## MINUTES

## **HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Wednesday, March 23, 2016

TIME: 8:30 A.M.

PLACE: Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell,

Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

ABSENT/ None

EXCUSED:

**GUESTS:** Toni Lawson, Idaho Hospital Asso.; Fred Birnbaum, Idaho Freedom Foundation;

Karleen Davis, Citizen; Lee Flinn and Yvonne Ketchum Ward, Idaho Primary Care Assoc.; Brian Whitlock, Idaho Hospitals; Mike Brassey, St. Luke's Health System; Denise Chuckovitch, DHW; Darcy James and Christine Flechter, Idaho Interfaith Roundtable Against Hunger; Laurie Boston, Southwest Dist. Health; Corey Surber,

Saint Alphonsus

**Chairman Wood** called the meeting to order at 8:32 a.m.

RS 24759C2: Rep. Lynn Luker, District 15, presented RS 24759C2, a proposed resolution to

improve the gap population through an Idaho-specific waiver. An interim committee will be established to work with the Department of Health and Welfare director to prepare a waiver request incorporating both managed care outcome and personal responsibility models. The committee has the additional direction to review the catastrophic fund and indigent care model, with a goal to eliminate them as a part

of this process.

Answering committee questions, **Rep. Luker** stated **RS 24759C2** is a combination of several legislative drafts. The legislative body has not been able to review

previous study group reports.

**Rep. Rusche, in opposition** to **RS 24759C2**, stated since 2012 Medicaid expansion proposals have received, until this year, neither hearings nor

consideration by the body.

**Vice Chairman Packer** commented the variety of solutions and viewpoints is part of the representative government. **RS 24759C2** provides forward motion toward

the right solution, although it is not the fastest track.

MOTION: Vice Chairman Packer made a motion to introduce RS 24759C2 and recommend

it be sent directly to the Second Reading Calendar.

Reps. Redman and Beyeler commented in support of the motion. RS 24759C2 is

a legislative and community based step forward in the right direction.

SUBSTITUTE MOTION:

Rep. Chew made a substitute motion to return RS 24759C2 to the sponsor. She

stated the proposed legislation is not a movement in a forward direction.

AMENDED SUBSTITUTE MOTION:

**Rep. Rusche** made an amended substitute motion to introduce **RS 24759C2** and send it to General Orders. He commented further delay goes against financial

prudence and will not save lives. It can be fixed in General Orders.

**Rep. Vander Woude**, **in support** of the original motion, said the legislature needs to look at the waiver to assure it is right, which is the same process used for

other legislation.

**Chairman Wood** stated everyone knew Medicaid expansion in the original fee-for-service model would not work and a system for cost control and measured outcomes was needed. The forward movement may not be moving quickly, but will get us to the point we need to get to, with a better product.

**Rep. Rusche** expressed concern regarding additional delay and the Centers for Medicare and Medicaid Services negotiation limitations.

ROLL CALL VOTE ON AMENDED SUBSTITUTE MOTION: Rep. Rusche requested a roll call vote on the amended substitute motion for RS 24759C2. Motion failed by a vote of 2 AYE and 9 NAY. Voting in favor of the motion: Reps. Rusche and Chew. Voting in opposition to the motion: Reps. Wood, Packer, Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, and Troy.

ROLL CALL VOTE ON SUBSTITUTE MOTION: Rep. Rusche requested a roll call vote on the substitute motion for RS 24759C2. Motion failed by a vote of 3 AYE and 8 NAY. Voting in favor of the motion: Reps. Hixon, Rusche, and Chew. Voting in opposition to the motion: Reps. Wood, Packer, Perry, Romrell, Vander Woude, Beyeler, Redman, and Troy.

**Reps. Rusche** and **Hixon** expressed concern regarding moving forward with this legislation without a hearing. This legislation will not accomplish anything and will put off the necessary decision.

**Chairman Wood** and **Vice Chairman Packer** commented **in support** of the original motion. This is making forward progress, which is important this late in the session.

ROLL CALL VOTE ON ORIGINAL MOTION: Rep. Rusche requested a roll call vote on the original motion for RS 24759C2. Motion carried by a vote of 8 AYE and 3 NAY. Voting in favor of the motion: Reps. Wood, Packer, Perry, Romrell, Vander Woude, Beyeler, Redman, and Troy. Voting in opposition to the motion: Reps. Hixon, Rusche, and Chew. Reps. Luker and Vander Woude will sponsor the bill on the floor.

RS 24760C3:

**Rep. Lynn Luker**, District 15, presented **RS 24760C2**, proposed legislation to collect information about the gap population, beyond what the DHW has collected, through the community health centers. The two-year cooperative grant program would provide \$400k, from the General Fund, to federally qualified health centers for additional demographic and medical information collection on the Idaho gap population. An additional \$5M in funding is anticipated from the Millennium Income Fund to deliver services.

Responding to committee questions, **Rep. Luker** said a third appropriation bill would cover the specifics of the grant funding.

**Chairman Wood**, in answer to a committee question, stated the \$5M is diverted from the Millennium Fund corpus and will not affect next year's available funds.

MOTION:

**Rep. Troy** made a motion to introduce **RS 24760C3** and recommend it be sent directly to the Second Reading Calendar.

Speaking to her motion, **Rep. Troy** said this may not be the direction everyone wanted, but it will take care of folks while we are perfecting their coverage.

**Rep. Redman, in support** of the motion, expressed his pleasure at the forward movement to help Idaho citizens, the provision for community health clinics, and the continuation toward the patient centered medical home (PCMH) model.

**Rep. Rusche** remarked this is a good grant to help community clinics work. Testimony tells us the clinics are already PCMH, so this will do little except to improve their cash flow. He expressed his problems regarding directing funds from the Millennium Fund without further discussion, testimony, or a hearing. Rep. Rusche disagreed with the idea **RS 24760C3** is doing something about low income healthcare because it does not provide coverage for the gap population. We have plenty of data to tell how much care will cost. Neither piece of legislation provides product development.

**Rep. Chew, in opposition** to the motion, said the it is a lose, lose because clinics are set up to a false expectation that they can provide and they cannot. And a lose because patients cannot get complete care.

**Rep. Hixon**, spoke **in opposition** to the motion. He shared his appreciation to everyone trying to bring forward a solution for this population. This, however, is another spending program and not a viable solution. He expressed concern regarding a growing burden on the middle class.

**Chairman Wood** commented regarding efforts throughout the session. This may be the best possible solution right now, even though it does not make everyone happy.

ROLL CALL VOTE ON MOTION: Rep. Rusche requested a roll call vote on the motion for RS 24759C2. Motion carried by a vote of 8 AYE and 3 NAY. Voting in favor of the motion: Reps. Wood, Packer, Perry, Romrell, Vander Woude, Beyeler, Redman, and Troy. Voting in opposition to the motion: Reps. Hixon, Rusche, and Chew. Reps. Luker and Vander Woude will sponsor the bill on the floor.

**ADJOURN:** 

There being no further business to come before the committee, the meeting was adjourned at 9:16 a.m.

Representative Wood	Irene Moore
Chair	Secretary