

MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Thursday, January 18, 2018

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

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Heider, Vice Chairman Souza, Senators Martin, Lee, Harris, Agenbroad, Foreman, Potts, 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 Health and Welfare Committee (Committee) to order at 3:07 p.m.

**PRESENTATION: Loan Repayment Programs for Physicians. Margaret Wile** introduced herself as a policy specialist for the National Conference of State Legislatures (NCSL). NCSL is a bipartisan organization of 7,383 state legislators and 30,000 legislative staff. NCSL provides nonpartisan research and resources for legislators. **Ms. Wile** stated that NCSL holds two annual meetings that are open to all members. The meetings feature sessions on a variety of topics. Each state has an NCSL member dedicated to addressing state-specific needs. Sydne Enlund is the NCSL member assigned to Idaho.

NCSL's health program holds invitational meetings throughout the year. In 2017, the program assembled teams from eight western states, including Idaho, to discuss improving access to rural health care. Team members included legislators, legislative staff, and key executive branch health experts. As NCSL is a bipartisan organization, it did not advocate for specific policies. NCSL facilitated action planning and the achievement of identified action steps. At the invitational meeting, the team agreed investigate loan forgiveness programs for physicians. **Ms. Wile** thanked all who attend the 2017 NCSL health program meeting.

**Mary Sheridan** introduced herself as the Bureau Chief of the Bureau of Rural Health and Primary Care in the Idaho Department of Health and Welfare's Division of Public Health. **Ms. Sheridan** explained that efforts to improve physician loan repayment programs began at the previously mentioned NCSL meeting. At the meeting, team members developed an action plan focused on three priority areas for improving rural access to health care: 1.) telehealth; 2.) loan repayment; and 3.) community paramedicine. Idaho has a significant number of federally-designated health professional shortage areas in the fields of primary care, dental health care, and mental health care.

**Ms. Sheridan** stated that Idaho has two physician loan repayment programs: the Rural Physician Incentive Program (RPIP) and the State Loan Repayment Program (SLRP). Both programs require physicians to work in a designated shortage area. The programs also require a dual application process, meaning that both clinicians and their employers must submit an application. Neither program receives state funding.

Students in state-supported seats at the University of Utah and the University of

Washington medical schools pay fees that fund RPIP. The Idaho State Board of Education calculates the fee each year and receives the funds. In 2018, the student fee is around \$1,600 per student. With 181 students currently in the program, RPIP will receive \$291,000 in 2018 to be used for loan repayment.

**Ms. Sheridan** explained that RPIP is only available to physicians. Priority is given to primary care physicians, those who practice internal medicine, and pediatricians. If there is a high need, funds can also support obstetricians/gynecologists (OB/GYN), psychiatrists, emergency medicine, and general surgeons. First award priority is given to physicians who paid into the fund. Second award priority is given to physicians who were Idaho residents prior to medical school, but who did not pay into the fund. The Rural Health Care Access and Physician Incentive Program Board convenes annually to review RPIP applications. The maximum award is \$25,000 per year for four years, or \$100,000 total. The award must be used for loan repayment and can never exceed the physician's debt balance. In 2017, 19 physicians applied to RPIP. The program awarded funds to eight of the applicants.

There are currently 23 physicians in RPIP at 20 different sites in Idaho. To measure retention, program officials count how many physicians remained at the same site, moved to another shortage area, or moved to another site in Idaho within one year of program completion. If a physician meets any of the three criteria, program officials consider the physician as retained. Currently, five physicians have completed the program; four are still working at the same site, and one moved to a new shortage area in Idaho. Program officials consider this to be a success. **Ms. Sheridan** acknowledged that five physicians is a relatively small number, but noted that RPIP is still new. RPIP was established in fiscal year (FY) 2013. At that time, the maximum total award was \$50,000. In FY 2016, the maximum total award was increased to \$100,000.

SLRP is a federal grant to states. Idaho receives \$250,000 per year from the federal government. The funds must be used exclusively for loan repayment. Unlike RPIP, SLRP is not restricted to loan repayment for physicians. Dentists, nurse practitioners, physician assistants, registered nurses, and pharmacists may apply for the SLRP.

The SLRP federal grant requires that every loan repayment dollar be matched by the state. Idaho does not have state funds to match the grant amount. Idaho requires employers to provide the matching funds on behalf of the state. SLRP awards recipients a maximum of \$50,000 over two years. The federal grant supplies \$25,000, and the recipient's employer supplies \$25,000. SLRP also requires sites to provide a sliding fee scale for patients who struggle to afford care. The sites cannot deny service to anyone, regardless of ability to pay or insurance status.

**Ms. Sheridan** stated that there are currently 34 clinicians at 20 sites who are enrolled in SLRP. Seventeen clinicians have completed their two-year service obligations. After completing the service obligation, clinicians may reapply to SLRP as long as there is adequate federal funding and their employer is willing to match the funds for two more years. Of the 17 clinicians who have completed the service obligation, eight have reapplied and been readmitted to SLRP. The remaining nine are still practicing at their original SLRP site.

**Ms. Sheridan** noted that the average debt for physicians in this program is around \$136,000. The average debt for nurse practitioners and physician assistants is around \$90,000. In RPIP, the average physician debt is about \$177,000.

**Susie Pouliot** introduced herself as the Chair of the RPIP Board and the

Chief Executive Officer of the Idaho Medical Association. **Ms. Pouliot** noted that increasing the number of physicians in Idaho is one of the Idaho Medical Association's top priorities. She stated that the number of Idaho students graduating from medical programs is increasing each year. After graduating, students must complete residency training before becoming practicing physicians. **Ms. Pouliot** noted that the Idaho Medical Association will be requesting that the Legislature expand residencies to ten years.

**Ms. Pouliot** stated that RPIP encourages physicians to remain in Idaho after they complete their residency training. She thanked the Legislature for increasing the maximum total RPIP award from \$50,000 to \$100,000 in 2015. This made the program more competitive. **Ms. Pouliot** noted that RPIP is highly competitive. The RPIP Board generally receives 20 applications, but only funds around six individuals. She explained that the RPIP Board would like to expand the program. However, at the current level of funding, the RPIP Board would have to limit awards to only three or four physicians per year to sustain the program.

The RPIP Board has investigated ways to expand the program. They discussed raising student fees, but found the idea of increasing student debt in order to help others pay student debt was not practical. The RPIP Board considered including Idaho College of Osteopathic Medicine (ICOM) students in RPIP. This would increase program funds and allow ICOM graduates to apply for RPIP. ICOM declined to join RPIP, citing its commitment to keep tuition fees as low as possible.

**Ms. Pouliot** stated that RPIP receives no state funding. It is funded entirely by student fees. **Ms. Pouliot** cited that student fees will contribute around \$325,000 per year to the fund for the next four years. The RPIP Board has considered asking the State of Idaho to match student fees in order to expand the fund. **Ms. Pouliot** stated that Representative Vander Woude has agreed to sponsor legislation to implement a two-to-one state-funded match of student fees. This would result in a state appropriation of around \$650,000. **Ms. Pouliot** asserted that this fund-matching would increase the number of awards granted by the RPIP Board.

**Chairman Heider** asked if Joint Finance-Appropriations Committee (JFAC) would be responsible for funding the legislation if it passes. **Ms. Pouliot** responded in the affirmative. **Chairman Heider** asked if the funding will depend upon JFAC allocation of available state funds. **Ms. Pouliot** again responded in the affirmative. **Vice Chairman Souza** clarified that if the legislation passes and contains a fiscal note requiring funding, JFAC must fund the legislation.

**Vice Chairman Souza** asked if employers would continue to be involved in RPIP if the program begins receiving state funding. **Ms. Pouliot** explained that the sponsoring entity and physician must both submit an application to RPIP in order for the physician to receive funding. RPIP does not require sponsoring institutions to match funds, whereas SLRP does. If RPIP receives state funding, sponsoring entities would still be involved in the application process.

**Vice Chairman Souza** sought more information regarding the role of employers in RPIP. **Ms. Pouliot** confirmed that RPIP requires applicants' employers or sponsoring entities to submit a supporting sponsorship letter on behalf of the applicant. She explained that employers do not have any financial obligation to RPIP.

**Vice Chairman Souza** asked if employers would still be required to match federal funds if Idaho began funding RPIP. **Ms. Pouliot** clarified that the RPIP Board is requesting state funding for RPIP, which does not require employer fund-matching.

The SLRP does require employer fund-matching. **Ms. Pouliot** stated that RPIP is much more robust than the SLRP; therefore, the RPIP Board is requesting state funding for RPIP, not SLRP.

**PASSED THE  
GAVEL:**

**Chairman Heider** passed the gavel to Vice Chairman Souza to conduct the rules review.

**DOCKET NO.  
16-0601-1702**

**Rules of the Department and Health and Welfare Relating to Child and Family Services.** **Carissa Decker** introduced herself as the Title IV-E Eligibility Supervisor for the Division of Family and Community Services within the Idaho Department of Health and Welfare. Title IV-E funds are granted by the federal government for: the care and supervision of foster children; administrative costs; training of foster care providers; recruitment of foster parents; and costs related to the design, implementation, and operation of a statewide data collection system. These federal funds are available only if the state complies with Title IV-E requirements.

**Ms. Decker** explained that this docket aligns IDAPA regulations related to Title IV-E eligibility with federal regulations. The updates include changes to: 1.) language and timeline of judicial determinations; 2.) educational enrollment criteria for 18-year-olds; 3.) requirements related to specified relatives; 4.) allowance for "approved foster family home" when a placement is unlicensed; 5.) compliance with placement safety requirements; 6.) five-year residency requirement for qualified aliens to be eligible for Title IV-E funding (with exceptions); 7.) circumstances of redeterminations; 8.) the reference for Title XIX Medicaid eligibility requirements.

**Ms. Decker** stated that there was no negotiated rulemaking for these changes. She explained that the docket has no anticipated fiscal impact. Rulemakers did not receive any comments from the public.

**Senator Lee** asked if all changes complied with Title IV-E and were meant to ensure that Idaho will continue receiving foster care payments. **Ms. Decker** responded in the affirmative.

**Senator Lee** asked if Title IV-E funds could be used for temporary placements in the past. She asked if the proposed rule prohibited the future use of Title IV-E funds for temporary placements. **Ms. Decker** stated that this docket has no fiscal impact. She explained that Title IV-E funds could not be claimed for expedited placements until the placement is fully licensed.

**Senator Lee** asked if Title IV-E funds were previously used for unlicensed expedited placements. **Senator Lee** requested that Miren Unsworth, Administrator for the Division of Family and Community Services within the Idaho Department of Health and Welfare, answer the question. **Ms. Unsworth** clarified that the Idaho Department of Health and Welfare has never been able to claim Title IV-E funds for unlicensed placements. She explained that payments for unlicensed placements come from general state funds.

**Senator Lee** asked why the portion of this docket which dictates that Title IV-E fund recipients be fully licensed appears to have been changed. She asked if the changes reflect the incorporation of federal rules, but do not constitute a substantive change. **Ms. Unsworth** responded in the affirmative.

**MOTION:**

There being no more questions or testimony, **Senator Lee** moved to approve **Docket No. 16-0601-1702**. **Senator Martin** seconded the motion. The motion carried by **voice vote**.

**DOCKET NO.  
24-1301-1701**

**Rules of the Bureau of Occupational Licenses Governing the Physical Therapy Licensure Board.** **Tana Cory**, Chief of the Bureau of Occupational Licenses, referred the presentation of this docket to Dr. Brian White, a volunteer member of the Physical Therapy Licensure Board. **Dr. White** stated that he has served on the Physical Therapy Licensure Board for ten years.

**Dr. White** explained that this docket removes outdated language and updates language to be in accordance with Idaho Code § 67-2614. Idaho Code § 67-2614 requires licensees to pay a reinstatement fee and provide documentation of continuing education to obtain a new license after allowing theirs to expire. Previously, an individual had to complete 16 hours of continuing education for each year that their license remained expired. The proposed rule limits the number of hours to 16 per year for three years. **Dr. White** explained that an individual whose license had been expired for four or five years would only need to complete three years' worth of continuing education.

**Senator Potts** asked if continuing education hours are cumulative. **Dr. White** responded in the affirmative. **Senator Lee** asked if opportunities for continuing education are readily available for practitioners in Idaho. **Dr. White** stated that he has never found it difficult to find continuing education opportunities in Idaho. **Senator Martin** asked how much the reinstatement fee costs. **Dr. White** responded that the reinstatement fee is \$35. **Senator Potts** asked how much the licensing fee costs. **Dr. White** responded that the annual license renewal fee is \$25.

**Senator Potts** asked why there is a discrepancy between the reinstatement fee and licensing fee. He asked if the process of reinstating an individual required more work than processing an annual renewal. **Dr. White** referred the question to Tana Cory. **Ms. Cory** explained that Idaho Code § 67-2614 established a flat \$35 rate for reinstatement. **Ms. Cory** stated that reinstatement requires more staff time than renewal.

**Dr. White** noted that 1,031 physical therapists and physical therapist assistants in Idaho have allowed their licenses to expire; as such, this docket affects a significant number of people.

**MOTION:** There being no more questions or testimony, **Senator Martin** moved to approve **Docket No. 24-1301-1701**. **Senator Agenbroad** seconded the motion. The motion carried by **voice vote**.

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

**ADJOURNED:** There being no further business, **Chairman Heider** adjourned the meeting at 3:54 p.m.

---

Senator Heider  
Chair

---

Rachel Goodman  
Secretary