at the individual office level and increased complexity in doctors' offices by having to provide separate vaccines and billing procedures for Medicaid children, uninsured children and those who were insured commercially. A group of carriers, pediatricians and Legislators developed the Program as a way to purchase the vaccines at the lowest price possible. The Program collects an assessment from carriers to purchase the vaccine material. Last year, carriers paid \$19.3 million dollars for vaccines that would have cost \$25.6 million if purchased outside of the Program. This saved more than \$6 million. In addition, the single vaccine source allows improved efficiency and lower work requirements in the pediatricians' offices and health departments. The Board is asking for a two-year extension so that the transitions caused by the Affordable Care Act (ACA) coverage requirements can be observed and followed. He stood for questions.

**Vice Chairman Martin** asked Representative Rusche if the \$19 million that was paid by the State is reimbursed by the doctors or whoever is getting the vaccine. **Representative Rusche** said no, the carriers are paying for it. He said pediatricians cannot charge patients for vaccinations distributed through the Program. The pediatrician might charge for an office visit or for syringes and other equipment but not for the vaccine ingredient. The doctors also benefit by only maintaining one stock of vaccines instead of two that would get outdated twice as frequently causing loss of product and inventory. There is no cost to the State except approximately \$8,000 per year for the clerical cost of running the Board and sending out the bills to the various carriers. He felt that was a minimal amount to save \$6 million.

**Senator Nuxoll** asked Representative Rusche who pays the \$6 to \$7 million that is saved by the State. **Representative Rusche** responded that the savings are caused by the volume discount, so no one pays the \$6 to \$7 million.

**Chairman Heider** said it is significant that Tom Donovan from the DOI, Mitch Scoggins from the Department of Health and Welfare (DHW) and Kathryn Turner from Idaho Division of Public Health are all in favor of **H 107**.

**MOTION:** **Senator Schmidt** moved to send **H 107** to the floor with a **do pass** recommendation. **Senator Hagedorn** seconded the motion.

**DISCUSSION ON THE MOTION:** **Senator Schmidt** said the situation was worse before the Program than Representative Rusche described. Physicians would have multiple stocks of immunizations in their refrigerators, they would have to give the right immunization to go with each type of insurance and Medicaid, and they had to bill differently for each. He said the Program has been a great benefit to primary care practitioners in the State.

**Senator Nuxoll** said she was glad there were benefits, however she had a problem with the compulsory payments required of the insurance carriers. **Representative Rusche** explained that all of the vaccinations are required to be first dollar coverage for all carriers because of the ACA. The carriers are saving about \$6 million per year, which they would have to cover if it were not for the Program.

**VOTE:** The motion passed by **voice vote**. **Senator Nuxoll** asked to be recorded as voting nay. Senator Schmidt will carry the bill on the floor.

**HCR 9** **Representative Rusche** presented **HCR 9** recognizing social work. He deferred to Senator Cherie Buckner-Webb.

**Senator Buckner-Webb** said she was honored to present **HCR 9** for consideration as a proud member of the National Association of Social Workers (NASW). She explained it is a recurring concurrent resolution that is presented almost every year. She said social workers are an invaluable resource to communities across Idaho. Community intervention is a key tenet of social work practice: intervention in the life of a single client or a small, medium or large system. In the best of times social workers are called upon to intervene and to interrupt behaviors and systems that range from problematic to life threatening. Professional social workers are equipped to identify and manage these dilemmas. A social worker's primary responsibility is to promote the well-being of clients. They respect and promote the clients' right to self-determination and assist clients in their efforts to identify and clarify their goals.

**Senator Buckner-Webb** said the mission of the social work profession is rooted in a set of core values. Those values, embraced by social workers throughout the profession's history, are the foundation of social work's unique purpose and perspective. The core values include service, social justice, dignity and worth of the person, importance of relationships, integrity and competence. She asked the Committee to support **HCR 9**, to proclaim the month of March 2015 as Social Work Recognition Month, and to call upon all citizens to join with the NASW in celebrating and supporting the social work profession.

**MOTION:** **Vice Chairman Martin** moved to send **HCR 9** to the floor with a **do pass** recommendation. **Senator Lee** seconded the motion. The motion carried by **voice vote**. Senator Buckner-Webb will carry the resolution on the floor.

**Representative Luke Malek** presented **H 153** relating to the Community Health Emergency Medical Services (CHEMS) Program. He said on February 25, Ada County Paramedics presented the concept to the Committee. This is the first of several pieces of legislation to be proposed over the next few legislative sessions. **Representative Malek** said **H 153** begins to build the foundation of the CHEMS Program that can be tailored to separate communities. He said there were members of the Ada County Paramedics and the DHW Bureau of Rural Health and Primary Medicine in the audience to talk about how important the CHEMS Program is and how it functions.

**Senator Tippetts** asked Representative Malek, since they were defining some terms that were not used in **H 153**, if the terms will be used in additional legislation. **Representative Malek** said that is correct. The definitions are meant to create a system that has not existed in Idaho Code before. He said **H 153** lays the foundation of the CHEMS Program for communities throughout the State. **Senator Tippetts** said it was difficult to assess whether the definitions were appropriate without seeing them in the context of either the rules or the statute. He asked if the terms will be used in statute, or in rules and statute, and why they were giving the definitions without the context. **Representative Malek** said the definitions are given in statute and will drive the rulemaking process. The rulemaking process will drive what the individual definitions mean to the communities.

**Senator Schmidt** said when he sees the term district he thinks of a taxing district. He asked if there would be an ability to levy taxes. **Representative Malek** deferred to the experts in the audience.

**Darby Weston**, Director of Ada County Paramedics, stood for the question. He explained that the inclusion of the language dealing with Title 31 and the ambulance taxing districts was to provide reference to Title 56 where the definitions and the authority to provide community health emergency medical services exists. It was to tie in the authority of the ambulance taxing district to provide community paramedic services specifically. It did not change the existing ability to levy taxes.

**Director Weston** said the reason they brought the legislation was to create within Idaho Code what they have learned from experience the last four years. For example, the definition of paramedic in Idaho Code was written for the emergent response and ambulance service. The definition of community paramedic was created in conjunction with the EMS Bureau because the definition that worked best in Ada County may not be the definition that would work best across the State. The EMS Bureau and the Idaho State Physician Commission for EMS will promulgate the rules and definitions. He said **H 153** sets up the framework to build the model across the State.

**Vice Chairman Martin** asked Director Weston what kind of services are provided when an ambulance is called in counties other than Ada County. **Director Weston** said there is something different going on in EMS in every community. Ada and Canyon are varied even though they use a lot of the same structures. **H 153** gives all systems the ability to provide proactive outreach, deliver community paramedic services in addition to their current services, and to leverage the infrastructure they have built. It has the same application whether an EMS taxing district, a fire district, a city or a private enterprise is providing this service.

**Senator Lee** asked if small rural ambulance districts will be able to meet the expectations to provide the types of service that would be required. **Director Weston** said it creates an opportunity. There are ambulance districts that can barely get enough volunteers to respond to emergencies. In those same communities, access to health care is probably in worse shape. The Program creates the opportunity to develop access to health care and outreach using the resources they have available and down the road, develop resources to increase the overall abilities of those systems. He said Mary Sheridan may be able to shed more light on how the State Healthcare Innovation Plan (SHIP) grant ties in for the rural areas.

**Senator Tippetts** said the new language on page 7, line 3, of the bill reads: "No act or omission of any person authorized under this chapter to provide community health emergency medical services shall impose any liability..." He asked who are the persons who are authorized. **Director Weston** said they are the people who have met the state requirements as promulgated in the rules to practice as a community EMT or community paramedic and are working for an agency designated as a CHEMS agency. The inclusion at that point in Idaho Code is to maintain the liability and risk profile that EMS currently has in providing the 911 response to the citizens of Idaho. The vast majority of what they do in Community Health EMS is in the same environment and context that they respond to today.

**Chairman Heider** asked Director Weston if the intent of **H 153** was to establish the definitions without establishing the department or means by which the definitions will be used. **Director Weston** said the intent was to create a place holder in Idaho Code for the EMS Bureau and the Physicians Commission to frame the rules around how they can and will be used.

**Senator Tippetts** asked if **H 153** grants any additional rulemaking authority that is not already available. **Director Weston** said no it does not. It simply provides direction to the EMS Bureau and the Physician Commission to promulgate rules around these new definitions.

**Sean Rayne**, Deputy Director of Operations, Ada County Paramedics, said part of his job has been overseeing the Community Paramedic Program for the past couple of years. He is in support of **H 153**. He said the program in Ada County has done some great things taking care of people who call 911 several times in a week. Instead of being reactive, the community paramedics go out and figure out what's going on with that patient and what they need to take care of themselves as opposed to relying on the 911 service to take them to the emergency room to figure out a simple problem. The community paramedic can educate and let the doctor know what is really going on in the house. They can do a medication reconciliation with the patient's physician to correct errors in dosages after patients return from the hospital with new medications.

**Mr. Rayne** said they had a meeting of the Community Paramedic Liaison Advisory Council where a group of stakeholders who are leaders in the health care industry in Ada County gathered to help steer the process. Mary Sheridan, Office of Rural Health, was there and gave a short presentation on the SHIP grant which contains the CHEMS Program. **Mr. Rayne** said he thinks **H 153**, with the definitions that are provided, fits nicely with the SHIP grant and the CHEMS Program. To answer Senator Lee's question, he said there may be some providers in the rural communities who aren't so interested in going out on the big wrecks and heart attacks, who may be at a point in their life where they would like to see patients in the middle of the day and take a proactive approach to keeping people out of the hospital and helping them become well. For example, in Custer County there is only one provider. There's no way that person would be able to do a bunch of house calls, but they might be able to leverage some resources. He stood for questions.

**Senator Hagedorn** asked if the definitions in **H 153** would assist the Ada County CHEMS in creating local ordinances or help the county itself create some of these services. **Mr. Rayne** said he did not think they would try to enact an ordinance, but it would allow them to take the concept they have been working on and move it toward a sustainable program and start looking at contracting with agencies to provide this service. He said at this point their legal services are uncomfortable that CHEMS may be putting Ada County EMS in a position of liability. Ada County EMS is statutorily obligated to provide 911 services, so if they go out and do something that isn't defined in law they could get themselves into legal complications that could cause them to stop providing 911 services.

**Senator Schmidt** said his home ambulance district is struggling with who pays for 911 services. He asked if the CHEMS program will change how billing is done and how taxing districts work. **Mr. Rayne** said he did not believe it would change the way they bill significantly. He sees some opportunity to tap into resources they have not been able to utilize up until this point. One of the concepts nationally is the idea of alternate destinations instead of the emergency department. He said there are talks of different types of models. Ada County CHEMS is looking at a program with St. Alphonsus Health Alliance for a capitation payment to go out and see 500 of St. Alphonsus' patients to do what may be needed to keep the patients out of the hospital. It is part of a grant from the Trinity Health Network, and they are still identifying metrics. As time goes on with this concept nationally, he thinks they'll see some of those models come to fruition along with some sources of payment they didn't realize before.

**Mr. Rayne** said when EMS goes on an ambulance call for a diabetic with low blood sugar, they put an intravenous (IV) line in the patient, put dextrose in the IV, wake the patient up, make the patient a peanut butter and jelly sandwich and give them a glass of orange juice. The patient does not need to go to the emergency department, they need to go to their endocrinologist or primary care provider instead. He said it is only about \$65 or \$70 for providing that service. The only payer that currently pays anything for that service is Medicaid. If EMS transports the patient to the hospital, even knowing they don't need to go, they get a full payment of \$600 or \$700. Talks are happening at a national level, as part of the EMS Field Bill that Senator Crapo is proposing.

**Senator Nuxoll** asked who will pay for the CHEMS Program expenses after the SHIP grant is gone. **Mr. Rayne** said Ada County is currently funding their own program. Last year they spent about \$280,000 and have not received much payment for it. The first inroad they are looking at is the St. Alphonsus Health Alliance capitation payment model. It will depend on each individual community and what resources they have available. He said Mary Sheridan can answer that question more appropriately about rural communities.

**Senator Tippetts** said he likes what they're doing, however he asked Mr. Rayne what **H 153** does beyond establishing some definitions that are not currently in the statute. **Mr. Rayne** said he believes the bill establishes the definitions, leaving them fairly open so the State EMS Bureau can make some rules that work for everyone in the State. **Mr. Rayne** said another idea he has heard is that it may enable a paramedic with some tenure to work for a rural provider, go out to see patients for the provider, be paid by that rural provider, and also be able to respond to 911 calls in an area that currently doesn't have a paramedic. **H 153** also helps with the liability piece to bring CHEMS under the current liability method as a 911 provider.

**Senator Tippetts** said that answer helped and asked Mr. Rayne to show language in the bill that enables the promulgation of the rules. **Mr. Rayne** said on page 7, Section 6, Legislative Intent, says it is the intent of the Legislature that the Idaho EMS Physician Commission and the EMS Bureau promulgate rules to govern CHEMS in Idaho.

**Mary Sheridan**, Bureau Chief of the Bureau of Rural Health and Primary Care (Rural Health Bureau), Division of Public Health, DHW, spoke about the connection between CHEMS and the SHIP plan. She said SHIP is a four-year model test grant the DHW has received from the Centers for Medicare and Medicaid Innovation. The grant started on February 1, 2015. The first year is a planning year, then there will be three years of implementation where they will test their innovations. The foundation of the SHIP grant is around primary care and the patient-centered medical home. They have included CHEMS within their SHIP grant initiative because they believe CHEMS will help alleviate the primary care shortage. They have proposed, under the SHIP grant, to fund education to support the new CHEMS programs in Idaho. The goal is three new paramedic programs per year for three years. They are also going to develop a CHEMS Program for basic life support (BLS) and intermediate life support (ILS) agencies using the SHIP grant funds. They think there is great alignment and think it will provide the framework to move the initiative forward in the SHIP grant.

**Senator Hagedorn** asked if she was on board with **H 153** as the framework to have this come about. **Ms. Sheridan** said absolutely. They see it as an expansion of the role of the paramedic and EMT. She does not envision needing to change scope of practice, but the EMS Physician Commission will take a look at that. They think it has been working well in Ada County, Bonner County and Teton County so they believe it's working under their current scope of practice.

**Senator Nuxoll** asked how it's working with rural districts and how they will keep paying for CHEMS if it is set up. **Ms. Sheridan** said their vision is to transform the health care system in Idaho from a value-based fee-for-service system to one that rewards outcomes over the course of the four-year SHIP grant. They are looking at things like care coordination and a tiered approach to paying for health care services for the patients in the medical homes or in the primary care clinics. They feel that by incorporating CHEMS within that effort, it will become sustainable as they evolve into a shared savings model. They have included a mentor program in the SHIP grant to tap into some experts who have built the CHEMS model and can help support the CHEMS programs in rural Idaho, looking at sustainability from the beginning. What they don't want to happen is simply creating another fee-for-service model for CHEMS. The whole initiative is aligned to improve population health, improve patient care and reduce costs. They believe as they evolve the payment system inclusive of CHEMS, they will sustain the program.

**Representative Malek** explained **H 153** is the foundation for the EMS Bureau to take the definitions and begin the rulemaking process. They are not asking for state funding. Whether SHIP funding is still available by the time the CHEMS Program is up in some of Idaho's communities is irrelevant. He said when it comes to funding, if it is not a sustainable program once it's built out, then it will be a failed project.

**Senator Nuxoll** asked if they would need to add many new employees for CHEMS. **Representative Malek** said this bill does not include that step, but there is that possibility. The project ultimately drives local control so it depends on what the localities want and have the capacity for. If they are able to bill Medicaid or other private payers along the line, yes they could absolutely add full-time employees; but not until that point.

**Senator Tippets** said he likes the idea and wants to be supportive, but he wonders if the bill needs some amendments. **Senator Tippets** asked Representative Malek to clarify the definitions of "community EMT" and "community paramedic." **Representative Malek** said Emergency Medical Technician is defined on page 5, line 32, of **H 153**. It is a term of art for purposes of this statute. A community EMT means the term of art EMT with additional standardized training. Paramedic is a term of art that is defined in **H 153** on page 6, line 3. Community paramedic means a paramedic with additional training. Again, that is a person who has met qualifications for licensure, is licensed by the Bureau, and carries out the practice of emergency care.

**Senator Tippets** asked for clarification on who is authorized under this chapter to provide those services on page 7, line 3. **Representative Malek** referred back to the statutes he was just reading in terms of community EMT on page 4, lines 40 through 44, and community paramedic on page 5, lines 3 through 8. Those are the persons specifically authorized to provide those services.

**Senator Hagedorn** said he thinks **H 153** defines the foundation of a really good organizational opportunity. He added CHEMS is working in Ada County and two other counties that are much more rural than Ada County, and he thinks **H 153** defines the tools that local communities could use should they have the resources and need to use them.

**MOTION:** **Senator Hagedorn** moved to send **H 153** to the floor with a **do pass** recommendation. **Vice Chairman Martin** seconded the motion. The motion carried by **voice vote**. Senator Hagedorn will carry the bill on the floor.

**HCR 11** **Representative Fred Wood** said **HCR 11** was a rules rejection requested by the Office of the Governor and the Idaho Commission for the Blind and Visually Impaired (Blind Commission). The reason for the legislation was the Blind Commission had promulgated some rules last summer before similar federal rules came out. The Blind Commission's rules were not in compliance with some of the federal rules, therefore the Blind Commission was asking the House and Senate Committees to reject their prior rules so they may repromulgate and bring them back to the Committees again. He respectfully requested favorable consideration.

**MOTION:** **Vice Chairman Martin** moved to send **HCR 11** to the floor with a **do pass** recommendation. **Senator Lodge** seconded the motion. The motion carried by **voice vote**. Senator Lee will carry the concurrent resolution on the floor.

**ADJOURNED:** There being no further business, **Chairman Heider** adjourned the meeting at 4:18 p.m.

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Senator Heider  
Chair

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Erin Denker  
Secretary

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Paula Tonkin  
Assistant Secretary