

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, March 12, 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 (Goldman)

**ABSENT/
EXCUSED:** None

GUESTS: Tamara Prisock, and Dave Taylor, DHW; Tim S. Olson, AHIP; Kris Ellis, IHCA; Sandra Albritton, Kimberly Welsh, Patricia Richesen, Janet Gamatese, Jeremy Pisca, and Caiti Bottitt, Kootenai Health; Ron Willington, Delta Dental; Scott Burpee and Anita Burpee, Safe Haven Health; Francoise Cleveland, AARP Idaho; Robert Vande Moore; Elizabeth Criner, Dr. John Hisel, and Linda Swanstrom, ISDA; Toni Lawson, Id. Hospital Assoc.; Yvonne Yates, Brookdale, Dieuwke A. Dizney-Spencer and Aimee Shipman, DHW-Public Health

Chairman Wood called the meeting to order at 9:02 a.m.

MOTION: **Rep. Lickley** made a motion to approve the minutes of the February 27, 28, March 4, and 5, 2019, meetings. **Motion carried by voice vote.**

S 1096: **Kris Ellis**, Idaho Health Care Association (IHCA), presented **S 1096** to allow assisted living facilities to contract with and pay for an inspection by a private organization in place of the Department of Health and Welfare (DHW). This would address the industry's growth and alleviate the DHW workload so they could concentrate on their current inspection backlog. The Commission on Accreditation of Rehabilitation Facilities (CARF) is the private services provider used in many states and operates similar to the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) used by hospitals. CARF is also used by the DHW Behavioral Health Division and other providers. CARF ensures the facility follows state standards and assists with general business practices. If fifty facilities use CARF, at an average survey cost of \$3,750, the state could utilize over \$187,500 to address their backlog. The DHW is in agreement with this legislation.

Answering questions, **Ms. Ellis** said the DHW would retain the ability to go into the facilities, if needed. Additional inspection companies, with state approval, could be used. The DHW would continue to handle complaints and be a part of the integration.

Tamara Prisock, Administrator, DHW, Division of Licensing and Certification, testified on behalf of the DHW **in support of S 1096**. She has worked with the IHCA, stakeholders, and CARF representatives to develop an accreditation option to provide sufficient flexibility for the Division of Licensing and Certification to respond when complaints or other information warrants immediate on-site investigations.

Responding to questions, **Ms. Prisock** stated unlike JCAHO, which includes federal requirements, CARF inspections cover Idaho licensing requirements. The facility long-term-care ombudsmen and critical incidence reporting provide DHW safety nets. The CARF arrangement includes public publication of the accreditation reports on the DHW website. The Office of Performance Evaluation recommendation for licensing fees to add DHW staff was the stimulus for the discussions and this approach. If this does not work, the licensing fees approach will be revisited.

MOTION: **Vice Chairman Wagoner** made a motion to send **S 1096** to the floor with a **DO PASS** recommendation.

Scott Burpee, CEO, Safe Haven Health Care, testified in support of **S 1096**, agreeing with the need to clear up the inspection backlog. He expressed concern regarding the omission of legislation review by the Community Care Council and requested the CARF rules be made available for their review.

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

Kris Ellis, in response to **Mr. Burpee's** statement, said both she and **Ms. Prisock** are members of the Community Care Advisory Council, which was given an update at the last meeting, although it was held prior to legislation's completion. She added the facilities would pay CARF directly for the inspections.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **S 1096** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Vice Chairman Wagoner** will sponsor the bill on the floor.

S 1097: **Caiti Bobbitt**, Public Affairs Strategist, Kootenai Health, presented **S 1097**. This legislation assures patients involved in clinical trials have their non-trial costs paid by their insurance providers. Although most providers do this, there is no pre-authorization available, leading possible participants to not choose the trial.

MOTION: **Rep. Rubel** made a motion to send **S 1097** to the floor with a **DO PASS** recommendation.

Ms. Bobbitt, in response to questions, said some insurance companies with clinical trial non-coverage clauses are grandfathered into the Affordable Care Act (ACA). The trials cover any related adverse effects to the patient. Answering a question, she said insurance providers are aware they have to change their policies. Completely experimental treatments are not included in this legislation.

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

Committee comments included concern with interference in the right to contract, the tremendous value of clinical trials, and the patient's need for regular care.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **S 1097** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Reps. Christensen, Zollinger** and **Kingsley** requested they be recorded as voting **NAY**. **Rep Lickley** will sponsor the bill on the floor.

S 1054: **Kelli Brassfield**, Idaho Association of Counties, presented **S 1054**. This legislation changes the regional health board member requirement from the chairman to any member of the county commissioners board.

MOTION: **Rep. Gibbs** made a motion to send **S 1054** to the floor with a **DO PASS** recommendation.

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

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to send **S 1054** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Kingsley** will sponsor the bill on the floor.

S 1055: **Kelli Brassfield**, Idaho Association of Counties, presented **S 1055**. In 1988 the medical exam requirement for marriage licenses was removed and the issuance of an AIDS pamphlet was added. Because the DHW outreach and education activities are more effective for AIDS prevention, this requirement section is being repealed.

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

MOTION: **Vice Chairman Wagoner** made a motion to send **S 1055** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Christensen** will sponsor the bill on the floor.

S 1069: **Elizabeth Criner**, Idaho State Dental Association (ISDA), presented **S 1069**, to assure coverage of services provided prior to a benefit beginning and no dental plan rate setting for non-covered procedures or services. The contracted fee schedule continues after a patient has received dental services equaling an additional 100% of the capped benefit. This addresses the mix of insured and uninsured patients, so there is no cost shift to patients without insurance. It does not require dental plans track the expenses. Dental companies are given until 2020 to make the changes.

Responding to questions, **Ms. Criner** stated dental insurance providers do not negotiate for costs. Dental plans are capped benefits, which differs from medical plans.

Vice Chairman Wagoner invoked Rule 38 stating a possible conflict of interest due to his wife's profession and he would be voting on the legislation.

Tim Olson, American Health Insurance Plans, testified **in opposition** to **S 1069**. After the maximum amount is met, consumers can already continue to benefit with the discounts. This legislation creates an unnecessary tracking burden which may result in higher consumer premiums.

Dr. John Hisel, Dentist, Member, ISDA, testified **in support** of **S 1069**. Idaho-based dental providers remain neutral on this legislation. These are non-negotiated fees and contracts with capped benefits which have not changed in thirty to forty-five years, although costs have increased. This legislation helps balance consumer rates. Answering questions, he said tracking is simple and already being done to determine when a cap is reached.

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

MOTION: **Vice Chairman Wagoner** made a motion to send **S 1069** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Christensen** requested he be recorded as voting **NAY. Vice Chairman Wagoner** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting adjourned at 10:32 a.m.

Representative Wood
Chair

Irene Moore
Secretary