

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, February 06, 2018

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Perry, Vander Woude, Redman, Blanksma, Hanks, Kingsley, Zollinger, Wagoner, Chew, Rubel

**ABSENT/
EXCUSED:** None

GUESTS: Ernest Meshack-Hart ISDA/TRHS; Troy Clovis, IOHA; Cole Anderson and Linda Swanstrom; ISDA; Joyce Broadsword and Matt Wimmer, DHW; Yvonne Ketchum Ward, IPCA; Tami Fife, and Heidi Hart, Terry Reilly; Jim Baugh, DRI; Bill Roden, Delta Dental of Idaho; Lee Flinn, Id. Primary Care Assoc.; Sami Florence, IOHA/Terry Reilly; Michael Armand, NAMI Idaho

Chairman Wood called the meeting to order at 9:00 a.m.

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

RS 26020: **Chairman Wood**, District 27, presented **RS 26020**, a Resolution requesting a one-year continuation of the Group Insurance Interim Committee to negotiate a new contract with the Committee's contractor and issue a new Request for Proposal (RFP) for state employee healthcare benefit options. The funding request of \$135k is approximate and expected to be less, as in the past year.

MOTION: **Rep. Redman** made a motion to introduce **RS 26020**. **Motion carried by voice vote.**

Vice Chairman Packer returned the gavel to **Chairman Wood**.

RS 26022: **Emily Patchin**, Risch Pisca Law Firm, Idaho Physical Therapy Association, presented **RS 26022** to add dry needling to the Idaho Physical Therapy Practice Act. The addition includes educational elements to be set in Physical Therapy Board promulgated Rules.

MOTION: **Rep. Vander Woude** made a motion to introduce **RS 26022**. **Motion carried by voice vote.**

H 465: **Rep. Ilana Rubel**, District 18, presented **H 465**, restoring the basic Medicaid dental care removed in 2011 by **H 260**. It will not add anyone to Medicaid. The removal did not prove to be a long-term cost savings. The \$1.24M General Fund fiscal impact has a 70% federal fund match. Approximately \$2.8M savings is expected from decreased emergency dental and related treatment costs caused from lack of preventive oral health care.

Ernest Meshack-Hart, General Dentist, Dental Director, Terry Reilly Health Services, Member, Medicaid Committee, Idaho State Dental Association, testified **in support of H 465**. Cleanings, fillings, and oral hygiene education save taxpayer dollars now being spent in emergency room (ER) services, inpatient care, and invasive surgical procedures. Poor oral health has been linked to chronic diseases.

Troy Clovis, General Dentist with Medicaid patients, testified **in support of H 465**. Family budget limitations found in the Medicaid population lead to oral health neglect. Help is sought when the pain or health becomes extreme and often a cure is no longer available. These become lifelong burdens, further diverting limited family resources.

MOTION:

Vice Chairman Packer made a motion to send **H 465** to the floor with a **DO PASS** recommendation.

Cole Anderson, Idaho State Dental Association, Oral Maxofacial Surgeon, St. Alphonsus Hospital, testified **in support** of **H 465**. His patients have already seen an ER physician on multiple occasions, had computed tomography (CT) scans, had routine laboratory tests, and received multiple antibiotic and opioid prescriptions. Transport costs may also have been incurred. Surgeon consultations have extensive, costly, and intrusive procedures. Infections can lead to broken bones, intensive care hospitalization, and death.

Answering questions, **Dr. Hart** stated recent studies show 70% of ER visits occurred outside of the normal dental office hours and 49% of dental ER visits were Medicaid patients.

Asked to answer a question, **Elizabeth Criner**, Idaho State Dental Association, said from 46% to 47% of their membership accept Medicaid patients.

Jim Baugh, Executive Director, Disability Rights Idaho, testified **in support** of **H 465**. The concept with the **H 260** cuts was to return benefits in a couple of years. Enhanced plan benefits were restored in 2013, but the basic plan remains without dental coverage. People with mental illness have the basic plan. They also take drugs known to contribute to dental disease, which can be their reason for not taking their drugs.

Bill Roden, Delta Dental of Idaho, testified **in support** of **H 465** because it will allow persons struggling to meet daily obligations the ability to pursue preventive care.

Michael Armand, NAMI, on behalf of **Michael Sandvig**, testified **in support** of **H 465**. He shared Mr. Sandvig's daughter-in-law's near death hospital stay that could have been averted with treatment of a dental issue.

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

Chairman Wood said during the development of **H 260**, many discussions surrounded the dental health benefits. The cuts were made with the intention of restoration in two years when the economy recovered, which it has.

**ROLL CALL
VOTE:**

Rep. Zollinger requested a roll call vote on **H 465**. **Motion carried by a vote of 8 AYE and 4 NAY. Voting in favor** of the motion: **Reps. Wood, Packer, Perry, Redman, Kingsley, Wagoner, Chew, Rubel. Voting in opposition** to the motion: **Reps. Vander Woude, Blanksma, Hanks, Zollinger. Rep. Rubel** will sponsor the bill on the floor.

Susie Pouliot, CEO, Idaho Medical Association, asked the committee to consider the Graduate Medical Education Plan be a spending priority when considering the 2019 Budget. The physician workforce educational pipeline in Idaho has 200 medical students graduating each year but does not have the residency programs to keep them in Idaho. We are becoming an exporter of medical school graduates. The Idaho Medical Association stakeholders review of the issue has produced a ten-year strategic plan for residency expansion.

Dr. Ted Epperly, Family Physician, CEO, President, Family Medicine Residency of Idaho, State Board of Education, Graduate Medical Education (GME) Coordinator. The strategic plan increases, over ten years, the nine existing statewide residency programs to twenty-one, and the four fellowships to nine. After a three to five year residency, most physicians will remain within 50 to 100 miles of their residency training.

The plan asks the state to become a one-third partner in the funding, with the remaining funds provided by the sponsoring institution and the GME program. The total cost remains \$180k per resident/fellow per year. The total ten-year state cost will be \$16M and bring Idaho up to 2,000 physicians per capita.

Answering a question, **Dr. Epperly** said because residency programs can be streamlined for smaller communities, there will be more than sufficient patient volume to teach residents the necessary skills.

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 10:27 a.m.

Representative Wood
Chair

Irene Moore
Secretary