

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, February 04, 2016

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: Alex Adams, Idaho Board of Pharmacy; Lisa Hettinger, Tamara Prisock, Bev Barr, Dave Taylor, DHW; Brad Hunt, O.A.R.C.

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

Chairman Wood turned the gavel over to **Vice Chairman Packer**.

H 374: **Rep. Fred Wood**, District 27, presented **H 374**, which addresses the Prescription Monitoring Program (PMP) poor usage rate. Analysis of the program indicated physician log in was not conducive to most offices, unless the physician released the identification number to an employee. This legislation authorizes a delegate program and limits the number of delegates to four per supervising entity. Provider and delegate definitions are added. Requirement is made for delegate registration with the Bureau of Licensing. Each delegate will have a unique identification number for monitoring purposes. The program cost is de minimis because the system is already in place and no staff increase is required.

Alex Adams, Executive Director, Board of Pharmacy (BOP), was invited to answer a committee question. He explained each unique account and access identification provides an audit trail. If a provider identification and password are shared, the audit trail identifies only the original provider, not who used the identification. The change increases security.

MOTION: **Rep. Hixon** made a motion to send **H 374** to the floor with a **DO PASS** recommendation.

Answering further committee questions, **Dr. Adams** said the registration requirement has increased data enrollment by 255%. However, the PMP use has only increased 53%. The data base information sparks a patient point-of-care dialogue. Two dedicated staff members monitor and review suspected abuse. BOP logs, called unsolicited reports, alert providers to suspected abuse. In 2015, 636 reports were generated. Online unsolicited reporting has just begun and additional types of reports are being considered.

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

VOTE ON MOTION: **Chairman Packer** called for a vote on the motion to send **H 374** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Chew** will sponsor the bill on the floor.

H 375: **Rep. Fred Wood**, District 27, presented **H 375**, legislation to repeal the Health Care Task Force (HCTF). Session laws, but not statute, in 2000 created a joint legislative oversight committee to monitor the insurance high risk pool. The 2006 session laws were amended to rename the commission the Health Insurance Premiums Task Force (HIPTF) and authorized it to do some research. The HIPTF was later renamed the HCTF, but still not codified beyond session laws. If the HCTF exists beyond an interim committee, a Concurrent Resolution and budget should be presented to authorize taxpayer fund expenditures. The fiscal General Fund savings is \$3,500 per meeting per year.

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

Rep. Rusche commented, as an HCTF member, the task force was designed as an oversight board for the high risk insurance pool because problems within the Health and Welfare committees left no place for the health care industry to bring public policy issues. The HCTF function changed to become a forum for the health care industry. A select healthcare committee is an option to continue the HCTF work.

MOTION: **Rep. Redman** made a motion to send **H 375** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Rusche** requested he be recorded as voting **NAY.** **Rep. Wood** will sponsor the bill on the floor.

Vice Chairman Packer turned the gavel over to **Chairman Wood.**

DOCKET NO. 16-0319-1502: **Tamara Prisock**, Administrator, Division of Licensing and Certification, DHW, presented **Docket No. 16-0319-1502** and an overview of Certified Family Homes (CFH). CFHs provide homelike alternatives for living within an individual's community and delaying the need for more expensive institutional care. There are over 2,300 CFHs with 3,305 beds, of which 454 are currently empty.

The CFH provider and the resident enter into an admission agreement for services delivered and amounts paid. These amounts vary, based on the home's location. The payment may be either from the resident's own income or their family. CFH Rules prohibit any provider charging the full amount of the resident's income for rent, utilities, and food. At least \$100 must remain as a personal needs allowance.

Within the Division of Licensing and Certification, the CFH Program is charged with monitoring and enforcing CFH compliance with statutes and rules outlining operation. The staff consists of ten CFH Specialists located in seven geographic regions and one Program Manager in the DHW Pocatello field office. The program maintains a current workload and has no overdue surveys or complaint investigations. Staffing or funding reductions would adversely affect inspections, complaint investigations, and the availability of time to help CFH providers.

Arthur Evans, Bureau Chief, Developmental Disabilities Services, Division of Medicaid, DHW, further presented information on Medicaid services and CFHs. For 6.26 hours of provider skill building services delivered in a CFH, Medicaid pays \$53.39 per day. Reimbursement for services provided to family members is unique to Idaho. Rules govern cost studies and rate adjustments, which are initiated only by demonstrated program access or quality issues. Medicaid has no indication of either CFH industry-wide quality or identified access issues at this time. Answering a committee question, Mr. Evans stated the last Medicaid medical services CFH rate adjustment was in 2000.

Answering committee questions, **Ms. Prisock** said the initial \$150 fee covers certification, inspection, orientation, training, and placement approvals. The \$300 annual fee covers ongoing training, consultation, annual recertification inspections, administration costs, and electronic communication methods.

MOTION: **Rep. Troy** made a motion to reject **Docket No. 16-0319-1502.**

Commenting to the motion, **Rep. Troy** stated this is an opportunity to explore additional creative options to reduce costs and partner with CFH providers on the solutions. Until we are the best possible partners with the providers, the cost increase request is unfair.

Dave Taylor, Deputy Director, Support Services, Division of Licensing and Certification, DHW, was invited to answer a committee question. He said the initial CFH Program funding was evenly split between state and federal funds, with the added directive to promulgate Rules and develop an ongoing operation fee structure.

Chairman Wood commented the intention of the CFH Program was to change the existing system and treat providers the same as other professional business groups.

Lisa Hettinger, Division Administrator, Medicaid, further answered a committee question. The formulary process for rate change is grounded in the federal Rule that Medicaid reimbursement must service issues of quality, access, and efficiency.

SUBSTITUTE MOTION:

Rep. Chew made a substitute motion to approve **Docket No. 16-0319-1502**, with the recommendation the issue be re-addressed before the committee in one year.

Responding to additional committee questions, **Dave Taylor** stated a Medicaid Administrative Grant was available for initial funding of the program. He will research and determine if any funds remain for use.

Rep. Beyeler remarked a provider worried about \$.19 a day is a Medicaid access indicator requiring review.

Lisa Hettinger, answering a committee question, explained the \$54 per day covers 6.2 hours of services rendered in the home, not the entire 24 hours of care.

Rep. Vander Woude spoke **in opposition** to the substitute motion. The department needs to provide a better way to balance their budget. All families struggle with costs, especially those caring for a family member in their home.

Vice Chairman Packer, commenting **in support** of the substitute motion, stated any business unable to afford licensing and accreditation probably should not be in that business, no matter what it is. This program allows families to be reimbursed for services they would have provided, since there were no other options. She requested fee reductions next year, if federal funds are available.

Chairman Wood, **in support** of the substitute motion, said no access issue exists given the number of empty beds.

VOTE ON SUBSTITUTE MOTION:

Chairman Wood called for a vote on the substitute motion to approve **Docket No. 16-0319-1502**. **By a show of hands, the motion carried.**

ADJOURN:

There being no further business to come before the committee, the meeting was adjourned at 10:36 a.m.

Representative Wood
Chair

Irene Moore
Secretary