

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Monday, January 28, 2019

TIME: 3:00 P.M.

PLACE: Room WW54

MEMBERS PRESENT: Chairman Martin, Vice Chairman Souza, Senators Heider, Harris, Burtenshaw, Bayer, Jordan, and Nelson

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.

CONVENE: **Chairman Martin** called the meeting of the Health and Welfare Committee (Committee) to order at 3:00 p.m.

RS 26645 **Senator Heider** presented **RS 26645**, Relating to Anatomical Gifts, and requested that the Committee send it to print. **Senator Heider** explained that the first RS related to this issue was passed in error due to a miscommunication. This RS confirms that a community's local dispatch is the correct first point of contact. That dispatch location will then contact the central State Communications office.

DISCUSSION: **Senator Bayer** expressed ongoing concern about the process for determining if a deceased individual intended to be a donor. **Senator Heider** assured her that it would be indicated on the individual's driver's license. In a follow-up question, **Senator Bayer** asked for the reason for deleted language in line 18. **Senator Heider** clarified what the process should be: the local dispatch will contact the deceased individual's family to confirm the intent to donate.

MOTION: **Senator Jordan** moved to send **RS 26645** to print. **Vice Chairman Souza** seconded the motion. The motion carried by **voice vote**. **Senator Bayer** requested to be recorded as voting nay.

RS 26613 **Senator Den Hartog** introduced **RS 26613**, Relating to Oral Anticancer Medications and requested that the Committee send it to print.

MOTION: **Senator Harris** moved to send **RS 26613** to print. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

PASSED THE GAVEL Chairman Martin turned the meeting over to Vice Chairman Souza.

DOCKET NO. 16-0310-1801 **Ali Fernández**, Bureau Chief, Long Term Care, Division of Medicaid, Department of Health and Welfare (DHW), presented **Docket No. 16-0310-1801**, Medicare Medicaid Coordinated Plan (MMCP) Mandatory Enrollment. This rule will allow phase-in of the mandatory managed care program to address increased need and increased cost, and poor coordination of dual-eligible beneficiaries under Medicaid and Medicare. Negotiated rulemaking was conducted, along with public hearings and public outreach. There were five comments, all expressing concern over fees-for-service changing to the managed care system. There are four new subsections that establish authority and include definitions: specifications for phase-in, eligibility, the enrollment process, and the coverage itself.

- DISCUSSION:** **Chairman Martin** asked about any *opt-out* option for those eligible and Ms. Fernández pointed him to line 3, addressing different populations. **Vice Chairman Souza** asked for clarification on the verbiage, "must have mandatory enrollment" and Ms. Fernández emphasized that it requires no active engagement by a member.
- TESTIMONY:** **Jennie Robinson**, Regence BlueShield of Idaho, testified in favor of the Medicaid Plus Program coordinated approach. She noted that each member is assigned a care coordinator and there is a reported 7 percent reduction in prescriptions, a 13 percent reduction in emergency room visits, a 25 percent reduction in hospital admissions, and a 30 percent reduction in total inpatient days.
- DISCUSSION:** **Senator Jordan** inquired if DHW provided initial assistance in selecting a provider. **Ms. Fernández** reported that a member can stay with their current provider for up to 90 days following transition to the new program and an assigned provider. In response to an inquiry from **Chairman Martin** about the advantage of fee-for-service versus managed care, **Ms. Fernández** replied that the managed care approach provides the right care, at the right time, and in the right place.
- MOTION:** **Senator Burtenshaw** moved to approve **Docket No. 16-0310-1801**. **Senator Nelson** seconded the motion. The motion carried by **voice vote**.
- DOCKET NO. 16-0310-1802** **Ms. Fernández** presented **Docket No. 16-0310-1802**, Idaho Home Choice Sustainability. The change will sustain two services for Medicaid recipients receiving home care. The Medicaid division has assisted 570 individuals in the transition from institutional care to home care. This change will allow continued service to those who transition to home, and covers the initial costs for basic furnishing and to set up utilities. The cost per client is \$1,500 to reside at home, compared to the \$6,000 monthly cost for institutional care. Fiscal Year 2020 will realize a \$430,000 cost savings. Negotiated rulemaking was conducted, as well as a public hearing and comment period. There is no fiscal impact to the General Fund and there is an improved quality of life for participants.
- DISCUSSION:** **Vice Chairman Souza** requested that Ms. Fernández walk the Committee through the changes. **Ms. Fernández** outlined changes to include a new section for the Aged and Disabled Waiver and corresponding qualifications, a similar waiver for Adult Disabilities and corresponding qualifications, and a description of the transition program. **Senator Jordan** noted that internet access was not covered in set-up fees for utilities and stated that this client base needed internet access to services like My Chart and Telehealth. **Ms. Fernández** was not able to speak to that service support. **Senator Jordan** asked her to please follow up with the Committee. **Vice Chairman Souza** sought confirmation that the total support provided is 72 hours over 12 months. **Ms. Fernández** confirmed that it is.
- TESTIMONY:** **Christine Pisani**, Executive Director, Idaho Council on Developmental Disabilities, testified in favor of this rule that provides improved quality.
- MOTION:** **Senator Jordan** moved to approve **Docket No. 16-0310-1802**. **Chairman Martin** seconded the motion. The motion carried by **voice vote**.
- DOCKET NO. 16-0310-1803** **Ms. Fernández** presented **Docket No. 16-0310-1803**, Nursing Facility Special Rates for Ventilator and Tracheostomy. The daily service delivery costs for ventilator and tracheostomy patients is much higher than other patients. The objective of this rule is to establish fixed rates based on the average cost of supplies and care hours, improve timeliness, and facilitate reimbursements on the day of treatment. Negotiated rulemaking was conducted, and a public hearing that yielded one comment regarding out-of-state considerations. This is a cost-neutral change with no fiscal impact to the General Fund.

- MOTION:** **Senator Harris** moved to approve **Docket No. 16-0310-1803**. **Senator Bayer** seconded the motion. The motion carried by **voice vote**.
- DOCKET NO. 16-0309-1808** **Art Evans**, Bureau Chief, Developmental Disabilities Services, DHW, presented **Docket No. 16-0309-1808**, Community Based Rehabilitation Services, that aligns definitions in schools and communities, and clarifies skill-building qualifications for providers. There are substantial changes to language regarding certification for adult clients (with extra qualification requirements for assisting minors), for supervision, for skill-building, and for competencies. Negotiated rulemaking was conducted and a public hearing was held with a comment period. There was only one comment submitted and it was in support of the rule. There is no fiscal impact to the General Fund.
- MOTION:** **Senator Nelson** moved to approve **Docket No. 16-0309-1808**. **Senator Heider** seconded the motion. The motion carried by **voice vote**.
- DOCKET NO. 16-0309-1804** **David Welsh**, Program Manager, Mental Health and Substance Abuse, DHW, presented **Docket No. 16-0309-1804**, Laboratory and Radiology Services. There are rapid advancements in laboratory testing that require the development of standards and best practices. This rule also removes "Idaho only" language, so that in-state and out-of-state terms align. Negotiated rulemaking was conducted, there was outreach to stakeholders, and a public hearing was held. There is no fiscal impact to the General Fund. Changes include clarification to definitions for quality assurance, independent laboratories, laboratories certified in medical offices, services that are medically necessary, quality assurance for in-state versus out-of-state services, and billing for newborn screening kits.
- DISCUSSION:** **Vice Chairman Souza** asked how often the Medical Provider Handbook is updated. **Mr. Welsh** replied that it is updated on an ongoing basis, as needed. **Senator Burtenshaw** inquired if a medical doctor can have a laboratory in their office. **Mr. Welsh** answered in the affirmative. **Senator Harris** wondered if there were any impacts to turnaround time, either positive or negative. **Mr. Welsh** reported that there is no impact to turnaround time. **Senator Nelson** had questions about the different types of laboratories and why there is a special definition for an independent laboratory. **Tiffany Kinzler**, Bureau Chief, Medical Care, Division of Medicaid, DHW, explained that it is simply a matter of different billing models.
- MOTION:** **Chairman Martin** moved to approve **Docket No. 16-0309-1804**. **Senator Harris** seconded the motion. The motion carried by **voice vote**.
- DOCKET NO. 16-0310-1804** **Mr. Welsh** presented **Docket No. 16-0310-1804**, Transplant Services. This change allows for live donors for liver and lung transplants if the donor meets certain medical requirements. Negotiated rulemaking was conducted, along with stakeholder outreach and a public hearing. There is no fiscal impact to the General Fund.
- DISCUSSION:** **Chairman Martin** referenced page 75 and asked for the definition of "reasonable" versus "medically necessary" intervention. **Mr. Welsh** read the definition of medical necessity, and stated the language was intended to meet changes in medical care and to remove any ambiguity.
- MOTION:** **Senator Harris** moved to approve **Docket No. 16-0310-1804**. **Senator Bayer** seconded the motion. The motion carried by **voice vote**.
- ADJOURNED:** There being no further business at this time, **Vice Chairman Souza** adjourned the meeting at 4:35 p.m.

Senator Martin
Chair

Margaret Major
Secretary