

MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Tuesday, February 09, 2016

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

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Heider, Vice Chairman Nuxoll, Senators Lodge, Hagedorn, Martin, Lee, Harris, 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 meeting of the Senate Health and Welfare Committee (Committee) to order at 3:02 p.m.

**RS 24241** **Relating to the Practice of Pharmacy. Pam Eaton**, Executive Director of the Idaho State Pharmacy Association (ISPA), presented this RS.

**Ms. Eaton** stated that pharmacists are currently authorized to prescribe and administer immunizations to individuals who are 12 years of age or older. This proposed legislation amends Idaho Code to provide that pharmacists' may prescribe and administer immunizations for individuals who are six years of age or older. **Ms. Eaton** discussed three primary reasons for modifying this age limit: (i) to increase immunization rates in Idaho, (ii) to decrease the waivers for immunizations based on convenience and (iii) to increase access to flu shots for children. **Ms. Eaton** clarified that this proposed legislation would not require immunizations.

**Chairman Heider** asked the Committee members if they had any questions.

**Vice Chairman Nuxoll** asked if obtaining immunizations from pharmacists would cost less than obtaining immunizations from physicians. **Ms. Eaton** answered that it depends on the type of immunization the patient is receiving. Currently, physicians obtain immunizations required for school for free and pass cost savings along to the patients. Pharmacists are eligible to enroll in the same program to obtain the immunizations for free. If the pharmacists do not enroll in the program, then immunizations would be more expensive. **Vice Chairman Nuxoll** asked if pharmacists are require to provide patients with the same information as physicians and obtain the parental consent. **Ms. Eaton** replied that pharmacists must distribute the same information that a physician distributes at the time of immunization. Pharmacists also encourage patients who receive immunizations through them to follow-up with their physician. **Vice Chairman Nuxoll** asked again about parental consent. **Ms. Eaton** responded that parental consent is required before administering an immunization to a minor.

**Senator Lodge** commented that, in her experience, obtaining a flu shot from a pharmacist was less expensive and more convenient than scheduling an appointment with a physician.

**Senator Harris** asked why the age of six was chosen instead of another age. **Ms. Eaton** answered that some states have the age limit at six and others go down to age two. Age six was chosen because that is primarily the age of a child when they start grade school.

**Senator Schmidt** asked if pharmacists record immunizations in the State database. **Ms. Eaton** replied that some pharmacists do record the information and others do not. Those who did not input the information into the State database either did not know they were required to record immunizations or they did not know how record immunizations in the database. She indicated that there is an campaign underway to train pharmacists to input immunization information to the State database.

**MOTION:** There being no more questions, **Senator Harris** moved to send **RS 24241** to print. **Senator Schmidt** seconded the motion. The motion carried by **voice vote**.

**RS 24053** **Relating to Public Assistance. Steve Bellomy**, Bureau Chief of Audits and Investigations in the Department of Health and Welfare (Department), presented this RS.

**Mr. Bellomy** stated that the proposed legislation amends Idaho Code to revise provisions regarding civil monetary penalties (penalties) for providers. The legislation proposes three main changes: (i) to allow the Department to make rules regarding how and when penalties are applied, (ii) to reduce the minimum penalty from 25 percent to 10 percent and (iii) to modify how the Department applies penalties to providers who fail to obtain required background checks on employees. **Mr. Bellomy** commented that fiscal note represents the impact of this legislation on the General Fund if all penalties were reduced to the minimum 10 percent. However, this is a worst case scenario and the Department does not anticipate a current or future need for funding. **Mr. Bellomy** reviewed the specific language for the proposed changes.

**Chairman Heider** asked the Committee members if they had any questions.

**Senator Hagedorn** asked Mr. Bellomy to clarify how the Department would determine if a background check is "not timely performed." **Mr. Bellomy** answered that in some cases, a background check is required before the first day of work; in other cases, a background check is required if the employee is supervised. Therefore, the Department intentionally used this broad language to accommodate different rule requirements for different categories of service.

**Senator Schmidt** requested that the Department be prepared to discuss how many civil monetary penalties have been applied to school districts. **Mr. Bellomy** stated that he would answer that question at the hearing.

**MOTION:** There being no more questions, **Senator Schmidt** moved to send **RS 24053** to print. **Senator Hagedorn** seconded the motion. The motion carried by **voice vote**.

**RS 24052** **Relating to Background Checks. Fernando Castro**, Supervisor of the Criminal History Unit of the Bureau of Audits and Investigations in the Department, presented this RS.

**Mr. Castro** stated that proposed legislation amends Idaho Code to remove obsolete language regarding funding for criminal background checks. **Mr. Castro** reviewed the duties of the Criminal History Unit. Specifically, he indicated that the proposed legislation seeks to eliminate language regarding funding of a federal project that has since lapsed. The Department currently charges fees to adequately fund the program and so there is no fiscal impact to the State.

**MOTION:** There being no questions, **Senator Schmidt** moved to send **RS 24052** to print. **Vice Chairman Nuxoll** seconded the motion. The motion carried by **voice vote**.

**PRESENTATION: Behavioral Health in Idaho.** **Tom Hanson**, President of the Board of Directors of the National Alliance on Mental Illness – NAMI Wood River Valley; **Kathie Garrett** Vice President, National Alliance on Mental Illness – Idaho; **Ross Edmunds**, Administrator of the Division of Behavioral Health in the Department; and **Dennis Baughman**, Project Director of Lifeways, made this presentation before the Committee.

**Mr. Hanson** opened the presentation with a discussion regarding his son's struggle to obtain health care.

**Ms. Garrett** presented behavioral health priorities in an integrated health care setting. Specifically, she discussed (i) the obstacles for people with mental illness, (ii) the transformation of the mental health system into an integrated system in which mental health issues are treated like any other health issue or illness, (iii) the importance of suicide prevention for mental health, (iv) the effects of trauma on mental health, (v) national mental health statistics and (vi) care issues in a primary setting (see attachment 1).

**Mr. Edmunds** continued the presentation by examining the system of care for behavioral health in Idaho. He discussed (i) the types of individuals that need behavioral health services, (ii) the accomplishments of the Department, (iii) the Department's current and future work related to behavioral health, (iv) the increased demand for crisis services, (v) updates regarding the establishment and operation of Idaho's community crisis centers, (vi) updates and core elements of the Jeff D. settlement agreement and (vii) updates and pathways through the redesigned public behavioral health system (see attachment 2).

**Chairman Heider** asked the Committee members if they had any questions.

**Vice Chairman Nuxoll** asked about private entities that can support those in need.

**Mr. Edmunds** responded that there are entities across the State that provide housing and other support services. He stated that the regional health boards are able to become the experts in the communities they serve and help people identify and connect with different resources. He stated that there are recovery coaches and certified peer specialists to assist those who are coming out of the behavioral health systems.

On behalf of Senator Schmidt, **Senator Lee** asked how the State can provide better access to behavioral health services in rural areas. **Mr. Edmunds** replied that there is no easy solution, but technology can assist in the process. He stated that the Department started by assisting those with immediate crisis needs through the establishment of crisis centers. The Department wanted to have a more managed network of community providers so it introduced managed care into the State. He noted that the problem for not having enough behavioral health specialists is felt in all counties in Idaho. He indicated that the next major step for the behavioral health system is the integration of physical and behavioral health.

**Senator Hagedorn** requested that Mr. Edmunds provide information to the Committee via e-mail regarding Idaho's rank among behavioral health providers per capita. **Mr. Edmunds** answered that he would be happy to provide the information Senator Hagedorn requested. **Senator Hagedorn** asked if behavioral health services are increasing due to a population increase or if the increase is caused by other issues. **Mr. Edmunds** responded that many factors have resulted in increasing behavioral health services. He stated that more than 250,000 people suffer with some form of mental illness.

**Dennis Baughman** discussed Lifeways' experience as providers of comprehensive behavioral health services and stewards of public funds in both Idaho and Oregon (see attachment 3). He stated that discussions regarding a new model of delivery of behavioral health services are very timely. He provided an overview of the services Lifeways provides to Idaho and Oregon families. **Mr. Baughman** noted that managed care strategies create a better foundation for achieving the triple aims of overall health care: better care, better health and lower costs. He reviewed the benefits for individuals, hospitals and emergency departments in using a wellness and recovery model. **Mr. Baughman** highlighted research that demonstrates that early intervention, prevention and community based services are more effective for children and youth with severe emotional disturbance, as well as with individuals who have severe and persistent mental illness.

**Chairman Heider** asked about Lifeways' presence in Idaho. **Mr. Baughman** answered that there are Lifeways offices in Fruitland and Caldwell. **Senator Lee** recognized the innovation Lifeways brings to Fruitland and Caldwell.

**Chairman Heider** asked if Lifeways had plans to expand further into Idaho. **Mr. Baughman** deferred the question to Lifeways Chief Operating Officer, Ray Millar. **Mr. Millar** responded that Lifeways plans to expand in Idaho as a comprehensive behavioral health provider and share the lessons the company has learned in Oregon.

**ADJOURNED:** There being no further business, **Chairman Heider** adjourned the meeting at 4:24 p.m.

---

Senator Heider  
Chair

---

Karen R. Westbrook  
Secretary

---

Michael Jeppson  
Assistant