

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, January 20, 2016

TIME: 3:00 P.M.

PLACE: Room WW54

MEMBERS PRESENT: Chairman Heider, Vice Chairman Nuxoll, Senators Martin, Lee, Harris, Schmidt and Jordan

ABSENT/ EXCUSED: Senators Lodge and Hagedorn

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 of the Senate Health and Welfare Committee (Committee) to order at 3:10 p.m.

PASSED THE GAVEL: Chairman Heider passed the gavel to Vice Chairman Nuxoll to conduct the rules review.

DOCKET NO. 16-0202-1501 **Rules of the Department of Health and Welfare Relating to the Idaho Emergency Medical Services (EMS) Physician Commission. Dr. Curtis Sandy**, Chairman of the Idaho EMS Physician Commission (Commission), presented this docket. **Dr. Sandy** informed the Committee that the Commission maintains a standards manual, Idaho Emergency Medical Services (EMS) Physician Commission Standards Manual (Manual), that describes the skills, treatments and procedures that licensed EMS personnel in Idaho may perform (see attachment 1). **Dr. Sandy** reported that changes were made to the Manual to reflect current best practices in EMS and include technical changes to align the Manual with the EMS education requirements. In addition, language was added that requires licensed paramedics to receive appropriate training and assessment prior to performing certain critical care interventions. **Dr. Sandy** explained that remaining changes reflect the incremental evolution of the scope of practice for various levels of EMS providers in Idaho.

Vice Chairman Nuxoll called for questions.

Senator Lee asked how many EMS providers are certified to perform critical care interventions in Idaho, specifically in rural areas. **Dr. Sandy** replied very few paramedics operate in rural areas and noted that the majority of critical care is performed in urban centers.

Senator Schmidt sought clarification on whether the rule will go in to effect July 1, 2016, or at the end of the current legislative session. **Dr. Sandy** replied that in past sessions, there was a choice of date of enactment. He indicated that July 1 enactment is preferred so that statewide protocols correspond with the scope of practice. **Chairman Heider** clarified that the rules will go in to effect on July 1, 2016.

Vice Chairman Nuxoll asked how often the Manual is revised and sought clarification on what "2011" refers to in the Manual. **Dr. Sandy** replied that the Manual is update annually. He then explained that "2011" refers to new licensure levels established in 2011.

MOTION: There being no more questions, **Senator Martin** moved to approve **Docket No. 16-0202-1501**. **Senator Lee** seconded the motion. The motion carried by **voice vote**.

Rules of the Department of Health and Welfare Relating to Eligibility for Health Care Assistance for Families and Children. **Julie Hammon**, Deputy Administrator for the Division of Welfare, presented this docket. **Ms. Hammon** stated that the proposed rules address the reinstatement of the transitional Medicaid program for adults with children who have income below 26 percent of the federal poverty limit and who are currently receiving Medicaid but may lose benefits due to increased earnings. The purpose of this program is to transition families off Medicaid when a family member gains employment, incentivizing individuals to find work without fear of losing coverage by allowing 12 months of Medicaid coverage during job transition. Congress reinstated the transitional Medicaid program last year, as part of the children's health insurance program reauthorization. The reinstatement of the transitional Medicaid program in Idaho will bring the state back into compliance with federal regulations. **Ms. Hammon** indicated the Division of Welfare expects 2,700 participants each year, generating \$9,771,060 in Medicaid payments to be administered annually, with \$2,842,411 from the General Fund. **Ms. Hammon** reported that the proposed rules also remove specific references to "eligible institutions," which are already defined in IDAPA 16-0305-0107. Further, the proposed rules will remove reference to eligibility of individuals who are non-citizens and have a lawful status of employment but are not eligible for Medicaid benefits in Idaho, preventing erroneous payments. **Ms. Hammon** stated no negative comments were received during the public comment period.

Vice Chairman Nuxoll called for questions.

Senator Martin inquired if the 12-month coverage period was federally mandated. **Ms. Hammon** explained that mandate allows for a 6- or 12-month coverage period, but historically the 12-month period created a more efficient coverage process. **Senator Martin** then asked if the \$9,771,060 is the cost of continuing to provide this service for 12 months to eligible individuals. **Ms. Hammon** affirmed.

Senator Jordan sought clarification on program costs. **Ms. Hammon** affirmed that \$9,771,060 was the total cost, with \$2,842,411 from the Idaho General Fund. **Senator Jordan** followed up by asking what the standard probationary time is for a newly employed individual to wait for health insurance benefits, and what the cost would be, in the form of additional benefits, for individuals who are unemployed for this same period of time. **Ms. Hammon** replied that she would seek more information regarding probationary periods and agreed that there would be costs related to other services provided for individuals who are unemployed.

Senator Lee asked if Idaho was currently out of compliance with federal rules and if there are related consequences. **Ms. Hammon** affirmed that Idaho is out of compliance, however, Idaho is still required to provide transitional Medicaid services.

Senator Schmidt asked for a general description of income level for an individual seeking transitional services. **Ms. Hammon** explained that only adults with children are eligible and stated that a family of two that makes \$500 a month reaches the threshold to lose Medicaid coverage.

Vice Chairman Nuxoll inquired whether the rule changes were made to bring Idaho in compliance with federal code, to which **Ms. Hammon** affirmed. **Vice Chairman Nuxoll** sought clarification regarding the criteria for families seeking transitional services and **Ms. Hammon** responded that families with children losing Medicaid coverage due to increased earnings are eligible. **Vice Chairman Nuxoll** then sought clarification on why language referencing "eligible institution," was removed, to which **Ms. Hammon** explained that the language removes reference to the rule defining "eligible institution" which is defined separately.

MOTION: There being no more questions, **Chairman Heider** moved to approve **Docket No. 16-0301-1501**. **Senator Schmidt** seconded the motion. **Vice Chairman Nuxoll** stated her opposition to the transitional Medicaid program, commenting that eligibility should be determined on a case-by-case basis. **Vice Chairman Nuxoll** and **Senators Harris** and **Martin** asked to be recorded voting as nay. The motion carried by **voice vote**.

DOCKET NO. 16-0305-1501 **Rules of the Department of Health and Welfare Governing Eligibility for Aid to the Aged, Blind and Disabled (AABD)**. **Callie Harrold**, Medicaid Policy Specialist for the Division of Welfare, presented this docket. **Ms. Harrold** explained that when determining eligibility for long-term care services, a participant's total income is examined to determine if the participant must share in the cost of services, referred to as "share of costs." When determining share of costs, the participant's total income minus allowable expenses is examined. **Ms. Harrold** stated the rule change clarifies allowable expenses to include medical expenses incurred up to three months prior to application for assistance. She indicated the fiscal impact would be \$403,600, with \$120,960 from the General Fund, and that the rule change brings Idaho into compliance with federal regulations. **Ms. Harrold** pointed out that this was not negotiated rulemaking, but positive feedback was received.

MOTION: There being no questions, **Senator Schmidt** moved to approve **Docket No. 16-0305-1501**. **Senator Jordan** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 16-0305-1502 **Rules of the Department of Health and Welfare Governing Eligibility for Aid to the Aged, Blind and Disabled (AABD)**. **Callie Harrold**, Medicaid Policy Specialist for the Division of Welfare, presented this docket. **Ms. Harrold** introduced the first rule change, which updates how self-employment is calculated when determining eligibility for the AABD program. The rule change removes the standard 50 percent deduction of self-employment income, instead using the actual self-employment expenses incurred. **Ms. Harrold** pointed out that this change aligns with other self-employment income formulas for all other Medicaid programs. She continued to explain the second rule change, which removes reference to the eligibility of individuals who are non-citizens and have a lawful employment status. She stated that these individuals are not eligible for Medicaid and the conflicting language was removed to prevent erroneous payments. **Ms. Harrold** reported that this was not negotiated rulemaking, but no negative feedback was received.

Vice Chairman Nuxoll called for questions.

Senator Schmidt asked if the self-employment deduction is applied to all eligibility determinations, to which **Ms. Harrold** replied that the rule change aligns AABD self-employment income calculation with federal Medicaid rules.

MOTION: There being no questions, **Senator Harris** moved to approve **Docket No. 16-0305-1502**. **Senator Schmidt** seconded the motion. The motion carried by **voice vote**.

PASSED THE GAVEL: Vice Chairman Nuxoll passed the gavel back to Chairman Heider.

PRESENTATION: Prevention of Suicide in Idaho. **Dr. Linda Hatzenbuehler**, Chair of the Idaho Council of Suicide Prevention (Council); **Kim Kane**, Program Director for the Idaho Lives Project; and **Dr. Robert Polk**, Chair of the Health Quality Planning Commission (HQPC) made this presentation before the Committee.

Dr. Hatzenbuehler stated that the Council was developed by executive order in 2006 with the purpose of preventing deaths by suicide in Idaho and consists of community stakeholders from across the state. Reporting that death by suicide was a significant public health issue in Idaho, **Dr. Hatzenbuehler** presented statistics on Idaho suicide rates in Idaho and illustrated the related economic impact (see attachment 2). She reported that the number of deaths by suicide per capita in Idaho is among the highest in the nation, pointing out that the gap between the Idaho and national per capita rate is growing. **Dr. Hatzenbuehler** provided the Committee with (i) the Council's 2015 annual report (see attachment 3), (ii) the Idaho suicide prevention plan (see attachment 4) and (iii) a fact sheet related to suicide in Idaho prepared by the Suicide Prevention Action Network of Idaho (see attachment 5). **Dr. Hatzenbuehler** highlighted SCR 104, passed in 2014, which authorized the HQPC to implement the Idaho suicide prevention plan. **Dr. Hatzenbuehler** concluded her portion of the presentation by reiterating that deaths by suicide are preventable by implementing appropriate prevention programs.

Kim Kane, Program Director for the Idaho Lives Project, presented statistical trends in suicide rates and introduced successful prevention strategies (see attachment 2). She reported that recent suicide rates have been affected by the state of the economy, reporting an increase in suicide rates in relation to economic downturn. **Ms. Kane** pointed out that Idaho ranks in the top ten states of completed suicides per capita. **Ms. Kane** then highlighted effective strategies that help reduce deaths by suicide, including (i) effective state leadership, (ii) youth training programs, (iii) hotlines and (iv) public awareness via media campaigns.

Dr. Polk stated that the HQPC was established by the Legislature in 2006 and charged with examining the quality of care of Idahoans. He explained that 2014 SCR 104 charged the HQPC with implementing a comprehensive suicide prevention plan. The plan and corresponding budget was approved by the HQPC in December 2015. **Dr. Polk** reviewed statistical information pertaining to suicide rates and related economic costs (see attachment 6).

Dr. Polk stated that the HQPC set a goal to reduce suicide rates in Idaho by 10 percent by the year 2020 and he noted that implementation of the comprehensive suicide prevention plan would require an additional \$971,102, which was not integrated in the FY 2017 Department of Health and Welfare budget request.

Dr. Polk then highlighted and discussed four priority initiatives (see attachment 6), including:

1. Creation of an office of suicide prevention, established within the Division of Public Health, to coordinate and implement effective prevention programs;
2. Youth training administered by the Idaho Lives Project, reaching 50 percent of middle and high school student over a five-year period;
3. Sustainable funding for the Idaho suicide prevention hotline to support 60 percent of its operations; and
4. Funding for public awareness campaigns, which are common in most public health initiatives and create awareness at the individual and community levels, provide information about how to seek help and increase awareness about mental illness.

Dr. Polk then briefly reviewed the remaining eight initiatives (see attachment 6), including (i) gatekeeper training, (ii) media training, (iii) behavioral health clinicians training, (iv) follow-up for suicidal patients, (v) immediate coroner reporting for suicide, (vi) professionals training, (vii) suicide support group training, (viii) obtain accurate and adequate suicide data reporting (see attachment 6).

Chairman Heider called for questions.

Vice Chairman Nuxoll asked if the statistics gathered per county were aggregated per 100,000; if so, how such data is collected for counties with populations less than 100,000. **Dr. Polk** answered that a mathematical adjustment is made to accurately reflect smaller populations.

Senator Harris asked why Idaho has such high suicide rates. **Dr. Polk** replied that there is no clear answer because it is a complex issue. He indicated that intermountain west states have the highest rates of suicide and described a current theory pertaining to "thwarted belongingness," which implies a relationship between suicide rates and a lack of human connection.

Chairman Heider inquired if there was a way to identify individuals with a suicide plan or intention to commit suicide. **Dr. Polk** stated that data is typically self-reported, but by providing youth training and making suicide prevention hotlines available, early identification and recognition of planning may be possible.

Vice Chairman Nuxoll asked why suicide rates among males are higher than females. **Dr. Polk** responded there is no definitive answer.

Chairman Heider asked how much money is needed to fund suicide prevention programs in a meaningful way. **Dr. Polk** asked Elke Shaw-Tulloch, Administrator for the Division of Public Health, to respond. **Ms. Shaw-Tulloch** recognized the difficulty in determining appropriate funding levels for such programs but noted that the Division of Public Health assisted the HQPC in establishing a conservative budget, based on other behavioral health programs. She indicated the tobacco program was used as a comparative example of best practices.

Senator Martin asked if efforts have been made to prioritize the initiatives outlined by the HQPC, to which **Dr. Polk** responded that the top four initiatives outlined in depth in his testimony are of top priority. **Senator Martin** followed up by asking if less money allocated for youth training would result in less than 50 percent of students receiving training, which **Dr. Polk** affirmed.

Chairman Heider thanked the presenters for their time and reiterated the commitment of the Legislature to reduce deaths by suicide in Idaho.

ADJOURNED: There being no further business, **Chairman Heider** adjourned the meeting at 4:30 p.m.

Senator Heider
Chair

Karen Westbrook
Secretary

Jennifer Carr
Assistant