

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Monday, February 19, 2018

TIME: 3:00 P.M.

PLACE: Room WW54

MEMBERS PRESENT: Chairman Heider, Vice Chairman Souza, Senators Martin, Harris, Agenbroad, Foreman, Potts, and Jordan

ABSENT/ EXCUSED: Senator Lee

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 3:01 p.m.

PAGE WELCOME: **Chairman Heider** welcomed Committee Page Harrison Woodland.

S 1311

Direct Primary Care Pilot. **Senator Thayn** stated the purpose of this bill is to help individuals pass through poverty more efficiently and to address health care issues. This bill would create a pilot program in which the State would provide a direct primary care membership to participants enrolled in a financial literacy course or a health coaching course from a qualified nonprofit. The pilot program would enroll 150 individuals across three health districts in the first year, and data would be collected. District health departments would oversee the program.

To be eligible for the program, individuals must be over 18 years of age, earn less than 185 percent of the federal poverty limit, and be enrolled in a financial literacy course or health coaching program. The spouses of eligible individuals would also be granted a direct primary care membership. Eligible nonprofits must be tax exempt and have at least two years of experience in financial literacy or health coaching. The direct primary care membership may only be provided by the State for ten months and the cost of the membership must not exceed \$70 per month.

Up to 30 percent of the program expenses may be spent on administrative costs. **Senator Thayn** acknowledged this is a large percentage, but he noted the public health districts run on small budgets and do not wish to use their own savings to fund the program.

DISCUSSION: **Vice Chairman Souza** asked why the pilot program did not require participants to be enrolled in both a financial literacy course and a health coaching course. **Senator Thayn** stated most nonprofits specialize in financial literacy or health coaching, but not both. **Vice Chairman Souza** asked if the public health districts are willing to participate and if only three public health districts would participate in the pilot program. **Senator Thayn** responded in the affirmative. He noted more public health districts may participate in the future if the program continues.

Senator Agenbroad asked if individuals in the program are eligible for other State benefits. He inquired as to whether participation in the program would jeopardize their eligibility for such benefits. **Senator Thayn** stated he did not think the program would add to an individual's income; therefore, it would not affect eligibility for other benefits. **Senator Agenbroad** sought more information regarding what the

program would report and which entities would be responsible for reporting data. **Senator Thayn** explained a data programmer would create a program for data collection. Participants would provide data regarding income, health, and other relevant information.

Senator Martin asked Senator Thayn to explain the project's potential future. **Senator Thayn** asserted the pilot program will indicate whether such a program can help individuals pass through poverty and expand the State's tax base. If the pilot program is successful, the methods may be applicable to other programs in the future.

Senator Jordan asked what criteria would be used to determine whether a course is qualified. **Senator Thayn** stated the public health districts would determine which courses are qualified. **Senator Jordan** asserted 30 percent for administrative expenses seemed exorbitant. She inquired as to how the developers of the bill decided on 30 percent. **Senator Thayn** explained the public health districts are concerned about the cost of the program and requested \$300 for administrative costs. **Senator Thayn** noted appropriating 30 percent of the program budget to administrative costs was necessary to secure the cooperation of the public health districts.

Senator Jordan expressed concern that participation in the pilot program would make some individuals ineligible for the benefits of the proposed Idaho Health Care Plan. She asked if Senator Thayn spoke to the Idaho Tax Commission to determine whether the pilot program's direct primary care membership would be considered taxable income. **Senator Thayn** asserted he did not think the pilot program benefits would be considered taxable income because the participants would not receive money directly. The public health district would transfer the money directly to the health care provider.

TESTIMONY: **Dr. Julie Gunther, M.D.** introduced herself as a doctor at a direct primary care medical clinic. She noted she can provide comprehensive primary care, urgent care, wellness care, wellness labs, and basic medications to patients for \$70 per month. **Dr. Gunther** voiced her support for this bill.

DISCUSSION: **Chairman Heider** asked if the public health districts will contract with individual care facilities. **Dr. Gunther** responded in the affirmative. **Vice Chairman Souza** voiced her support for direct primary care and commended Dr. Gunther for her work. **Senator Foreman** expressed support for the pilot program and the potential change it could bring about within the welfare system. **Dr. Gunther** noted this bill demonstrates to physicians that they can practice medicine outside of the traditional system. She asserted direct primary care clinics restore physician autonomy and allow for more time with patients.

TESTIMONY: **Kimbra Shaw** introduced herself as the Executive Director of Love INC Boise (Love INC). Love INC launched an Abundant Living Program, which is a comprehensive transformational program with a financial literacy component. **Ms. Shaw** noted that Love INC would teach individuals to include the cost of direct primary care in their budget so they can continue receiving health care after leaving the pilot program. She voiced her support of this bill.

DISCUSSION: **Chairman Heider** asked Senator Thayn how the pilot program would transition into a larger program. **Senator Thayn** explained the State would need to find more nonprofits and health care partners to expand the program.

MOTION: There being no more testimony or questions, **Vice Chairman Souza** moved to send **S 1311** to the floor with a **do pass** recommendation. **Senator Martin** seconded the motion.

DISCUSSION: **Senator Jordan** expressed concern about the pilot program's effect upon participants' other benefits. She also voiced concern about the administrative cost of the program.

VOICE VOTE: The motion carried by **voice vote**. **Senator Jordan** voted **nay**.

S 1310 **Emergency Medical Services Standards.** **Senator Brackett** explained this bill would allow a licensed emergency medical responder (EMR) to serve as an ambulance attendant if he or she has a valid ambulant certification or if an emergency medical technician (EMT) is present. The purpose of the bill is to ensure the viability of rural medical response while maintaining high-quality patient care.

DISCUSSION: **Chairman Heider** inquired as to the difference in the number of training hours an EMR and an EMT must complete. **Senator Brackett** stated he thought EMTs completed twice as many training hours as an EMR.

Vice Chairman Souza asked if EMRs have the ability to complete all the tasks necessary in an emergency situation. **Senator Brackett** explained an EMR may be the only available responder in some emergency situations in rural areas. **Wayne Denny** introduced himself as the Bureau Chief of the Bureau of Emergency Medical Services and Preparedness. He stated EMT basic training is more advanced than it was in the past. EMR training is now comparable to the past EMT basic curriculum. By completing training modules, EMRs can reach the same skill level as an EMT.

Vice Chairman Souza noted the scope of this bill is not limited to rural areas. She asked if an EMR might also serve as an ambulance attendant in urban settings. She asked if this bill would encourage increased use of EMRs instead of EMTs.

Mr. Denny explained urban areas have more resources; therefore, he did not expect many EMRs to serve as ambulance attendants in urban areas. He noted the EMT training course does not require a set number of hours; instead, an EMT completes training after passing competency assessments. **Mr. Denny** asserted allowing EMRs to become ambulance attendants may encourage them to become EMTs or advanced EMTs.

MOTION: There being no more testimony or questions, **Senator Harris** moved to send **S 1310** to the floor with a **do pass** recommendation. **Senator Agenbroad** seconded the motion. The motion carried by **voice vote**.

RS 26212 **Dental Licensure by Credentials.** **Chairman Heider** stated this RS would reduce the number of practice hours required for dental licensing. Current law requires a dentist to practice 1,000 hours per year for five years in order to be licensed. This RS would reduce the required hours to 3,500 hours total over five years. **Chairman Heider** explained certain circumstances may prevent individuals from reaching 1,000 hours of practice in one year.

UNANIMOUS CONSENT REQUEST: **Vice Chairman Souza** requested unanimous consent to send **RS 26212** to the Judiciary and Rules Committee to be printed. There were no objections.

ADJOURNED: There being no further business, **Chairman Heider** adjourned the meeting at 3:50 p.m.

Senator Heider
Chair

Rachel Goodman
Secretary