

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Thursday, February 21, 2019

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis

**ABSENT/  
EXCUSED:** Representative(s) Vander Woude

**GUESTS:** The sign-in sheet will be retained with the minutes in the committee secretary's office until the end of the session. Following the end of the session, the sign-in sheet will be filed with the minutes in the Legislative Services Library.

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

**RS 26696:** **Rep. Julianne Young**, District 31, presented **RS 26696**, proposed legislation to repeal Idaho Code 56-267, Medicaid expansion. This action stems from the concern the public was not sufficiently aware of Proposition 2's lack of a funding mechanism and actual cost.

**MOTION:** **Rep. Gibbs** made a motion to return **RS 26696** to the sponsor.

Discussion followed regarding the citizens' knowledge of funding, overruling the super-majority's wishes, the variety of informational sources, and the need to have further discussions with public participation.

**VOTE ON  
MOTION:** **Rep. Zollinger** requested a roll call vote on **RS 26696**. **Motion carried by a vote of 7 AYE, 5 NAY, 1 Absent/Excused. Voting in favor of the motion: Chairman Wood, Reps. Wagoner, Gibbs, Lickley, Chew, Rubel, Davis. Voting in opposition to the motion: Reps. Blanksma, Kingsley, Zollinger, Christensen, Green(2). Rep. Vander Woude was absent/excused.**

**RS 26919:** **Rep. John Green**, District. 2, presented **RS 26919**, a de facto Medicaid expansion four-year sunset provision to be used if the claimed savings and costs are not realized. The provision can be repealed if costs and savings are satisfactory. Many sunset provisions already exist in legislation and statute. Printing this proposed legislation encourages conversations.

**MOTION:** **Rep. Zollinger** made a motion to introduce **RS 26919**.

**SUBSTITUTE  
MOTION:** **Rep. Rubel** made a substitute motion to return **RS 26919** to the sponsor.

Discussion followed regarding how the voters were informed and the impact on the 40% of Idahoans who voted against Proposition 2.

**VOTE ON  
SUBSTITUTE  
MOTION:** **Rep. Zollinger** requested a roll call vote on **RS 26919**. **Substitute motion carried by a vote of 7 AYE, 5 NAY, 1 Absent/Excused. Voting in favor of the motion: Chairman Wood, Reps. Wagoner, Gibbs, Lickley, Chew, Rubel, Davis. Voting in opposition to the motion: Reps. Blanksma, Kingsley, Zollinger, Christensen, Green(2). Rep. Vander Woude was absent/excused.**

**RS 26841:** **Rep. Blanksma**, District 23, presented **RS 26841**, proposed legislation to create a needle and syringe exchange at no cost to the general fund. Also included is a two-year review period to evaluate the program's effectiveness. This helps address the opioid epidemic.

**MOTION:** Rep. Rubel made a motion to introduce **RS 26841. Motion carried by voice vote.**

**RS 26887:** Rep. Bryan Zollinger, District 33, presented **RS 26887** to amend the practice of pharmacy definition to increase patient access to low-risk medication.

**MOTION:** Rep. Blanksma made a motion to introduce **RS 26887. Motion carried by voice vote.**

**RS 26897:** Michael McGrane, Registered Nurse, Idaho Nurses Association, presented **RS 26897**. This Child Protective Act update replaces the current term "subdural hematoma," found in the definition of abuse, to "head injury," which is more inclusive.

**MOTION:** Rep. Zollinger made a motion to introduce **RS 26897. Motion carried by voice vote.**

**H 151:** Rep. Megan Blanksma, District 23, presented **H 151**. This legislation creates a more equitable system for temporary and intermittent food licenses. Food licensing fees are gradually increased with more specific categories. Clarification is made for Public Health Districts and additional fees or licenses. This legislation is the result of negotiations between retailers and health districts.

Pam Eaton, President, CEO, Idaho Retailers Association and Idaho Lodging and Restaurant Association, further presented **H 151**. Temporary and intermittent food establishment fee listings are separated to create a temporary license for a variety of time lengths, addressing festivals and multiple events. The food establishment and Public Health District ratios have a graduated change to fiscal year 2022. All fees are required to be in statute with legislative oversight.

Tom Dale, Trustee, Southwest District 3 Health, Canyon County Commissioner, testified **in opposition to H 151**. The existing statute gives health districts the authority, right, and responsibility to charge appropriate fees, which are carefully structured to cover only the cost of providing the service. He requested the restrictive language be removed and questioned the use of taxpayer funds subsidizing this private industry sector. Health districts did vote to support the concept of this legislation, but they need to retain their authority to set fees.

Melinda Merrill, Northwest Grocery Association (NWGA), testified **in support of H 151**. She said she was disappointed with Mr. Dale's testimony after all health districts were in agreement with the legislation. This is a public benefit shared with the grocers, not a subsidy. The current statute allows any fee to be applied or raised without oversight.

Answering questions, Ms. Merrill stated no business wants to make its customers sick, so they maintain their product properly. Larger retailers have their own audits. Government oversight, not needed for public safety, is valuable and the reason they support increasing their share to fifty percent.

**MOTION:** Rep. Gibbs made a motion to send **H 151** to the floor with a **DO PASS** recommendation.

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

**SUBSTITUTE MOTION:** Vice Chairman Wagoner made a substitute motion to **HOLD H 151** in committee. He invoked Rule 38 stating a possible conflict of interest.

In closing remarks, Rep. Blanksma, said this has been an ongoing discussion for years. When negotiated, all districts were in support, including the Southwest District. The difference of views regarding food fees highlights why the fees need to be in code.

**VOTE ON  
SUBSTITUTE  
MOTION:**

**Chairman Wood** called for a vote on the substitute motion to **HOLD H 151** in committee. **Motion failed by voice vote.**

**VOTE ON  
ORIGINAL  
MOTION:**

**Chairman Wood** called for a vote on the original motion to send **H 151** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Reps. Chew, Wagoner, and Christensen** requested they be recorded as voting **NAY.** **Rep. Blanksma** will sponsor the bill on the floor.

**HJM 7:**

**Rep. Brooke Green**, District 18, presented **HJM 7**, a Joint Memorial spotlighting the flawed veterans affairs (VA) policy hindering our most severely injured veterans from starting families. Veteran infertility treatment coverage is allowed only for those who can produce their own specimen. When their injury prevents this from happening, they do not have coverage. This memorial sends a clear message to our congressional delegation to address this issue so the veterans can come home and start their families.

**Retired Captain Micah Anderson**, testified **in support** of **HJM 7**. He shared his story of his improvised explosive device (IED) injury in Afghanistan. Veterans do not talk about all of their injuries, although they impact their lives. Having children is a big part of being human. Becoming infertile is shameful and hidden from family and friends. After retirement he was denied the same fertility process afforded while he was in the military. Most veterans don't have the extra funds for fertility treatments. This memorial lets Congress know Idahoans support their veterans and their right to have families. The law is flawed in this instance and needs to be fixed.

**MOTION:**

**Rep. Gibbs** made a motion to send **HJM 7** to the floor with a **DO PASS** recommendation.

**In opposition** to the motion, **Rep. Green(2)** stated his dilemma concerning his position on invitro fertilization creating life at conception, his work and respect for veterans, and his dismay regarding their treatment by the VA.

**Cody Ricks**, Disability Advocate, testified **in support** of **HJM 7**. Disabled veterans endure lengthy benefit waits only to be ineligible due to a lack of agency cohesiveness. Societies are judged by how they care for their sick and elderly.

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

**VOTE ON  
MOTION:**

**Chairman Wood** called for a vote on the motion to send **HJM 7** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Green(2)** requested he be recorded as voting **NAY.** **Rep. Green(18)** will sponsor the bill on the floor.

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

**David Wilson**, Chair, Voluntary Leadership Council, Greater Idaho Chapter, Alzheimer's Association, presented an update on Alzheimer's Disease and Related Dementias (ADRD). More than memory loss, Alzheimer's Disease (AD) is 100% fatal and has no treatment, prevention, or cure. Baring medical breakthroughs, the Idaho Medicaid costs and financial care burdens are projected to grow by 32% and increase to over \$190M in the next six years. He shared the Idaho State Plan history, the Idaho Alzheimer's Planning Group's (IAPG) growth, and endorsement of the Idaho State Plan through **HCR 34.**

The State Plan uses programs and services to keep individuals living with ADRD in home settings longer, emphasizing caregiver needs. There are five major recommendations in the State Plan, each with one or more specific, actionable, and measurable initiatives.

1) Increase public awareness and provide comprehensive, practical, and timely information related to the disease. In 2015, the American Association of Retired Persons (AARP), Idaho, paid for a public service announcement (PSA) campaign to promote the Idaho 211 Careline. Call representatives were trained by the Alzheimer's Association. A website was developed by the Boise State University (BSU) Study on Aging with links to statewide resources.

2) Provide ADRD-specific training to health care providers, institutional caregivers, and family caregivers. The Alzheimer's Association has attended conferences regarding educating professional caregivers and has sent information to the Idaho Physician's Association registry. Dementia-specific training is still not required for long-term care professionals.

3) Coordinate statewide ADRD support services. A community based resource counselor program is being developed by BSU student, **Kaitlyn Flachbart**. The Alzheimer's Association and Idaho Commission on Aging are partnering on a three-year federal grant to provide under-served Idaho rural community resources.

4) Create a positive regulatory financial environment to address dementia-related issues. The Department of Health and Welfare (DHW) has a workgroup reviewing existing language which excludes someone with ADRD, who is a danger to themselves or others, from being put on an involuntary hold. There is also a workgroup focused on insuring more successful placement and treatment of ADRD individuals.

5) Development of an ongoing data collection source for the needs of ADRD patients, families, and caregivers. The Alzheimer's Association funded the Cognitive Module for the DHW Behavioral Risk Factor Surveillance System (BRFSS) survey in 2014 and 2015. The Caregiver Module was developed and ran in 2015. Findings were distributed to a variety of groups, including the Legislature in 2017. Still needed is the recommended creation of an annual reporting mechanism for the legislative and executive branches.

There is more that can and must be done to ease the burden, costs, and improve the quality of life for those suffering from the disease. A strong public health approach can mitigate the future impact of ADRD through public health tools, techniques, and interventions. For every individual living with ADRD, there is a family whose physical, emotional, and financial resources are being stretched to the limit.

Answering questions, **Mr. Wilson** said the most pressing need is training direct caregivers for person-centred care. Untrained care can lead to severe behavioral outbreaks, expulsion from care facilities, and placement in more severe and expensive care settings. Currently Idaho has no ADRD caregiver training requirement.

**ADJOURN:** There being no further business to come before the committee, the meeting adjourned at 10:50 a.m.

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Representative Wagoner  
Chair

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Irene Moore  
Secretary