

AGENDA
SENATE HEALTH & WELFARE COMMITTEE
4:00 P.M.
Room WW54
Thursday, January 10, 2019

Note Later Start Time

SUBJECT	DESCRIPTION	PRESENTER
Organizational Housekeeping	Committee Introductions: <ul style="list-style-type: none">• Page• Attaché• New Members	Chairman Fred Martin
	Review Senate Rules 14e and 20 Joint Meeting Announcement	
Administrative Rules Process		Dennis Stevenson, Administrative Rules Coordinator
Administrative Rules Assignments		Vice Chairman Mary Souza

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Martin	Sen Bayer
Vice Chairman Souza	Sen Burtenshaw
Sen Heider	Sen Jordan
Sen Lee	Sen Nelson
Sen Harris	

COMMITTEE SECRETARY

Margaret Major
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Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Thursday, January 10, 2019

TIME: 4:00 P.M.

PLACE: Room WW54

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

ABSENT/ EXCUSED: None

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 Martin** called the meeting of the Senate Health and Welfare Committee to order at 4:00 p.m.

INTRODUCTIONS & OTHER BUSINESS: **Chairman Martin** received unanimous consent to reorder the agenda to begin with Vice Chairman Souza, followed by Mr. Stevenson. **Chairman Martin** welcomed new and returning members, and invited the new attaché, Margaret Major, and the page, Landen Richardson, to introduce themselves. **Chairman Martin** referenced routed materials and asked members to give the materials their consideration and provide feedback. **Chairman Martin** distributed Senate Rule 20 and Senate Rule 14(E) for members to review. **Chairman Martin** announced that a joint Senate-House Health and Welfare Committee meeting will take place in the Lincoln Auditorium on February 8, 2019, at 9:00 a.m. to hear public testimony on any topic related to health and welfare issues.

PASSED THE GAVEL: Chairman Martin passed the gavel to Vice Chairman Souza, who will preside over the administrative rules hearings.

ADMINISTRATIVE RULES ASSIGNMENTS: **Vice Chairman Souza** informed members that they will not present their assigned rules, rather, are asked to generate any questions to then share with her. The attaché will forward an Incorporation of Reference letter to presenters.

ADMINISTRATIVE RULES PROCESS: **Vice Chairman Souza** introduced **Dennis Stevenson**, Administrative Rules Coordinator, who provided an overview of the rules process, including a history of the office over the years. **Vice Chairman Souza** thanked Mr. Stevenson and asked how many other states have similar processes; he replied that there were only a few that brought it to a committee level. **Vice Chairman Souza** asked **Mr. Stevenson** to provide more detail regarding how other states manage the process and he offered to make that information available at a later date. **Chairman Martin** asked Mr. Stevenson for clarification of the rules flowchart. **Mr. Stevenson** then walked the committee through the flowchart and explained that there were options to reject a rule in its entirety, or in part. **Senator Nelson** asked for the criteria to reject a rule, and **Mr. Stevenson** outlined the process undertaken with the assistance of the Legislative Services Office.

ADJOURNED: There being no further business at this time, **Chairman Martin** adjourned the meeting at 4:32 p.m.

Senator Martin
Chair

Margaret Major
Secretary

AGENDA
SENATE HEALTH & WELFARE COMMITTEE
3:00 P.M.
Room WW54
Monday, January 14, 2019

SUBJECT	DESCRIPTION	PRESENTER
Docket No. <u>16.0314.1801</u>	Rules and Minimum Standards for Hospitals in Idaho	Tamara Prisock Administrator Licensing & Certification
Docket No. <u>16.0315.1801</u>	Secure Treatment Facility for People with Intellectual Disabilities	Tamara Prisock
Docket No. <u>16.0506.1801</u>	Criminal History and Background Checks (Pending)	Fernando Castro Program Supervisor Criminal History Unit
Docket No. <u>16.0506.1901</u>	Criminal History and Background Checks (Temporary)	Fernando Castro
Docket No. <u>16.0102.1801</u>	Emergency Medical Services (EMS) Rule Definitions	Wayne Denny Bureau Chief Emergency Services & Preparedness
Docket No. <u>16.0103.1801</u>	Emergency Medical Services (EMS) Agency Licensing Requirements	Wayne Denny
Docket No. <u>16.0107.1801</u>	Emergency Medical Services (EMS) Personnel Licensing Requirements	Wayne Denny

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Martin	Sen Burtenshaw
Vice Chairman Souza	Sen Bayer
Sen Heider	Sen Jordan
Sen Lee	Sen Nelson
Sen Harris	

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MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Monday, January 14, 2019

TIME: 3:00 P.M.

PLACE: Room WW54

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

ABSENT/ EXCUSED: None

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CONVENED: **Chairman Martin** called the meeting of the Senate Health and Welfare Committee to order at 3:07 p.m.

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

DOCKET NO. 16-0314-1801 **Tamara Prisock**, Administrator for Licensing and Certification, introduced **Docket No. 16-0314-1801**, Rules and Minimum Standards for Hospitals in Idaho. This rule addresses the use of restraints and seclusion of patients in behavioral health treatment settings. The review process began in the autumn of 2017 and input was invited from behavioral health professionals and other interested parties, including public comments, until September of 2018. **Ms. Prisock** explained that it addresses when to use restraints, who can order restraints, video monitoring, patient rights, and language. Some changes included: changing language from "shall" to "must", removing some definitions that are now obsolete, updating some language pertaining to restraint and seclusion, compliance; licensing, and some renumbering.

DISCUSSION: **Chairman Martin** asked for information on restraint use philosophy. **Dennis Kelly, Registered Nurse (R.N.)**, Supervisor, Non-Long Term Care, responded that this rule is to bring Idaho into compliance with federal regulations.

Senator Lee asked why fees for patient access to records are based on local library copying charges, versus following the Public Records Request standard or another standard rate that would apply across the state. **Ms. Kelly** replied that it was determined by each community and/or organization.

Senator Harris asked who trains staff in restraint use and **Ms. Kelly** explained that it varies by facility. In a follow-up question, **Senator Harris** asked if training is credentialed through hospitals and **Ms. Kelly** confirmed that it is, and it is up to the governing body to determine standards based on the type of facility.

Ms. Prisock continued: a number of issues are addressed in this docket, including requirement for a face-to-face visit with a medical doctor (M.D.) in order to implement restraints; training requirements; medical staff authority to admit and restrain; monitoring intervals for violent versus nonviolent patients; other health conditions, and documentation for all patients under restraint.

Senator Nelson asked if there was statute addressing security of the video-stream, specifically concerning transmission of the record, and **Ms. Kelly** responded there is no requirement for it; it is part of the medical record and depends on the location within a facility and the activity being monitored.

TESTIMONY: **Mr. James Baugh**, Executive Director, Disabilities Rights Idaho, commended Ms. Prisock for this rule development process.

MOTION: **Chairman Martin** moved to approve Docket 16-0314-1801. **Senator Jordan** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 16-0315-1801 **Tamara Prisock**, Administrator for Licensing and Certification, introduced **Docket No. 16-0315-1801**, Secure Treatment Facility for People with Intellectual Disabilities. H 222 (2017) approved four facilities for adults with primary disabilities and mental illness who have been committed by a court following commitment of a crime, or for safety risk. This rule covers facility safety and compliance and survey tools. A number of stakeholders were involved in negotiated rulemaking along with a public comment period. Language was modified after the April bulletin was published. The Department of Health and Welfare requested to extend the rule through the 2020 Legislative Session to allow ongoing monitoring of this new program.

DISCUSSION: **Vice Chairman Souza** asked how large sections of new content might be somehow flagged or highlighted. **Brad Hunt**, Administrative Rules Specialist, explained that agencies are not at liberty to alter the format or content. Discussion ensued about how it might be addressed before the next legislative session.

Ms. Prisock then outlined in detail all aspects covering standard operating procedures for these new facilities including licensing requirements, inspections, personnel management, records management, perimeter control, best practices, and definitions. Ms. Prisock spoke specifically to managing patients who demonstrate chronic refusal to participate in treatment. **Vice Chairman Souza** asked if that management differed from other health care facilities. **Ms. Prisock** replied that these facilities allowed more practitioner leeway and less patient rights to refuse, citing that it was a different provider/client relationship.

Senators Heider and Lee had questions about outside visitors, court notification, and smoking. **Ms. Prisock** responded that visits were held in certain areas and determined on a case-by-case basis, emphasizing that safety was paramount; communication with the court system was ongoing; and that smoking was prohibited.

Ms. Prisock then covered policies to manage behaviors, including emergency interventions, suicide precautions, use of medications and restraints, dietetics, coordinating health care services, and facilities management including fire safety standards and emergency plans.

TESTIMONY: **Mr. James Baugh**, Executive Director, Disabilities Rights Idaho, testified that the negotiated rulemaking process was inclusive, thorough, and competent. **Senator Lee** asked Mr. Baugh if he thought that this temporary rule was sufficient and he responded that he could not predict the future.

MOTION: **Senator Harris** moved to approve **Docket No. 16-0315-1801**. **Senator Jordan** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 16-0506-1801 **Vice Chairman Souza** welcomed **Fernando Castro**, Program Supervisor for the Criminal History Unit, who presented two dockets covering Criminal History and Background Checks.

Docket No. 16-0506-1801 is a pending rule, to go into effect July 1, 2019. Changes include adding back substance abuse and recovery support staff, to reinstate that staffing after their inadvertent removal. There are changes in licensing requirements for first responders; the current time and cost are prohibitive in our rural communities staffed by volunteers. Child Protection Registry was added to existing text and represents no additional costs.

Senator Lee asked why Substance Abuse Disorder Providers were removed by the Legislature and are again included. **Mr. Castro** explained that it was rescinded inadvertently in 2016 as an oversight and assumption about the promulgated rules requirements. In response to a question by **Senator Nelson** about language on page 220, **Mr. Castro** explained that, during the negotiated rulemaking process, initial feedback was to only cover minor children client interactions. There are now eleven classes of staff that must undergo enhanced checks.

MOTION: **Senator Harris** moved to approve **Docket No. 16-0506-1801**. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 16-0506-1901 **Mr. Castro**, Program Supervisor for the Criminal History Unit, presented **Docket No. 16-0506-1901**, the temporary rule covering Criminal History and Background Checks. Legislative Session 2018 created citizen review panels that require background checks for Public Health District volunteer members. The Public Health Districts anticipate fifty volunteers. No negotiated rulemaking was conducted due to the lack of time, but there was positive stakeholder feedback and there is no fiscal impact to the General Fund. **Senator Lee** asked who covered the fee. **Mirin Unsworth**, Administrator, Division of Family and Community Services, stated that the division previously paid the fee and while she was not certain how it is now funded, she is certain that it is not being paid by the volunteers.

MOTION: **Senator Lee** moved to approve **Docket No. 16-0506-1901**. **Senator Harris** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 16-0102-1801 **Mr. Wayne Denny**, Bureau Chief for Emergency Services and Preparedness, presented **Docket No. 16-0102-1801**, EMS Rule Definitions. **Mr. Denny** reported that there are four levels of emergency medical services staff in Idaho and 60 percent are Emergency Medical Technician (EMT) level. The ambulance staffing requirement is for two staff (one an EMT) since the 1970s. All four levels have evolved in scope and training over time. Currently, lack of education is an impediment. S 1310 (2017) began a conversation about recruitment efforts for volunteers. Many emergency medical responders (EMRs) are now functioning as EMTs. Additional certification will provide a stair-step for EMRs to EMTs (and full emergency medical services), but it will not be a requirement. Negotiated rulemaking was not conducted, but there was significant outreach for this temporary rule since the summer of 2018, with only positive feedback. Public hearings were held in July of 2018, with no attendance. There is no impact to the General Fund.

Senator Harris inquired about the time requirement for successful completion of training for an EMR to become an EMT. **Mr. Denny** replied that it requires forty to fifty hours of education using the national competency-based education approach; it is not based on mandatory seat time.

Chairman Martin asked Mr. Denny if the next two dockets, **Docket No. 16-0103-1801**, and **Docket No. 16-0107-1801**, were essentially the same and **Mr. Denny** replied in the affirmative.

MOTION: **Chairman Martin** moved to approve **Docket Nos. 16-0102-1801, 16-0103-1801, and 16-0107-1801**. **Senator Nelson** 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 5:00 p.m.

Senator Martin
Chair

Margaret Major
Secretary

AGENDA
SENATE HEALTH & WELFARE COMMITTEE
3:00 P.M.
Room WW54
Tuesday, January 15, 2019

SUBJECT	DESCRIPTION	PRESENTER
Docket No. <u>58-0101-1801</u>	Control of Air Pollution in Idaho Air Quality Permitting Sections Update	Tiffany Floyd, Administrator Air Quality DEQ
Docket No. <u>58-0101-1803</u>	Control of Air Pollution in Idaho Crop Residue Burn Fee Payment Schedule	Tiffany Floyd
Docket No. <u>58-0101-1804</u>	Control of Air Pollution in Idaho Update Federal Regulations Incorporated by Reference	Tiffany Floyd
Docket No. <u>58-0105-1801</u>	Rules and Standards for Hazardous Waste Update Federal Regulations Incorporated by Reference	Michael McCurdy, Admin Waste Mgmt & Remediation DEQ

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Martin	Sen Burtenshaw
Vice Chairman Souza	Sen Bayer
Sen Heider	Sen Jordan
Sen Lee	Sen Nelson
Sen Harris	

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MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, January 15, 2019

TIME: 3:00 P.M.

PLACE: Room WW54

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

ABSENT/ EXCUSED: None

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 Martin** called the meeting of the Senate Health and Welfare Committee to order at 3:00 p.m.

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

DOCKET NO. 58-0101-1801 **Tiffany Floyd**, Administrator, Air Quality Division, Idaho Department of Environmental Quality (DEQ), presented **Docket No. 58-0101-1801**, Air Quality Permitting Sections Update. The changes reflect clarification, deletion of inconsistencies and obsolete methods, and correction of typographical errors. Some of the changes align state and federal practices.

MOTION: **Senator Burtenshaw** moved to approve **Docket No. 58-0101-1801**. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 58-0101-1803 **Ms. Floyd** presented **Docket No. 58-0101-1803**, Crop Residue Burn Fee Payment Schedule, Crop Residue Burn Fee Payment Schedule. Fees used to be due seven days prior to a planned burn date. This pending rule would allow payment for actual acreage burned, due at year-end. Payment will be due within thirty days of receipt of the year-end billing. The agency merged two citations for a better payment process using new software. The rule has companion legislation: the agency recognizes that running a rule and legislation during the same legislative session is unusual, so has included an emergency clause. **Chairman Martin** asked questions about fiscal impact and was assured that there is no fee increase, change in revenue, or any additional burden. It removes the need to attempt to credit if actual burns do not meet the estimated acreage. The annual amount typically paid out totals approximately \$61,000, at \$2.00 per 100 acres. **Senator Jordan** asked if this rule should be held until the companion legislation is through the Legislature. **Director Tippets**, DEQ, responded that it was all right to proceed with the rule because of the inclusion of the emergency clause. Legislation becomes law after signature; rules do not, until after legislation passes (if companion legislation does not pass, the rule can be rejected.)

MOTION: **Senator Burtenshaw** moved to approve **Docket No. 58-0101-1803**. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 58-0101-1804 **Tiffany Floyd** presented **Docket No. 58-0101-1804**, Update Federal Regulations Incorporated by Reference, that addresses state implementation in lieu of the Environmental Protection Agency (EPA). Ms. Floyd highlighted the most relevant updates to permitting for pulp mills and phosphate fertilizer plants that included electronic reporting, with no changes to overall stringency in monitoring. Negotiated rulemaking was not conducted, but it was open to public comment and no comments were received. **Senator Jordan** asked if this body is passing rules that the public can access, or if that access is being impacted by the federal shutdown. **Ms. Floyd** explained that these pending rules were first made public in July of 2018, well before the shutdown.

MOTION: **Senator Harris** moved to approve **Docket No. 58-0101-1804**. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 58-0105-1801 **Michael McCurdy**, Administrator for Waste Management and Remediation, DEQ, presented **Docket No. 58-0105-1801**, Update Federal Regulations Incorporated by Reference, addressing hazardous waste. No negotiated rulemaking was conducted, and no comments were received after posting the proposed rule in the bulletin. Four changes were made with little impact to Idaho facilities, with the exception of the electronic manifest system. The EPA began tracking the transport of hazardous waste effective nationwide on June 3, 2018. Idaho's Safety Clean Systems and U.S. Ecology are affected.

MOTION: **Senator Heider** moved to approve **Docket No. 58-0105-1801**. **Chairman Martin** seconded the motion. The motion carried by **voice vote**.

DISCUSSION: **Senator Burtenshaw** asked Director Tippetts, DEQ, if the EPA shutdown was affecting Idaho operations. **Director Tippetts** reported that the state was still required to comply with federal law, and funding could become a problem at some point. **Chairman Martin** asked Director Tippetts to explain primacy. **Director Tippetts** explained that the U.S. Congress envisioned a federal and state partnership. If all (federal) laws are in place and in compliance, a state is granted primacy by the EPA. **Chairman Martin** spoke in favor of Idaho's primacy and asked at what point would a lack of federal funds become an issue. **Director Tippetts** stated that his agency would be all right for a matter of weeks, but not months. **Vice Chairman Souza** asked how many states have primacy and **Director Tippetts** replied that 96% of states that can, do.

ADJOURNED: There being no further business at this time, **Vice Chairman Souza** adjourned the meeting at 4:32 p.m.

Senator Martin
Chair

Margaret Major
Secretary

AGENDA
SENATE HEALTH & WELFARE COMMITTEE
3:00 P.M.
Room WW54
Wednesday, January 16, 2019

SUBJECT	DESCRIPTION	PRESENTER
	Legislative Budget Book (LBB) Briefings	
	Statewide Reports	Paul Headlee, Div. Manager Budget & Policy Analysis, LSO
	Agency Budgets	Jared Tatro, Jill Randolph, Maggie Smith Budget & Policy Analysts

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Martin	Sen Burtenshaw
Vice Chairman Souza	Sen Bayer
Sen Heider	Sen Jordan
Sen Lee	Sen Nelson
Sen Harris	

COMMITTEE SECRETARY

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MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, January 16, 2019

TIME: 3:00 P.M.

PLACE: Room WW54

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

ABSENT/ EXCUSED: Senator Nelson

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 Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:02 p.m.

STATEWIDE BUDGET OVERVIEW: **Paul Headlee**, Division Manager, Budget and Policy Analysis, Legislative Services Office (LSO), provided a statewide budget overview. He described how a budget is built and the relationship between the Governor's Recommendation and an agency request. He walked the Committee through the front-end section of the Legislative Budget Book (LBB) and reviewed the maintenance of current operations (MCO); a relatively high increase in agency requests at 5.5 percent, with a corresponding Governor's recommendation of 5.3 percent.

DISCUSSION: **Chairman Martin** asked Mr. Headlee for his opinion on what was driving that increase. **Mr. Headlee** pointed to an increase in the PERSI (Public Employee Retirement System of Idaho) employer's contribution to the fund, along with the K-12 salary ladder increase, as statutory drivers. Mr. Headlee went on to review new line items that come with a lot of scrutiny: agency requests at 10.3 percent (base and new requests), and the Governor's Recommendation at 6.8 percent for overall budgets. Mr. Headlee pointed to the agencies' and Governor's Recommendation side-by-side comparison. Mr. Headlee detailed some line items that included cash transfers from the General Fund and dedicated funds, benefit reductions, maintenance budgets, and employee compensation recommendations.

Vice Chairman Souza inquired if the transfers were part of the Governor's 6.8% and **Mr. Headlee** explained that outgoing fund transfers do not count as expenditures from the General Fund. In a follow-up question, **Vice Chairman Souza** wondered about reducing benefits and taking dollars from the Rainy Day Fund. **Mr. Headlee** noted that benefit claims are increasing while reserves are dropping.

Mr. Headlee then provided an overview of the General Fund. **Chairman Martin** noted that a significant percentage of the total General Fund budget goes to Health and Human Services. **Senator Jordan** inquired about the impact of the federal government shutdown. **Mr. Headlee** reported that his division has not, at this time, undertaken that analysis, but stated that our state agencies have been asked to identify their federal funds.

AGENCY BUDGET DETAILS: **Jared Tatro**, Principal Budget & Policy Analyst, LSO, presented health and human services budget details and an overview of the Department of Health and Welfare (DHW) budgets. There are currently 325,000 Idahoans participating in some welfare program (down from prior years).

DISCUSSION: **Senator Jordan** asked what the average stay on a given welfare programs was. **Mr. Tatro** did not have that information, but referred members to the DHW publication, "Facts, Figures, and Trends". **Vice Chairman Souza** requested mileage on replacement vehicles and was informed by **Mr. Tatro** that it is between 120,000 and 155,000, adding that replacement need is not based solely on mileage, but also on wear and tear. **Vice Chairman Souza** conjectured that Medicaid expansion would be funded exclusively from the General Fund. In response, **Mr. Tatro** explained that, per the Governor's recommendation, the expansion would be funded out of all fund sources for the first six months, including the Millennium Fund. Other large line items include Child Welfare, Non-Emergency Medical Transportation, and staffing for Suicide Prevention and Awareness. **Senator Jordan** inquired why certain line items for dental care were not included in the Governor's Recommendation. **Mr. Tatro** responded that there were no staff present from the Division of Financial Management to respond.

Mr. Tatro reviewed the Division of Medicaid, providing information on the basic plan. He noted that 73.8 percent of the caseload are children and represent the lower expenses, while the elderly and disabled make up a much smaller percentage, but most of the costs. He then gave side-by-side details before concluding Medicaid with a brief history and summary of the division.

Mr. Tatro introduced the Catastrophic Health Care Program, explaining that, for those qualifying, a county pays up to \$11,000 toward an individual's medical expenses. If a client is unable to pay medical debt after five years, the state pays the remaining debt. The Governor's recommendation has been reduced, in anticipation of Medicaid expansion.

Mr. Tatro then touched briefly on the Public Health Districts (PHD), and Office of Drug Policy (ODP). The PHDs receive General Fund and Millennium Fund appropriations, and their remaining expenses are continuously appropriated. The ODP's request matches the Governor's Recommendation.

Jill Randolph, Budget & Policy Analyst, LSO, presented four straightforward budgets: Vocational Rehabilitation, the Commission for the Blind and Visually Impaired, the State Independent Living Council, and the Commission on Aging, as outlined in the Legislative Budget Book.

Maggie Smith, Budget & Policy Analyst, LSO, presented the budgets for five independent medical boards responsible for licensing medical professionals in Idaho. The Board of Medicine is not included under Health and Human Services; it is a self-governing agency. License fees pay for board activities.

ADJOURNED: There being no further business at this time, **Chairman Martin** adjourned the meeting at 4:20 p.m.

Senator Martin
Chair

Margaret Major
Secretary

AGENDA
SENATE HEALTH & WELFARE COMMITTEE
3:00 P.M.
Room WW54
Thursday, January 17, 2019

SUBJECT	DESCRIPTION	PRESENTER
	BOARD OF PHARMACY	
Docket No. <u>27-0101-1801</u>	General Provisions p.442	Nicole Chopski, Chair Berk Fraser, Deputy Exec. Dir. Idaho Board of Pharmacy
Docket No. <u>27-0103-1801</u>	Rules Governing Pharmacy Practice p.449	
Docket No. <u>27-0104-1802</u>	Rules Governing Pharmacist Prescriptive Authority p.460	
Docket No. <u>27-0105-1801</u>	Rules Governing Drug Compounding p.464	
Docket No. <u>27-0106-1801</u>	Rules Governing DME, Manufacturing, and Distribution p.469	

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Sen Harris	

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MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Thursday, January 17, 2019

TIME: 3:00 P.M.

PLACE: Room WW54

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

ABSENT/ EXCUSED: Vice Chairman Souza

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CONVENED: **Chairman Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:03 p.m.

PRESENTATION: **Nicole Chopski**, Chairman of the Idaho Board of Pharmacy, reported recent improvements, including a 55% reduction in word count in their administrative rules and a continued effort to streamline. She also reported that CVS Pharmacy is adding a mail order service that will bring 150 jobs to rural Idaho.

DOCKET NO. 27-0101-1801 **Ms. Chopski** presented **Docket No. 27-0101-1801**, General Provisions. Definitions were changed and augmented. Negotiated Rulemaking was conducted with public meetings and stakeholder engagement.

MOTION: **Senator Heider** moved to approve **Docket No. 27-0101-1801**. **Senator Martin** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 27-0103-1801 **Ms. Chopski** presented **Docket No. 27-0103-1801**, Rules Governing Pharmacy Practice. The rule changes address record keeping for wholesalers; rules for therapy under House Bill 339 (2018); digital image prescriptions; streamlines paperwork to align management structure so that it is consistent with other states, and streamlines personnel.

DISCUSSION: **Senator Jordan** asked what staff were being referenced under the language addressing "limited access for authorized personnel". **Alex Adams**, former Pharmacy Board Executive Director, responded that authorized personnel are not defined by the board; it is left up to the individual pharmacy. **Senator Jordan** had a follow-up question about possible vulnerabilities in managing digital image prescriptions. **Mr. Adams** spoke to so-called lifestyle drugs, controlled substances, and protections in place to deter any attempt to send an image to multiple locations. The use of an image limits cash payment and requires insurance. He added that a patient can still bring a hardcopy prescription to the pharmacy and pay with cash. Mr. Adams informed the Committee that the federal executive branch recently signed law requiring all prescriptions to be transmitted digitally by 2021. Specifically, all Medicare and controlled substance prescriptions will require a physician transmission to the pharmacy. There remains an "opt out" option for those who prefer hardcopy prescriptions only.

MOTION: **Senator Heider** moved to approve **Docket No. 27-0103-1801**. **Senator Lee** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 27-0104-1802 **Ms. Chopski** presented **Docket No. 27-0104-1802**, Rules Governing Pharmacist Prescriptive Authority. This rule amends the prescription of statins. It also allows pharmacists to treat minor illnesses; the only conflict was over the treatment of acne. The Board deferred to the opinion of the Idaho Medical Association, that supported treatment under this rule. **Mr. Adams** testified that the day after the rule went into effect, an international tourist fell ill, without any stateside health insurance, and was successfully treated for a urinary tract infection for only \$20.00. Mr. Adams went on to report that there have been no complaints, and this is an improvement and a good example of market-driven health care.

MOTION: **Senator Harris** moved to approve **Docket No. 27-0104-1802**. **Senator Jordan** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 27-0105-1801 **Ms. Chopski** presented **Docket No. 27-0105-1801**, Rules Governing Drug Compounding. This is a is a straightforward, updated chapter to align with federal law.

MOTION: **Senator Lee** moved to approve **Docket No. 27-0105-1801**. **Senator Nelson** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 27-0106-1801 **Ms. Chopski** presented **Docket No. 27-0106-1801**, Rules Governing Durable Medical Equipment (DME), Manufacturing, and Distribution. It is a repeal of Chapter 6; essential content was combined into chapters 1,2, and 3.

MOTION: **Senator Harris** moved to approve **Docket No. 27-0106-1801**. **Senator Bayer** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 27-0102-1802 **Ms. Chopski** presented an additional docket not indicated on the agenda: **Docket No. 27-0102-1802**, Rules Governing Licensure and Registration. It is a pending fee rule to eliminate a mandatory law exam and associated cost, shorten the application time, and align with other Idaho health care boards.

MOTION: **Senator Burtenshaw** moved to approve **Docket No. 27-0102-1802**. **Senator Lee** seconded the motion. The motion passed by **voice vote**.

ADJOURNED: There being no further business at this time, **Chairman Martin** adjourned the meeting at 3:25 p.m.

Senator Martin
Chair

Margaret Major
Secretary

AGENDA
SENATE HEALTH & WELFARE COMMITTEE
3:00 P.M.
Room WW54
Monday, January 21, 2019

SUBJECT	DESCRIPTION	PRESENTER
Docket No. <u>24-0301-1801</u>	<i>Rules of the State Board of</i> Chiropractic Physicians p. 360	Maurie Ellsworth IBOL General Counsel Chiropractic Board
Docket No. <u>24-1401-1801</u>	<i>Rules of the State Board of</i> Social Work Examiners p. 407	Robert Payne, Board Member Board of Social Work Examiners
Docket No. <u>24-2601-1801</u>	<i>Rules of the Idaho Board of</i> Midwifery p. 437	Roger Hales, Admin Attorney Midwifery Board
Docket No. <u>24-0901-1801</u>	<i>Board of Examiners of</i> Nursing Home Administrators p. 388	Roger Hales, Admin Attorney NHA Board
Docket No. <u>24-0901-1802</u>	<i>Board of Examiners of</i> Nursing Home Administrators p. 392	Roger Hales, Admin Attorney NHA Board
Docket No. <u>24-1101-1801</u>	<i>Rules of the State Board of</i> Podiatry p. 396	Roger Hales, Admin Attorney Podiatry Board
Docket No. <u>24-1901-1801</u>	<i>Board of Examiners of</i> Residential Care Facility Administrators p. 431	Roger Hales, Admin Attorney Residential Care Board

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Martin	Sen Burtenshaw
Vice Chairman Souza	Sen Bayer
Sen Heider	Sen Jordan
Sen Lee	Sen Nelson
Sen Harris	

COMMITTEE SECRETARY

Margaret Major
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MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Monday, January 21, 2019

TIME: 3:00 P.M.

PLACE: Room WW54

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

ABSENT/ EXCUSED: Senators Jordan and Nelson

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

PASSED THE GAVEL: Chairman Martin passed the gavel to Vice Chairman Souza.

DOCKET NO. 24-0301-1801 **Maurie Ellsworth**, General Counsel, Idaho Bureau of Occupational Licenses, presented **Docket No. 24-0301-1801**, Rules of the State Board of Chiropractic Physicians (Board). The pending rule simplifies language, eliminates an outdated requirement, and allows the Board to consider current licensing from out-of-state practitioners—only requiring examination if a license does not align with Idaho standards. It includes a carryover provision for continuing medical education (CME) credits if a provider has CME credits that exceed the annual requirement; includes online CME options; hardship waivers if a provider is not able to meet CME requirements due to personal circumstances; addresses expired licenses, and renumbers existing CME rules. The Board conducted open meetings, postcard outreach and engaged with other stakeholders. It received minimal feedback that was then incorporated.

DISCUSSION: **Chairman Martin** inquired if adding online classrooms and home study is adequate for chiropractors to continue in their profession. **Mr. Ellsworth** responded that the practitioners determined it does, for the interactive book study portion (not for hands-on education requirements). In a follow-up question, **Chairman Martin** asked for more information about flexibility in out-of-state license consideration. **Mr. Ellsworth** explained Endorsement Licensure: if another state's qualifications align with Idaho requirements, it allows waiver of the exam. It gives the Board discretion to require or waive the exam.

MOTION: **Chairman Martin** moved to approve **Docket No. 24-0301-1801**. **Senator Lee** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 24-1401-1801 **Roger Hales**, Administrative Attorney, Idaho Bureau of Occupational Licenses, presented **Docket No. 24-1401-1801**, Rules of the State Board of Social Work Examiners, on behalf of Robert Payne, Board Member. This docket addresses use of the national repository, telehealth, and allows for practice in the state of Idaho if licensed in another state. There was no negotiated rulemaking, but there was a public comment period and postcard survey with two responses in opposition.

DISCUSSION: **Senator Harris** asked for clarification of the definition "mature" candidate. Discussion ensued about the benefit of waiving the exam to allow candidates that have a long history working out-of-state, and/or became licensed more than ten years ago. **Mr. Hales** explained that a small number of candidates meet that criteria, but it has been a barrier to bringing in some candidates who are highly experienced. Many coming into the state take the exam.

MOTION: **Senator Lee** moved to approve **Docket No. 24-1401-1801**. **Senator Harris** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 24-2601-1801 **Mr. Hales** presented **Docket No. 24-2601-1801**, Rules of the Idaho Board of Midwifery. The rules delete obsolete language, add increased cardiopulmonary resuscitation requirements—including neonatal requirements—to retain a license; and address Strep B prevention. No negotiated rulemaking was conducted, and a postcard survey was conducted with minimal opposition.

MOTION: **Chairman Martin** moved to approve **Docket No. 24-2601-1801**. **Senator Lee** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 24-0901-1801 **Mr. Hales** presented **Docket No. 24-0901-1801**, Board of Examiners of Nursing Home Administrators, that changes language for the training program from one year to 1,000 hours, and reporting from quarterly to every 500 hours.

MOTION: **Senator Harris** moved to approve **Docket No. 24-0901-1801**. **Senator Bayer** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 24-0901-1802 **Mr. Hales** presented **Docket No. 24-0901-1802**, Board of Examiners of Nursing Home Administrators, that allows for CME carryover into a subsequent year if credits exceed the annual requirement. It also clarifies language and deletes obsolete language.

MOTION: **Chairman Martin** moved to approve **Docket No. 24-0901-1802**. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 24-1101-1801 **Mr. Hales** presented **Docket No. 24-1101-1801**, Rules of the State Board of Podiatry, that removes obsolete language and adds language for CME home study. No negotiated rulemaking was conducted, and a postcard survey yielded two comments.

MOTION: **Senator Harris** moved to approve **Docket No. 24-1101-1801**. **Senator Lee** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 24-1901-1801 **Mr. Hales** presented **Docket No. 24-1901-1801**, Board of Examiners of Residential Care Facility Administrators (RCA), that allows for the option of the RCA examination or completion of one year of work experience in an RCA management position to obtain a license. It removes a barrier to licensure and there was no opposition.

MOTION: **Senator Harris** moved to approve **Docket No. 24-1901-1801**. **Senator Lee** 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 3:50 p.m.

Senator Martin
Chair

Margaret Major
Secretary

AGENDA
SENATE HEALTH & WELFARE COMMITTEE
3:00 P.M.
Room WW54
Tuesday, January 22, 2019

NOTE: EARLY ADJOURNMENT AT 4 PM

SUBJECT	DESCRIPTION	PRESENTER
<u>RS26584</u>	Relating to Organ Donors;Amending Section 39-3413, Idaho Code, to Revise Provisions Regarding Certain Notification	Senator Heider
Docket No. <u>16-0612-1801</u>	<i>Rules Governing the</i> Idaho Child Care Program p. 221	Ericka Rupp Program Manager ICCP
Docket No. <u>16-0308-1801</u>	<i>Rules Governing the</i> Temporary Assistance for Families in Idaho Program p. 62	Ericka Rupp Program Manager TAFI
Docket No. <u>16-0304-1801</u>	<i>Rules Governing the</i> Food Stamp Program in Idaho p. 51	Kristin Matthews Program Manager SNAP
Docket No. <u>16-0303-1801</u>	<i>Rules Governing</i> Child Support Services p. 3 (Fee Rule)	Rob Rinard Bureau Chief Child Support Services

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Martin	Sen Burtenshaw
Vice Chairman Souza	Sen Bayer
Sen Heider	Sen Jordan
Sen Lee	Sen Nelson
Sen Harris	

COMMITTEE SECRETARY

Margaret Major
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MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, January 22, 2019

TIME: 3:00 P.M.

PLACE: Room WW54

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

ABSENT/ EXCUSED: Senator Harris

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 Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:10 p.m.

RS 26584 **Senator Heider** introduced **RS 26584**, that allows for a change in communication for organ donation and procurement, from local authorities to the Idaho State Communications Center (StateComm). Emergency responders will contact StateComm with the deceased donor's name and date of birth. StateComm will communicate with the appropriate organ procurement program. **Senator Heider** requested to send **RS 26584** to print.

DISCUSSION: **Senator Jordan** asked if there had been issues with local communication. **Senator Heider** replied that there were too many responders at the local level without the knowledge of whom to call for procurement. **Senator Bayer** wondered how it is determined that a deceased individual intended to be a donor, and **Senator Heider** explained that it is often indicated on the driver's license or by a family member who knows the individual's preference. In follow-up, **Senator Bayer** asked for confirmation that the deceased would not become a donor inadvertently, and **Senator Heider** assured her that she was correct.

MOTION: **Senator Jordan** moved to send **RS 26584** to print. **Vice Chairman Souza** seconded the motion. The motion carried by **voice vote**.

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

DOCKET NO. 16-0612-1801 **Ericka Rupp**, Program Manager for the Idaho Child Care Program, Department of Health and Welfare (DHW), introduced **Docket No. 16-0612-1801**, Rules Governing the Idaho Child Care Program. The pending rules reflect changes in eligibility, so that a slight increase in household income does not become punitive. It also addresses daycare providers and background checks. This rule falls under federal requirements, so no negotiated rulemaking was conducted.

DISCUSSION: **Senator Jordan** wondered what action has been taken regarding ongoing issues with time delays in completing background checks. **Ms. Rupp** responded that regular meetings with providers were held, with quarterly updates. A change in the criminal history unit (a software update that goes into effect this week) should also provide some improvement. **Senator Jordan** commented that complaints are down, so turnaround time must be improving. **Senator Jordan** asked a follow-up question about any impact resulting from the federal shutdown and **Ms. Rupp** replied that she was not aware of any impact.

MOTION: **Chairman Martin** moved to approve **Docket No. 16-0612-1801**. **Senator Jordan** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 16-0308-1801 **Ms. Rupp** presented **Docket No. 16-0308-1801**, Rules Governing the Temporary Assistance for Families in Idaho Program (TAFI), that changes the definition of a dependent child to an adult effective on their eighteenth birthday, and clarifies that Supplemental Security Income (SSI) is excluded from household eligibility. Negotiated rulemaking was conducted, with no comments received. The department anticipates a \$2,000-\$6,000 annual savings.

DISCUSSION: **Senator Lee** wondered why DHW was taking action that impacts such a small number of families. **Ms. Rupp** responded that the current process creates a burden to DHW in information verification when tracking the graduation status of those individuals aging out. **Senator Lee** inquired about the status of a student that turns eighteen while still in high school and **Ms. Rupp** confirmed that benefits close on the eighteenth birthday regardless of school status. **Vice Chairman Souza** asked why DHW chose to take away this benefit while a student is still in school, and the answer was to realize a cost savings to the DHW. The rule impacts ten out of 2,900 families. **Vice Chairman Souza** pointed out that it appeared to benefit DHW, not Idaho families. **Ms. Rupp** stated that it also lessened the reporting burden to families, to which, **Vice Chairman Souza** suggested that perhaps the family should have the option to opt out until graduation. **Senator Lee** asked if there were any implications across all DHW divisions before this rule was considered; if there were any unintended consequences statewide. **Ms. Rupp** replied that the DHW always considers implications across all divisions before a rule is considered and deferred to her administrator to provide more detail. **Julie Hammond**, Administrator for the Division of Welfare, confirmed that there is no impact across programs and added that this rule applied only to households where the youngest child was turning eighteen. **Senator Jordan** wondered if DHW had considered grandfathering in those ten families and the response was no; doing so would require manually managing the data.

MOTION: **Senator Heider** moved to approve **Docket No. 16-0308-1801**. **Chairman Martin** seconded the motion.

SUBSTITUTE MOTION: **Senator Nelson** moved to approve **Docket No. 16-0308-1801**, but to strike the addition made to page 64, Section 010.07. and to retain the original language. **Senator Jordan** seconded the motion. .

DISCUSSION: **Vice Chairman Souza** asked Senator Nelson for clarification of his intent. **Senator Nelson** stated, to keep 18 year-old TAFI recipients eligible while still in high school. **Senator Lee** spoke in favor of the substitute motion, and recommended that the DHW track this data over the year and revisit the issue next legislative session.

VOICE VOTE: The substitute motion to approve **Docket No. 16-0308-1801**, but to strike the addition made to page 64, Section 010.07. and to retain the original language, carried by **voice vote**

DOCKET NO. 16-0304-1801 **Kristin Matthews**, Program Manager for the Supplemental Nutrition Assistance Program (SNAP), Department of Health and Welfare, presented **Docket No. 16-0304-1801**, Rules Governing the Food Stamp Program in Idaho. There are changes in definition that make some work requirements mandatory. There are changes to language for self-employed farmers. These changes align with federal requirements, so no Negotiated Rulemaking was conducted. They received no public comments and there is no fiscal impact to the General Fund.

DISCUSSION: Committee members had several questions and concerns about the definition, since many businesses are owned by couples; whether the income threshold was for an individual or couple; the difference between self-employment and considered employment; losses; expenses; gross income; and Internal Revenue Service definitions. **Ms. Matthews** explained that the Department asked a lot of questions during the process and the simple answer is that if there are no taxes taken out of income, the individual is considered self-employed. **Senator Lee** asked who crafted the language and **Ms. Matthews** reported that she thought it was pulled directly from the federal requirement, but she would confirm that and report back to the Committee.

MOTION: **Chairman Martin** moved to approve **Docket No. 16-0304-1801**. **Senator Nelson** seconded the motion.

ROLL CALL VOTE: **Chairman Martin** called for a roll call vote. **Senators Martin, Souza, Heider, Burtenshaw, Jordan, and Nelson** voted aye. **Senators Lee, Harris, and Bayer** voted nay. The motion carried.

DOCKET NO. 16-0303-1801 **Rob Rinard**, Bureau Chief, Support Services, presented **Docket No. 16-0303-1801**, Fee Rule, Rules Governing Child Support Services. This is a language change to reflect a fee increase from \$25 to \$35 directed by federal requirement, for an increase in annual fee collection from \$297,000 to \$416,500. Fees are used to offset program administration costs.

MOTION: **Senator Lee** moved to approve **Docket No. 16-0303-1801**. **Senator Jordan** 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 4:30 p.m.

Senator Martin
Chair

Margaret Major
Secretary

AMENDED AGENDA #1
SENATE HEALTH & WELFARE COMMITTEE
3:00 P.M.
Room WW54
Wednesday, January 23, 2019

SUBJECT	DESCRIPTION	PRESENTER
Docket No. <u>22-0101-1801</u>	<i>Rules of the Board of Medicine for the</i> Licensure to Practice Medicine & Surgery and Osteopathic Medicine & Surgery in Idaho p. 293	Anne Lawler, JD, RN Executive Director Board of Medicine
Docket No. <u>22-0103-1801</u>	<i>Rules for the</i> Licensure of Physician Assistants p. 318	Anne Lawler
Docket No. <u>22-0105-1801</u>	General Provisions for the Board of Medicine p. 335	Anne Lawler
Docket No. <u>22-0102-1801</u>	<i>Rules of the Board of Medicine for the</i> Registration of Externs, Interns, and Residents p. 315	Anne Lawler
Docket No. <u>22-0104-1801</u>	<i>Rules of the Board of Medicine for</i> Registration of Supervising and Directing Physicians p. 332	Anne Lawler
Docket No. <u>22-0107-1801</u>	<i>Rules of</i> Practice and Procedure of the Board of Medicine p. 343	Anne Lawler
Docket No. <u>22-0114-1801</u>	Rules Relating to Complaint Investigation p. 346	Anne Lawler
Docket No. <u>22-0115-1801</u>	Rules Relating to Telehealth Services p. 349	Anne Lawler

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Martin	Sen Burtenshaw
Vice Chairman Souza	Sen Bayer
Sen Heider	Sen Jordan
Sen Lee	Sen Nelson
Sen Harris	

COMMITTEE SECRETARY

Margaret Major
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MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, January 23, 2019

TIME: 3:00 P.M.

PLACE: Room WW54

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

ABSENT/ EXCUSED: None

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 Martin** called the meeting of the Senate Health and Welfare Committee to order at 3:00 p.m.

UNANIMOUS CONSENT: **Chairman Martin** requested unanimous consent to reorder the agenda to place dockets for repeal after other dockets. There were no objections.

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

INTRODUCTION TO BOARD OF MEDICINE **Anne Lawler**, Juris Doctor, Registered Nurse (JD, RN), Executive Director, Board of Medicine, presented all dockets for this meeting. Ms. Lawler began with an overview of the board, and its goals under the new Governor to remove and streamline language. The Board has reduced word count by 20 percent and condensed seven chapters down to three, resulting in five dockets being presented today that repeal entire chapters. The Board is self-governing and operates under dedicated funds through collected fees. **Vice Chairman Souza** asked Ms. Lawler if her intent today was to outline substantive changes, with the remaining changes simply moving language, to which Ms. Lawler responded in the affirmative.

DOCKET NO. 22-0101-1801 **Ms. Lawler** presented **Docket No. 22-0101-1801**, Rules for the Licensure to Practice Medicine and Osteopathic Medicine in Idaho. The rules update definitions and titles, update and ease application requirements, and change Licensure by Endorsement to be consistent with the Practice Act. It further adds "disruptive physician behaviors" to the section for disciplinary measures. It adds certain provisions for registration of interns, residents, and supervising physicians, and deletes provisions for registration of medical students. Further, it deletes unnecessary provisions and includes editing for clarity. Negotiated rulemaking was conducted, and open meetings heard public testimony that primarily addressed proposed Physician Assistant (PA) rules. There is no fiscal impact to the General Fund.

DISCUSSION: **Chairman Martin**, referencing the raised threshold minimum for malpractice from \$50,000 to \$250,000, inquired if the Board would still consider a complaint that falls under that minimum and **Ms. Lawler** explained that the Board would continue to consider any pattern of complaint, or other *red flags*.

MOTION: **Senator Harris** moved to approve **Docket No. 22-0101-1801**. **Senator Bayer** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 22-0103-1801 **Ms. Lawler** presented **Docket No. 22-0103-1801**, Rules for the Licensure of Physician Assistants. This pending rule streamlines definitions, removes outdated language, and reduces barriers to licensure. It increases the ratio of PAs per supervisor from three to four, and eases requirements for delegation of services and prescriptive writing.

DISCUSSION: **Vice Chairman Souza** expressed concern that the prescriber changes might make it difficult to know whom to call if there were any questions regarding a prescription written by a PA. **Ms. Lawler** assured the Committee that the filling pharmacist and treating clinic would have that information. In a follow-up question, **Vice Chairman Souza** asked if PAs assigned to physicians are consistent, and **Ms. Lawler** explained that PAs are not rotated; they have long-term partnerships with their supervising physicians. **Senator Nelson** inquired about the public comment from PAs. **Ms. Lawler** reported that the PA-requested changes regarding supervision ratios were included in the rules.

MOTION: **Senator Jordan** moved to approve **Docket No. 22-0103-1801**. **Chairman Martin** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 22-0105-1801 **Ms. Lawler** presented **Docket No. 22-0105-1801**, General Provisions for the Board of Medicine. This pending rule takes general provisions that apply to all licensees and combines them in a single new section, including rules of practice, complaint investigation, and telehealth. Negotiated rulemaking was conducted, and there is no fiscal impact to the General Fund or to the Board's dedicated funds.

MOTION: **Senator Heider** moved to approve **Docket No. 22-0105-1801**. **Senator Lee** seconded the motion. The motion carried by **voice vote**.

DOCKETS FOR REPEAL: **Ms. Lawler** presented five dockets for repeal: **Docket Nos. 22-0102-1801, 22-0104-1801, 22-0107-1801, 22-0114-1801, and 22-0115-1801**. These dockets are all repeals of chapters that have been combined into other chapters. Negotiated rulemaking was conducted and there is no fiscal impact to the General Fund or to the Board's dedicated funds.

MOTION: **Chairman Martin** moved to repeal **Docket Nos. 22-0102-1801, 22-0104-1801, 22-0107-1801, 22-0114-1801, and 22-0115-1801**. **Senator Lee** 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 3:45 p.m.

Senator Martin
Chair

Margaret Major
Secretary

AGENDA
SENATE HEALTH & WELFARE COMMITTEE
3:00 P.M.
Room WW54
Thursday, January 24, 2019

SUBJECT	DESCRIPTION	PRESENTER
DIVISION OF MEDICAID		
Docket No. 16-0309-1809	Personal Care Services: p.127	Angie Williams Program Policy Analyst
Docket No. 16-0309-1801	Swing Beds: p.69	George Gutierrez Deputy Administrator, Policy
Docket No. 16-0310-1807	Termination of Enrollment: p.185	George Gutierrez
Docket No. 16-0309-1802	Adult Dental: p.80	Sara Stith Grants/Contract Mgmt Supr
Docket No. 16-0310-1805	Adult Dental: p.177	Sara Stith
Docket No. 16-0309-1807	Non Emergency Medical Transportation: p.111	Sara Stith
Docket No. 16-0309-1805	Primary Care Case Management- Fixed Enrollment: p.92	Tiffany Kinzler Bureau Chief, Medical Care
Docket No. 16-0309-1810	Federal Compliance: p.134	Tiffany Kinzler
Docket No. 16-0309-1806	Pharmacy: p.96	Tiffany Kinzler

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Martin	Sen Burtenshaw
Vice Chairman Souza	Sen Bayer
Sen Heider	Sen Jordan
Sen Lee	Sen Nelson
Sen Harris	

COMMITTEE SECRETARY

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MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Thursday, January 24, 2019

TIME: 3:00 P.M.

PLACE: Room WW54

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

ABSENT/ EXCUSED: None

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

MOTION: **Senator Jordan** moved to hold **Docket Nos. 16-0309-1802** and **16-0310-1805**, Adult Dental dockets, for one week pending action in the House to strike portions of the dockets. **Senator Nelson** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 16-0309-1809 **Angie Williams**, School-Based Program Policy Analyst, Department of Health and Welfare (DHW), presented **Docket No. 16-0309-1809**, Personal Care Services, addressing school-based services (provided by schools) that are medically necessary. The change aligns provider qualification requirements in the schools with those in the community. It removes an outdated reference, thereby addressing concerns brought to the DHW's attention by stakeholders. The Medicaid Advisory Committee engaged with stakeholders, agreed with their concerns, and recommended changes that are reflected in this pending rule. No negotiated rulemaking was conducted, public input was invited, but none received. There is no impact to the General Fund.

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

MOTION: **Senator Heider** moved to approve **Docket No. 16-0309-1809**. **Senator Burtenshaw** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 16-0309-1801 **George Gutierrez**, Deputy Administrator, Policy, DHW, presented **Docket No. 16-0309-1801**, Hospital Swing Beds. Changes allow increased flexibility for rural hospitals classified as Critical Access Hospitals that have less access to skilled nursing facilities, by authorizing additional swing bed days for those hospitals. Negotiated rulemaking was conducted, and there were public hearings with no input. The Idaho Hospital Association and other stakeholders had no concerns. There is no fiscal impact to the General Fund, but a possible savings. There are currently three hospitals participating in the rural communities of Arco, Butte, and Teton.

MOTION: **Chairman Martin** moved to approve **Docket No. 16-0309-1801**. **Senator Nelson** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 16-0310-1807 **Mr. Gutierrez** presented **Docket No. 16-0310-1807**, Medicaid Termination of Enrollment. This docket applies specifically to enrollees in the Home and Community-based Services (HCBS) programs for Idahoans with certain disabilities. **Mr. Gutierrez** gave a detailed overview of the programs related to this rule change. A new program for youth necessitated adding language specifying conditions for disenrollment, to ensure that all HCBS populations are treated equally and to comply with federal regulations. Negotiated rulemaking was not conducted as the changes are required to align with the federal Social Security Act, but the DHW did discuss changes with program participants and families, other stakeholders, and legal representatives. There is no fiscal impact to the General Fund, or to other State or federal funds.

MOTION: **Senator Jordan** moved to approve **Docket No. 16-0310-1807**. **Senator Nelson** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 16-0309-1807 **Sara Stith**, Grants and Contracts Manager, DHW, presented **Docket No. 16-0309-1807**, Non-Emergency Medical Transportation, to comply with H 695 (2018) intent language regarding rate-setting methodology. Negotiated rulemaking was conducted, public hearings were held, and discussions were held with Emergency Medical Technicians who expressed concerns about the timeline for meeting this objective.

DISCUSSION: **Chairman Martin** had questions about the percent increase, and asked for a status report on this ongoing issue. **Ms. Stith** reported that the DHW has a \$7,973,300 line item request before the Joint Finance Appropriations Committee (JFAC), that they have engaged a new broker who is a valuable partner, and service levels are up while complaints are down. **Senator Lee** stated she has heard serious concerns from constituents and asked what would happen if the appropriation does not pass. **Matt Wimmer**, Deputy Administrator, Division of Medicaid, DHW, responded that it would be difficult if the appropriation does not pass, but regardless, the rule still stands for the methodology rate review. **Senator Lee** commented that this rule is looking like policy, is a significant funding request, and asked for any assurances. **Mr. Wimmer** provided some history on the issue, and reported that the Division of Medicaid has changed contractors and has learned better procurement practices for better outcomes.

MOTION: **Senator Heider** moved to approve **Docket No. 16-0309-1807**. **Chairman Martin** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 16-0309-1810 **Tiffany Kinzler**, Bureau Chief, Medical Care, Division of Medicaid, DHW, presented **Docket No. 16-0309-1810**, Federal Compliance. Language was removed regarding a third party, "Pay and Chase" exclusion for prenatal care. No negotiated rulemaking was conducted as this rule is a federal requirement. A public hearing was held with no attendance or feedback. There is no fiscal impact to the General Fund. (Note: this docket was presented out of order.)

MOTION: **Senator Burtenshaw** moved to approve **Docket No. 16-0309-1810**. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 16-0309-1805 **Ms. Kinzler** presented **Docket No. 16-0309-1805**, Primary Care Case Management, Fixed Enrollment. H 128 (2017) gave authority to establish a value-based procurement model to foster strong medical provider and patient relationships. The rule change encourages the best match with a provider upon enrollment.

DISCUSSION: **Chairman Martin** inquired about guidance to providers. **Ms. Kinzler** explained that providers have standards for billing and diagnosis. She went on to explain that members choose their provider, or one is assigned if none is chosen. The member can change their provider if they move (or their provider moves) more than 35 miles away; if their care requires management of co-occurring conditions; if there are religious or moral barriers; for poor quality of care; placement in foster care; or due to an administrative error in the assignment.

MOTION: **Senator Harris** moved to approve **Docket No 16-0309-1805**. **Senator Lee** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 16-0309-1806 **Ms. Kinzler** presented **Docket No. 16-0309-1806**, Rules Governing Pharmacy, to align with federal requirements. It adds the definition for the Prescription Drug List (PDL)—providing clarification between the PDL and additional criteria, clarifying that there is no self-payment allowed under Medicaid for controlled substances, and eliminating prescription refills at the patient's request. Negotiated rulemaking was conducted, and public hearings were held with no feedback. There is no fiscal impact to the General Fund.

DISCUSSION: **Senator Lee** had several questions regarding whether the designations were new, if this is a new process, and how a disagreement with the recommending committee might be handled. **Mr. Wimmer** replied that it is not a new process, only new language to make it clearer; it has always been a federal requirement to have a pharmacy committee. DHW has always had final approval in the case of any disagreement, adding that there is no history of *not* accepting the committee recommendation. **Chairman Martin** asked for information about cash payments for controlled substances on the list, and for a definition of controlled substances. **Ms. Kinzler** explained that drugs fall into Schedule I through V categories. Schedule II medications are narcotics, sedatives, and stimulants, with risk for potential abuse and danger. **Vice Chairman Souza** inquired about the typical length of a prescription period and what would happen if a prescription is written for 15 days and a patient requests a 30-day supply. **Dr. Tammi Eidi**, Medicaid Pharmacy Manager, DHW, explained that most prescriptions are written for one month's usage. Some chronic pain patients might be on doses above the typically recommended level. Providers attempt to prevent safety issues, and cash payment makes usage issues difficult to track. **Vice Chairman Souza** asked for information about the use of alternatives to narcotics in pain control. **Dr. Eidi** outlined various alternatives including lidocaine patches and physical therapy, and reported that chronic, non-cancer pain does not respond well to opioids and that some opioid users develop hyperalgesia.

TESTIMONY: **Jodi Broyles**, pharmacy student at Idaho State University, expressed concerns about certain language prohibiting cash payment for controlled substances, citing the use of benzodiazepines for treatment of epileptic seizure disorder. She gave an example of a patient under her care who reportedly misplaced her medications and had no history of drug abuse.

DISCUSSION: **Senator Jordan** asked Dr. Eidi why Medicaid could not be billed in this instance. **Dr. Eidi** replied that in this case it was likely flagged and rejected as a "refill too soon", however in most cases, Medicaid allows overrides, including a "72-hour emergency fill" rule.

TESTIMONY: **Pam Eaton**, Idaho Retailer's Association, testified against this rule process, stating that she was not engaged as a stakeholder and should have been. She stated that the Board met their legal requirement, but not the spirit of the law. **Ms. Eaton** added that her association members take issue with the scope of the cash limitation beyond opioids.

MOTION: **Chairman Martin** moved to approve **Docket No. 16-0309-1806**. **Senator Lee** seconded the motion. The motion carried by **voice vote**.

PASSED THE GAVEL: Vice Chairman Souza passed the gavel to Chairman Martin.

UNANIMOUS CONSENT: **Chairman Martin** asked unanimous consent to hold **Docket Nos. 16-0309-1802** and **16-0310-1805** to a date certain: January 30, 2019. There were no objections.

ADJOURNED: There being no further business at this time, **Chairman Martin** adjourned the meeting at 4:35 p.m.

Senator Martin
Chair

Margaret Major
Secretary

AGENDA
SENATE HEALTH & WELFARE COMMITTEE
3:00 P.M.
Room WW54
Monday, January 28, 2019

SUBJECT	DESCRIPTION	PRESENTER
<u>RS26645</u>	Relating to Anatomical Gifts; Amending Section 39-3413, Idaho Code, To Revise Provisions Regarding Certain Notification	Senator Heider
<u>RS26613</u>	Relating to Health Insurance; Amending Chapter 18, Title 41, Idaho Code... To Establish Provisions Regarding Anticancer Medications	Senator Den Hartog
DIVISION OF MEDICAID		
Docket No. <u>16-0310-1801</u>	MMCP Mandatory Enrollment p. 138	Ali Fernández, Bureau Chief Long Term Care
Docket No. <u>16-0310-1802</u>	Idaho Home Choice Sustainability p. 143	Ali Fernández
Docket No. <u>16-0310-1803</u>	Nursing Facility Special Rates for Ventilator and Tracheostomy p. 168	Ali Fernández
Docket No. <u>16-0309-1808</u>	Community Based Rehabilitation Services p. 114	Art Evans, Bureau Chief Developmental Disabilities
Docket No. <u>16-0309-1804</u>	Laboratory and Radiology Services p. 88	David Welsh, Program Manager Mental Health & Substance Abuse
Docket No. <u>16-0310-1804</u>	Transplant Services p. 173	David Welsh

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Martin	Sen Burtenshaw
Vice Chairman Souza	Sen Bayer
Sen Heider	Sen Jordan
Sen Lee	Sen Nelson
Sen Harris	

COMMITTEE SECRETARY

Margaret Major
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

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

AGENDA
SENATE HEALTH & WELFARE COMMITTEE
3:00 P.M.
Room WW54
Tuesday, January 29, 2019

SUBJECT	DESCRIPTION	PRESENTER
Docket No. 24-2301-1801	<i>Rules of the</i> Speech, Hearing & Communications Services Licensure Board p. 434	Joan Callahan, Admin Attorney SHC Board
Docket No. 24-1201-1802	<i>Rules of the Idaho State Board of</i> Psychologist Examiners p. 6 (Fee Rule)	Joan Callahan, Admin Attorney Board of Psychologist Examiners
Docket No. 24-1701-1801	<i>Rules of the State Board of</i> Acupuncture p. 426	Joan Callahan, Admin Attorney Board of Acupuncture
Docket No. 24-1501-1801	<i>Rules of the Idaho Licensing Board of</i> Professional Counselors and Marriage and Family Therapists p. 411	Joan Callahan, Admin Attorney MFT Board
Docket No. 24-1501-1802	<i>Rules of the Idaho Licensing Board of</i> Professional Counselors and Marriage and Family Therapists p. 419	Joan Callahan, Admin Attorney MFT Board
Docket No. 24-0601-1801	<i>Rules for the Licensure of</i> Occupational Therapists and Occupational Therapy Assistants p. 377	Joan Callahan, Admin Attorney Occupational Therapy Board
Docket No. 24-1301-1801	<i>Rules Governing the</i> Physical Therapy Licensure Board p. 400	Joan Callahan, Admin Attorney Physical Therapy Board
Docket No. 24-0501-1801	<i>Rules of the Board of</i> Drinking Water and Wastewater Professionals	Roger Hales, Admin Attorney

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Martin	Sen Burtenshaw
Vice Chairman Souza	Sen Bayer
Sen Heider	Sen Jordan
Sen Lee	Sen Nelson
Sen Harris	

COMMITTEE SECRETARY

Margaret Major
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, January 29, 2019

TIME: 3:00 P.M.

PLACE: Room WW54

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

ABSENT/ EXCUSED: None

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: **Vice Chairman Souza** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:05 p.m.

DOCKET NO. 24-2301-1801 **Joan Callahan**, Administrative Attorney, presented **Docket No. 24-2301-1801**, Rules of the Speech, Hearing and Communications Board, changing law into conformity to remove the minimum age requirement for sign language interpreters. A postcard survey was conducted with no responses.

MOTION: **Chairman Martin** moved to approve **Docket No. 24-2301-1801**. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 24-1201-1802 **Dr. Linda Hatzenbuehler**, Board Member, Board of Psychologist Examiners, presented **Docket No. 24-1201-1802**, Rules of the State Board of Psychologist Examiners. This fee rule implements H 212 (2017) that allows licensed psychologists who meet examination and experience requirements to prescribe certain medications. An advisory board that included two psychiatrists, two psychologists, two pharmacists, and one pediatrician, adopted: a national competency examination; formulary; continuing medical education requirements; master's level education; a two-year supervisory period; and standards for collaboration between psychologists and physicians. A fee of \$250 for certification to obtain new prescribing authority will offset administrative costs. A postcard survey sent out 450 cards; they received 2 responses and that feedback was incorporated.

TESTIMONY: **Kris Ellis**, on behalf of the Idaho Psychological Association, testified that the rules will improve patient access. She reported that Idaho State University's (ISU) master's program is the only one west of Chicago, and the United States Navy now plans to enroll students in the ISU program.

MOTION: **Senator Lee** moved to approve **Docket No. 24-1201-1802**. **Senator Harris** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 24-1701-1801 **Joan Callahan**, Administrative Attorney, Board of Acupuncture, presented **Docket No. 24-1701-1801**, Rules of the State Board of Acupuncture. This rule clarifies qualifications for certification to include 100 hours of didactic coursework plus 200 hours of supervised clinical training. Further, it provides clarity for a supervisor's role and for continuing education. A card survey sent out 184 cards to practitioners, with no responses.

Senator Heider moved to approve **Docket No. 24-1701-1801**. **Senator Bayer** seconded the motion. The motion carried by **voice vote**.

- DOCKET NO. 24-1501-1801** **Piper Field**, Board Member, Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists, presented **Docket No. 24-1501-1801**, Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists. H 350 (2018) removed requirements from statute, allowing more flexibility in responding to curriculum changes in state, and more portability for licenses between Idaho and other states. A card survey sent out 2,300 cards with 2 responses, both favorable.
- DISCUSSION:** **Senator Lee** inquired what course of action would be taken if a supervisor no longer wished to supervise an applicant in practicum. **Ms. Field** replied that a code of ethics, incorporated by reference in the rules, explains how to handle this scenario. **Chairman Martin** asked Ms. Field to speak to the balance between improved licensing access and public safety. **Ms. Field** said that the new master's degree coursework requires more hours under supervision.
- MOTION:** **Senator Jordan** moved to approve **Docket No. 24-1501-1801**. **Chairman Martin** seconded the motion. The motion carried by **voice vote**.
- DOCKET NO. 24-1501-1802** **Ms. Field** presented **Docket No. 24-1501-1802**, Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists (Board). This rule clarifies language regarding supervision and continuing medical education (CME), informed consent, and increases portability for an equivalent out-of-state license. Negotiated rulemaking was not conducted, but open meetings were held. A card survey sent out 2,324 cards with only one comment, which was favorable.
- DISCUSSION:** **Senator Harris** wondered if other states had the same requirements and standards. **Ms. Field** replied that requirements were variable and that is partly why portability has been an issue. National meetings often include discussion on uniformity efforts and benchmarking for more pathways to licensure. **Joan Callahan**, Administrative Attorney for the Board, added that counselors requested a (forthcoming) bill to eliminate the 60-hour coursework requirement. **Senator Burtenshaw** had questions about online CME and home study. **Ms. Field** explained that there are nine different pathways to gain CME credits. The quality of online education has improved substantially, and specialty areas not readily available in Idaho are accessible online.
- MOTION:** **Chairman Martin** moved to approve **Docket No. 24-1501-1802**. **Senator Heider** seconded the motion. The motion carried by **voice vote**.
- DOCKET NO. 24-0601-1801** **Cherie Strand**, Board Member, Occupational Therapy Board, presented **Docket No. 24-0601-1801**, Rules for the Licensure of Occupational Therapists and Occupational Therapy Assistants. The rules define and update terms, remove unnecessary language, establish record-keeping standards, and streamline and remove regulatory burden in a variety of practice environments. Stakeholder input was invited nationally, and in-state input included Idaho State University.
- MOTION:** **Senator Nelson** moved to approve **Docket No. 24-0601-1801**. **Senator Harris** seconded the motion. The motion carried by **voice vote**.
- DOCKET NO. 24-1301-1801** **Angie Lippiello**, Board Chair, Physical Therapy Licensure Board, presented **Docket No. 24-1301-1801**, Rules Governing the Physical Therapy Licensure Board. H 505 (2018) implemented a new law to provide for the practice of dry needling; a procedure employing a small filament needle to trigger points. Stakeholder feedback was invited in rule development and 3,000 survey cards were sent. Four comments were received, all from physical therapists, and those comments were addressed. There is no fiscal impact to the General Fund. This procedure will only be performed by licensed physical therapists. The training requirement is one year, with a majority of the training being hands-on.

MOTION: **Senator Harris** moved to approve **Docket No. 24-1301-1801**. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 24-0501-1801 **Roger Hales**, Administrative Attorney, Board of Drinking Water and Wastewater Professionals, presented **Docket No. 24-0501-1801**, Rules of the Board of Drinking Water and Wastewater Professionals. Federal and state laws require certified drinking water and wastewater operators. This rule deletes obsolete language, removes barriers to new pathways, establishes apprenticeships, reduces the number of college credit requirements to 30 hours, and clarifies that one-year's experience is equal to 1,600 hours. These positions are becoming increasingly difficult to fill, with most operators over the age of 50. The new rules were two years in development, with the involvement of Wendi Secrist, Executive Director, Workforce Development Council; the Department of Labor; the Idaho Bureau of Occupational Licenses; and the Rural Water Association. It creates an opportunity for youth to stay in their communities, with five communities already hiring from these apprenticeships.

MOTION: **Senator Burtenshaw** moved to approve **Docket No. 24-0501-1801**. **Senator Lee** 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 4:15 p.m.

Senator Martin
Chair

Margaret Major
Secretary

AMENDED AGENDA #1
SENATE HEALTH & WELFARE COMMITTEE
3:00 P.M.
Room WW54
Wednesday, January 30, 2019

SUBJECT	DESCRIPTION	PRESENTER
	Time Sensitive Emergency System Update	Dr. Bill Morgan Trauma Medical Director, Chief of Staff St. Alphonsus Regional Medical Center
Docket No. 16-0201-1801	Rules of the Time Sensitive Emergency System Council p. 20	Dr. Morgan
Docket No. 23-0101-1801	Rules of the Idaho Board of Nursing p. 352	Susan Odom, PhD, RN Interim Executive Director Board of Nursing
Docket No. 19-0101-1801	Rules of the Idaho State Board of Dentistry p. 277	Susan Miller Executive Director Board of Dentistry
Docket No. 19-0101-1803	Rules of the Idaho State Board of Dentistry p. 285	Susan Miller
Docket No. 19-0101-1804	Rules of the Idaho State Board of Dentistry p. 289	Susan Miller
Docket No. 16-0309-1802	Adult Dental: p. 80	Sara Stith Grants/Contract Mgmt Supr
Docket No. 16-0310-1805	Adult Dental: p. 177	Sara Stith

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Martin	Sen Burtenshaw
Vice Chairman Souza	Sen Bayer
Sen Heider	Sen Jordan
Sen Lee	Sen Nelson
Sen Harris	

COMMITTEE SECRETARY

Margaret Major
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, January 30, 2019

TIME: 3:00 P.M.

PLACE: Room WW54

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

ABSENT/ EXCUSED: None

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

PRESENTATION: **Dr. Bill Morgan**, Trauma Medical Director, Chief of Staff, St. Alphonsus Regional Medical Center, provided an update on the Time Sensitive Emergency System (TSES). One goal is to address Idaho's ability to effectively manage STEMI heart attack (ST-segment elevation myocardial infarction); a serious form of heart attack widely known as "the Widowmaker". Discussion began in 2012, with legislation introduced in 2014, rules promulgated in 2015, and the first facility employing TSES practices in 2016. 2018 brought development of several designations—including a Time Sensitive Emergency (TSE) designation for Emergency Medical Technicians (EMTs)—and a standard practice manual. There are currently 43 eligible facilities in Idaho with 41 that have TSES in place. There are no Level I trauma centers in Idaho (there are Level I stroke and cardiac centers.) There are about a dozen TSES applications pending in 2019, with 15 more in progress. Currently, 61 percent of Idahoans are within 30 miles of a trauma center. In cardiac intervention, the "door to balloon time" (cardiac catheterization) equates response and transport time to lost cardiac muscle. TSE management has brought that time down by 27 minutes. Reimbursement for trauma activations is largely a cost to hospitals, which can bill to insurance, but not directly to the patient. Hospitals seek higher trauma treatment designations because it is the right thing to do for improved patient outcomes. TSES is currently 65 percent fiscally self-sustainable, up from 29 percent. **Dr. Morgan** went on to introduce the Stop the Bleed campaign as part of the TSES. The program is designed to train bystanders to help control a bleeding emergency before professional help arrives. At this time, 6,000 Idahoans are trained to use the bleed control kits. The goal is to get a kit into every Idaho school; currently, 280 kits have been distributed to schools. Each kit costs \$49 and the shelf life is five years for the clotting agent. The kit includes the "Israeli Bandage", used for decades by the Israeli military and later adopted by the United States Armed Forces.

DISCUSSION: **Senator Heider** wondered why they do not train all bystanders to utilize a belt for a tourniquet, referencing training by the Boy Scouts of America. **Dr. Morgan** explained that a belt cannot stop arterial bleeding and went on to explain that in the kits, the gauze itself is treated with a clotting agent. **Senator Heider**, in follow up, asked if there were student training programs. **Dr. Morgan** described two training tracks. His own daughter, a high school junior, completed a 40 minute course for students and is now certified to use the kit. The second track is a comprehensive full-day course for rural trauma team development. Greater than 60 percent of trauma deaths in the United States occur in rural areas. In closing, **Dr. Morgan** listed 2019 TSE goals to include further TSE designations for emergency medical services, and ongoing data collection through the TSE registry and program awareness.

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

DOCKET NO. 16-0201-1801 **Dr. Morgan** presented **Docket No. 16-0201-1801**, Rules of the Time Sensitive Emergency System Council. The rule updates the TSE fee structure, adds a trauma continuing medical education (CME) requirement for management of massive transfusion, reduces hospitalist CME requirements already covered by board certification, clarifies stroke Level I and II qualifications for medical directors, and adds performance measurements and quality improvements. Negotiated rulemaking was not conducted, there were no public meetings, but there were open meetings with stakeholders. There is no fiscal impact to the General Fund.

MOTION: **Senator Jordan** moved to approve **Docket No. 16-0201-1801**. **Chairman Martin** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 23-0101-1801 **Susan Odom**, Doctor of Philosophy, Registered Nurse (PhD, RN), Interim Executive Director for the Board of Nursing, presented **Docket No. 23-0101-1801**, Rules of the Idaho Board of Nursing. Changes include deleted language regarding the nurse compact, an expanded definition of apprenticeship, and the creation of uniformity for advanced practice nurses to align with other medical providers. Negotiated rulemaking was not conducted. Nursing stakeholders and the public were engaged and provided only positive feedback. There is no fiscal impact to the General Fund.

DISCUSSION: **Chairman Martin** asked if three months was adequate time to gain certification. **Dr. Odom** responded that it is enough time to schedule the exam and pass it while still under supervision. In a follow-up question, **Chairman Martin** inquired about a student's status if they do not pass the exam. **Dr. Odom** replied that if a student does not pass the exam, their temporary license is voided.

MOTION: **Senator Nelson** moved to approve **Docket No. 23-0101-1801**. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 19-0101-1801 **Susan Miller**, Executive Director, Board of Dentistry, presented **Docket No. 19-0101-1801**, Rules of the Idaho State Board of Dentistry. This rule change deletes and streamlines language regarding sedation practice. Negotiated rulemaking was conducted and public hearings were held with no negative comments.

DISCUSSION: **Senator Jordan** expressed concern regarding the potential for patient abuse while under sedation. **Ms. Miller** reviewed the safety standards for sedation and referenced ethics rules, explaining that the protocol requires additional personnel to be present for sedation cases. **Vice Chairman Souza** inquired whether staff are certified in Advanced Cardiac Life Support (ACLS) and have access to resuscitation supplies and medications. **Ms. Miller** replied in the affirmative.

MOTION: **Senator Heider** moved to approve **Docket No. 19-0101-1801**. **Senator Jordan** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 19-0101-1803 **Ms. Miller** presented **Docket No. 19-0101-1803**, Rules of the Idaho State Board of Dentistry, which removes supplemental dosing for patients under sedation. Negotiated rulemaking was conducted and public hearings were held with no negative comments.

MOTION: **Chairman Martin** moved to approve **Docket No. 19-0101-1803**. **Senator Bayer** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 19-0101-1804 **Ms. Miller** presented **Docket No. 19-0101-1804**, Rules of the Idaho State Board of Dentistry. This rule change is to conform with H 343 (2018), which defines a dental specialist. Negotiated rulemaking was conducted and public meetings were held with supportive comments from dental professionals.

MOTION: **Senator Burtenshaw** moved to approve **Docket No. 19-0101-1804**. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 16-0309-1802 **Sara Stith**, Grants and Contract Management Supervisor, DHW, presented **Docket No. 16-0309-1802**, Medicaid Basic Plan, Adult Dental Benefits. This brings rules into compliance with H 465 (2018), reinstating dental benefits to the basic Medicaid plan.

DISCUSSION: **Senator Jordan** queried what services are covered as preventive care, with concern expressed that root canal and crown services are not covered. **Matt Wimmer**, Division of Medicaid Administrator, DHW, responded, explaining that H 465 reinstated the original language prior to the recession. **Mr. Wimmer** stated that certain restoration procedures have never been covered in Idaho, but acknowledged that the benefit package has not been looked at for several years and it might be time to reevaluate services covered. The Social Security Act gives states very broad authority. **Chairman Martin** inquired, if this Committee were to concur with the House and strike this rule, and a medical doctor deemed a procedure necessary, if that patient would be able to receive that care. **Mr. Wimmer** replied that DHW would continue to have discretion, but without spending authority. DHW can look at this going forward if there are changes to dental benefits under Medicaid expansion, and revisit it next legislative session. **Mr. Wimmer** added that the statute remains the same, but this rule is different.

MOTION: **Senator Jordan** moved to approve **Docket No. 16-0309-1802** with the exception of section 8-03-04. **Senator Nelson** seconded the motion.

SUBSTITUTE MOTION: **Chairman Martin** moved to approve **Docket No. 16-0309-1802** in its entirety. **Senator Burtenshaw** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 16-0310-1805 **Ms. Stith** presented **Docket No. 16-0310-1805**, Medicaid Basic Plan, Adult Dental Benefits. This restores rules to comply with H 465 (2018), moving benefits from the enhanced plan to the basic plan and removing language found in other sections.

MOTION: **Senator Heider** moved to approve **Docket No. 16-0310-1805**. **Senator Burtenshaw** seconded the motion. The motion carried by **voice vote**.

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

ADJOURNED: There being no further business at this time, **Chairman Martin** adjourned the meeting at 4:10 p.m.

Senator Martin
Chair

Margaret Major
Secretary

AGENDA
SENATE HEALTH & WELFARE COMMITTEE
3:00 P.M.
Room WW54
Thursday, January 31, 2019

SUBJECT	DESCRIPTION	PRESENTER
Docket No. <u>16-0211-1801</u>	Immunization Requirements for Children Attending Licensed Daycare Facilities in Idaho p. 38	Kathy Turner, PhD, MPH Deputy State Epidemiologist and Bureau Chief
Docket No. <u>16-0215-1801</u>	Immunization Requirements for Idaho School Children p. 41	Kathy Turner
Docket No. <u>16-0215-1802</u>	Immunization Requirements for Idaho School Children p. 44	Kathy Turner

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Martin
Vice Chairman Souza
Sen Heider
Sen Lee
Sen Harris

Sen Burtenshaw
Sen Bayer
Sen Jordan
Sen Nelson

COMMITTEE SECRETARY

Margaret Major
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

- DATE:** Thursday, January 31, 2019
- TIME:** 3:00 P.M.
- PLACE:** Room WW54
- MEMBERS PRESENT:** Chairman Martin, Vice Chairman Souza, Senators Heider, Lee, Harris, Burtenshaw, Bayer, Jordan, and Nelson
- ABSENT/ EXCUSED:** None
- 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:** **Vice Chairman Souza** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:03 p.m. and welcomed the public in attendance and introduced Dr. Kathy Turner, Doctor of Philosophy, Master of Public Health (PhD, MPH), Bureau Chief for Communicable Diseases and State Epidemiologist, Department of Health and Welfare (DHW). **Vice Chairman Souza** announced the intention to end public testimony at 4:15 p.m. to allow time for Committee discussion and to vote on the last docket.
- DOCKET NO. 16-0211-1801** **Dr. Turner** presented **Docket No. 16-0211-1801**, Immunization Requirements for Children Attending Licensed Daycare Facilities, addressing a difference between statute and administrative code language identified during the 2018 legislative session. Current statutory language states that within 14 days of a child's initial attendance at any licensed daycare facility, the parent or guardian must provide an immunization record to the operator of the daycare facility. A child can be exempted from the immunization requirement if the parent or guardian provides a certificate signed by a physician for a medical exemption, or if they submit a signed statement to the daycare operator stating their objections on religious or other grounds.
- MOTION:** **Senator Harris** moved to approve **Docket No. 16-0211-1801**. **Senator Lee** seconded the motion. The motion carried by **voice vote**.
- DOCKET NO. 16-0215-1801** **Dr. Turner** presented **Docket No. 16-0215-1801**, Immunization Requirements for Idaho School Children, to align language in the administrative code with language in statute. This docket is similar to the previous docket, but pertains to children enrolled in school.
- MOTION:** **Senator Heider** moved to approve **Docket No. 16-0215-1801**. **Chairman Martin** seconded the motion. The motion carried by **voice vote**.
- DOCKET NO. 16-0215-1802** **Dr. Turner** presented **Docket No. 16-0215-1802**, Immunization Requirements for Idaho School Children. This rule would add a school entry booster vaccine for 12th grade students in Idaho to be immunized against meningococcal disease. The case fatality rate is 18.2 percent in Idaho for this age group. One in five who contract this disease will die. Of the four in five that survive, one or more will be left with permanent, lifelong disability. Those disabilities include loss of limbs, deafness, brain damage, or a combination of these devastating outcomes. The proposed booster for high school seniors would help ensure that young adults in Idaho at the most risk for meningococcal disease are protected. The booster given at age 11 or 12 works well initially; this extra booster dose brings effectiveness to 99 percent. It also provides protection to those in the community who are unable to receive the vaccine. After the booster dose for entry into 7th grade was

introduced, Idaho vaccination rates rose above 40 percent. Negotiated rulemaking was conducted statewide for six months, public hearings were held, including a teleconference, and comments were received through email and standard posted mail. Nine comments in opposition were received, but no requests for changes to the rule language (only general comments about vaccine safety, effectiveness, and parental rights). DHW received 44 comments in support of the rule change, generally stating that the requirement could help prevent serious illness and death. This recommended booster aligns with current medical recommendations. It does not impact the right to exemption. A change in language from "child" to "student" was deemed unnecessary by the Attorney General's Office, and a temporary rule will be introduced upon adjournment of the Legislature, to revert the language back to "child".

DISCUSSION: **Senator Harris** inquired why this rule was being brought this session. **Dr. Turner** explained that they hope to see the same uptick in vaccination rates seen after the introduction of the 7th grade booster. **Senator Harris**, in follow up, asked how many cases Idaho has yearly and if there are regional patterns. **Dr. Turner** reported four to five cases yearly, with no regional pattern. Babies and young adults over 15 years of age are at greatest risk. Last year, Idaho had two meningococcal deaths—both were unvaccinated patients. **Senator Burtenshaw** asked for confirmation that Idahoans still do not have to vaccinate, that it is not mandatory. **Dr. Turner** responded that he is absolutely correct: it is recommended, not mandatory. In follow-up, **Senator Burtenshaw** commented that Dr. Turner had a public responsibility to recommend this vaccine. **Dr. Turner** stated that the onus of responsibility is largely at the federal level through the Centers for Disease Control (CDC), where there is intense discussion and scrutiny of vaccine safety and efficacy rates. Idaho also tracks reportable conditions and there have been no reports of immunization reactions in over 20 years. **Vice Chairman Souza** noted the use of the terms "required" and "recommended", stating that she was comfortable using the word "recommended". **Dr. Turner** explained that the federal guidelines use the term "recommended" to providers. This rule uses "required" to match Idaho statute. **Senator Lee**, citing the uptick in vaccination rates after the introduction of the 7th grade booster, wondered what outreach has been used to increase awareness for this booster. **Dr. Turner** reported that outreach efforts are conducted through the seven Public Health Districts, the School Nurses Association, and media campaigns including billboards, radio spots, webinars, and blogs. **Senator Harris** inquired what other states have implemented similar rules to meet the CDC standards. **Dr. Turner** reported that 16 states have similar high school rules for this booster recommendation. **Vice Chairman Souza** thanked Dr. Turner, and added a point of clarification that this rule lines up with Idaho law.

TESTIMONY: The following individuals testified in opposition to the rule: Gwen Wyatt, Julie True, Jackie Briggs, Sara Walton Brady, Glenneda Zuiderveld, Michauna Balkovic, Alicia Peterson, Haley Peterson, and Courtney Thompson. Their testimony overlapped significantly in content, hitting on the following main points regarding their concerns with this rule: a growing list of vaccines; meningococcal disease is rare; the vaccine does not provide protection from all forms of meningococcal disease; God-given parenting rights; fundamental right to self-determination; government tyranny; unconstitutional; benefits corporations, lobbyists and practitioners; parents not notified of exemption option; some children are vaccine injured; pharmaceutical companies have no liability for reaction outcomes; and DHW staff are not elected, and therefore not authorized to enact laws. Following the testimony of Alicia Peterson, **Chairman Martin** asked for unanimous consent to extend testimony by fifteen minutes. There were no objections.

Three individuals testified in favor of the rule: Dr. Perry Brown, Dr. Lisa Barker, and Megan Keating. **Dr. Perry Brown**, Medical Doctor (M.D.), Pediatrician and member, American Association of Pediatrics, Idaho Medical Association, reported that the booster is 80-90 percent effective, with a drop in cases of more than 80 percent across the United States since its introduction. Reaction to this vaccination is very rare and relatively mild, with only 67 reactions reported out of 8.2 million doses administered. In Dr. Brown's practice, of the seven out of eight cases he sees for school physicals, the parents are grateful for the reminder.

Megan Keating, Master of Science (M.S.), Health Systems Manager, American Cancer Society, stated that many parents are busy; the school requirement is a good reminder that this booster is due, and some parents are not aware that the second dose exists.

Dr. Lisa Barker, Medical Doctor (M.D.), Pediatrician, member of the American Association of Pediatrics, and mother of 2 children, testified in favor of the recommended booster. She has been in practice for nine years. Healthy adolescents are often not seen regularly and parents are frequently unaware of the need for the booster. **Dr. Barker** stated that she has a good relationship with her non-vaccinating families and continues to educate them.

**FURTHER
DISCUSSION:**

In response to testimony in opposition, **Vice Chairman Souza** clarified that DHW is lawfully authorized to promulgate rules and the Idaho Constitution directs legislative review of all rules. **Senator Bayer** posed a question to Dr. Turner for clarification that the immunization requirement to enroll encompasses all public and private schools, pre-kindergarten through 12th grade. **Dr. Turner** confirmed that it does. **Vice Chairman Souza** added that the immunization exemption *also* applies to all institutions and levels of education. **Senator Heider** commented that he appreciated the testimony and good discussion on personal freedom, adding however, that Idahoans can opt out, so it is a moot point. **Chairman Martin** echoed the sentiments of Senator Heider, adding that he has adult children working in hospital emergency rooms that want him to share their message to please vaccinate their children. **Senator Harris** queried Dr. Turner about vaccine injury. **Dr. Turner** answered that it is a complicated statistic because of a non-adjudicated online database that is anonymous. **Dr. Turner** deferred to the medical expertise of Dr. Perry Brown, Pediatrician. **Dr. Brown** stated that vaccine injury occurs. He went on to state that there is risk inherent in human activity: from automobile accidents to walking down the street. The benefit outweighs the risk to the greater community. For an injured individual, the risk then outweighs the benefit. In closing, **Vice Chairman Souza** reminded the Committee that their decision today was only to determine if the docket aligns with what statute intends.

The motion carried by **roll call vote**.

**SUBSTITUTE
MOTION:**

Senator Bayer moved to reject **Docket No. 16-0215-1802**. **Vice Chairman Souza** seconded the motion. The motion **failed**.

**ROLL CALL
VOTE:**

Chairman Martin called for a roll call vote. **Senators Souza, Lee, Harris and Bayer** voted aye. **Senators Martin, Heider, Burtenshaw, Jordan, and Nelson** voted nay. The motion failed.

MOTION:

Senator Jordan moved to approve **Docket No. 16-0215-1802**. **Chairman Martin** seconded the motion.

**ROLL CALL
VOTE:**

Senators Martin, Heider, Burtenshaw, Jordan, and Nelson voted aye. **Senators Souza, Lee, Harris and Bayer** voted nay. The motion carried.

ADJOURNED:

There being no further business at this time, **Vice Chairman Souza** adjourned the meeting at 4:44 p.m.

Senator Martin
Chair

Margaret Major
Secretary

AGENDA
SENATE HEALTH & WELFARE COMMITTEE
3:00 P.M.
Room WW54
Monday, February 04, 2019

SUBJECT	DESCRIPTION	PRESENTER
Docket No 16-0504-1801	Rules of the Idaho Council on Domestic Violence and Victim Assistance Grant Funding	Nicole Fitzgerald Executive Director
RS26698	Relating to Dentists ... Authorization to License Dental Therapists	Tyrel Stevenson Legislative Director, Attorney Coeur d'Alene Tribe
S 1033	Relating to Anatomical Gifts ... To Revise Provisions Regarding Certain Notification	Senator Heider
SWITC	Office of Performance Evaluations Report on Southwest Idaho Treatment Center (SWITC)	Rakesh Mohan Director, OPE

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Martin	Sen Burtenshaw
Vice Chairman Souza	Sen Bayer
Sen Heider	Sen Jordan
Sen Lee	Sen Nelson
Sen Harris	

COMMITTEE SECRETARY

Margaret Major
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Monday, February 04, 2019

TIME: 3:00 P.M.

PLACE: Room WW54

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

ABSENT/ EXCUSED: None

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: **Vice Chairman Souza** convened the meeting of the Senate Health and Welfare Committee (Committee) at 3:09 p.m.

DOCKET NO. 16-0504-1801 **Nicole Fitzgerald**, Executive Director for the Idaho Council on Domestic Violence and Victim Assistance (Council), presented **Docket No. 16-0504-1801**. She spoke briefly about what her agency does and explained that this rule concerns revisions to the Council's standards manual, which was last updated in 2011. Their amendments to that manual will go into effect July 1, 2019. These revisions are important to ensure that professionals working in this specialty field are knowledgeable and using best practices when supervising and treating offenders. Negotiated rulemaking was not conducted because it was deemed unfeasible. This is because the Committee for Oversight of Domestic Violence (Oversight Committee), which is responsible for making changes to the standards manual, met in 2018. They reviewed the proposed changes with representatives from every offender program that they oversee, and unanimously agreed to them. A public comment period resulted in zero comments, and they are not aware of any stakeholder issues. There is no anticipated impact to the General Fund or any other funds related to programs affiliated with the Council. After a question from Vice Chairman Souza, **Ms. Fitzgerald** clarified that these rules are being incorporated by reference and pointed the Committee to that document in their packets.

Senator Lee noted that although there were approved providers present during the rules review meeting, there may have been unapproved providers who were not present. She discussed the importance of negotiated rulemaking and asked Ms. Fitzgerald how providers who are not approved go about making or requesting changes. **Ms. Fitzgerald** explained that the Oversight Committee meets quarterly, and before those meetings, providers can submit requests for changes. However, she plans on looking into the process concerning non-approved providers.

MOTION: **Senator Harris** moved to approve **Docket No. 16-0504-1801**. **Senator Heider** seconded the motion. The motion passed by **voice vote**.

PASSED THE GAVEL: Vice Chairman Souza passed the gavel to Chairman Martin.

RS 26698 **Chairman Martin** asked unanimous consent that **RS 26698** be held until Wednesday, February 6, per the request of the sponsor. There were no objections.

S 1033

Senator Heider presented **S 1033**, relating to anatomical gifts and to revise provisions regarding certain notification. He explained that this bill deals with notification in cases where a patrolman or a coroner finds someone who is deceased. As soon as reasonably possible, they must notify the local dispatch of the location where the deceased will be or has been transported to and include the deceased individual's name and date of birth, if known. Then, local dispatch must notify the Idaho State EMS communications center, which will in turn notify the appropriate donation agency. Notification to the appropriate donation agency is the overall purpose of this bill.

MOTION:

Vice Chairman Souza moved to send **S 1033** to the floor with a **do pass** recommendation. **Senator Bayer** seconded the motion. The motion passed by **voice vote**.

PRESENTATION:

Rakesh Mohan, Director of the Office of Performance Evaluations (OPE), began the presentation on the Southwest Idaho Treatment Center (SWITC) and the recent OPE report. He explained the concerns that have been raised over the last several years about state institutions that house people with intellectual disabilities and mental or behavioral health issues. Concerns were brought to the attention of legislators and stakeholders, with various stories in the media about conditions at SWITC, including cases of abuse and neglect. This prompted legislators to request a study, which was supported by the Department of Health and Welfare (DHW) as well as staff at SWITC and stakeholders. The resulting report states that the current operational model being used at SWITC is no longer tenable, and urges a collaborative attempt, with DHW, legislators, and stakeholders, to find a long-term solution that will be sustainable for that vulnerable population (see Attachment 1). **Director Mohan** introduced Ryan Langrill, Senior Evaluator for OPE, to continue presenting the report.

Mr. Langrill explained how the study request came to OPE, after issues came to light at SWITC in 2017 concerning abuse and neglect with staff. An additional problem was that the Department of Licensing and Certification found non-compliance issues, which threatened SWITC getting federal matching funds. He explained the various surveys and evaluations done in 2017 and 2018. The intent of the OPE study was to identify the root causes of issues at SWITC. **Mr. Langrill** provided a history of SWITC, how it has changed, and the decrease in clients and staff over the years, as well as the increasing difficulty in caring for patients. He noted that the downsizing of SWITC was a result of neglect by the DHW, which resulted in gaps both in the organization and in the treatment of clients. In addition, he explained how the buildings and facilities were not designed for their current mission; they are overly institutional, causing dangerous conditions for staff and clients. Despite acknowledgement of these problems in 2015 by the DHW, attempts to rebuild or improve the facility failed because they were unable to sell the 600 acres of land on which SWITC is located. However, the problem remained that the DHW did not have the proper facilities or services to care for or treat those with developmental disabilities who were assigned to them by the courts. **Mr. Langrill** stated that their first recommendation to the Legislature is to provide policy guidance for a long-term vision for crisis care in Idaho, and then to direct the DHW to develop that vision and determine SWITC's place in it.

Mr. Langrill also noted another problem, which was a system-wide issue, concerning background checks for staff. This issue led to their second recommendation: that the Legislature consider steps to ensure accusations of abuse of vulnerable adults are investigated and perpetrators are excluded from employment with them.

Mr. Langrill discussed SWITC's urgent priorities that need to be addressed, including: staff trauma and injury; staff hiring and retention; focusing on direct care staff; urging the Legislature to extend early retirement to staff who are at high risk of injury; moving away from a reactive approach to treatment; addressing training gaps; and changing the discharge process. He noted their concerns with SWITC's management and leadership revolve around organizational trauma and a flawed approach to problem solving. Some recent steps they have taken to address those priorities include: implementation of a new employee orientation training; increased staff pay; a new program manager from out of state; the development of a career ladder for staff; an improved relationship with adult protective services; and a new advisory board developed by DHW, which is made up of representatives from the courts, law enforcement, legislators, and other stakeholders.

DISCUSSION: **Vice Chairman Souza** asked how many buildings the state owns on the property and how many DHW controls or manages. **Mr. Langrill** replied that most of the 600 plus acres are leased, including for two golf courses. Approximately 20 buildings are on the 80 acres that SWITC has not leased, including buildings that are no longer in use. **Vice Chairman Souza** then asked about the number of staff employed per client. **Mr. Langrill** replied that the ratio is approximately four to one and explained why. He confirmed that the annual cost for all clients is approximately \$11 million.

Senator Nelson asked Mr. Langrill to describe the educational or other qualifications of SWITC's direct care staff. He replied that a high school degree is required, and most have experience in the long-term care industry or other care-giving areas. **Mr. Langrill** and **Senator Harris** discussed the facilities and their maintenance issues, the zoning issues for the land, and attempts to sell the land.

Senator Lee asked him to address similarities between this report other institutional reports that have been released, that reflect an organizational or cultural problem which makes it difficult for these institutions to get the attention they need. **Mr. Langrill** discussed attempts, such as with child welfare, to create a culture of accountability. He believes that in order for SWITC to get out of its cycle of organizational trauma, the DHW needs to develop a strategic plan and a quality improvement process. **Director Rakesh** closed the presentation and said the Director of DHW would be able to address more questions.

Senator Burtenshaw expressed his shock at the report, and concern that more wasn't being done to address these problems. For instance, some of the land being leased was rented out for a fraction of its value. He reiterated the need for the Legislature to step up to the challenge. **Senator Jordan** shared her appreciation for Senator Burtenshaw's remarks and noted that she believes they need to focus on funding allocation and the land issue. **Chairman Martin** asked Dave Jeppesen, Director of the DHW, to come forward to talk about the future of SWITC.

Director Jeppesen acknowledged that SWITC and the contents of this report were a serious issue and high on his priority list. Facility management is a major concern, and they've made some progress but it isn't enough. He said that the report Mr. Langrill presented shows they're stable enough right now to continue operating, but still need to figure out the right solution in terms of funding, facility management, and treatment solutions. The new model for individuals with intellectual disabilities is community-based treatment and integration, not institutionalization. However, the small number of people who don't fit into that model fall into a treatment gap. The DHW and SWITC have been trying to fix that gap with the wrong treatment and facility solution. They need a facility that's built to handle that small population in a financially sustainable way. He said an advisory committee made up of mental health experts, disability experts, and various departments and councils throughout the state was formed and will have its first meeting soon to make progress on their goals. He noted he will soon be meeting with various people, including the City of Nampa and legislators, to work on solving the land issue and hopefully provide a

new source of funding. The DHW is also working to improve their problem-solving skills. **Director Jeppesen** asked Cameron Gilliland, Deputy Administrator for Family and Community Services with the Developmental Disabilities program within DHW, who also oversees SWITC, to come forward.

Mr. Gilliland acknowledged the challenges they face and explained that SWITC welcomed the OPE report. Preventing staff turnover and increasing staffs' ability to serve clients are key to addressing safety issues. He also discussed improvements and advances they have already made and addressed what still needs to be accomplished.

ADJOURNED: There being no further business at this time, **Chairman Martin** adjourned the meeting at 4:40 p.m.

Senator Martin
Chair

Margaret Major
Secretary

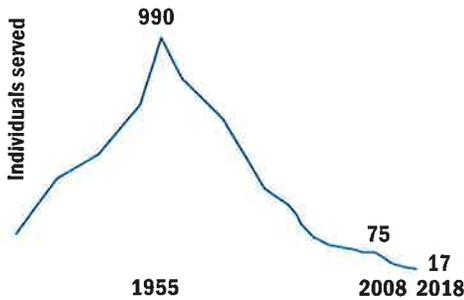
Jessica Goodwin
Asst. Clerk/Minutes Editor

Southwest Idaho Treatment Center Report Highlights

January 2019

The Southwest Idaho Treatment Center (SWITC) is a vestige of an old treatment model that is no longer tenable. Its population is too small to provide a variety of needed expertise and its setting does not replicate community living.

SWITC has transformed from a long-term home for almost 1,000 to a place of rehabilitation for less than 20.



SWITC displays symptoms of organizational trauma, triggered by a haphazard downsizing process and a series of recent traumatic events.

1 in 10

Workdays lost to injury in the first half of 2018.

Idaho's background check process does not prevent most people who abuse vulnerable adults from working as unlicensed caregivers of those vulnerable adults.

SWITC is Idaho's only state-operated institution dedicated to serving individuals with an intellectual disability. Many at SWITC have mental illnesses, complex medical or behavioral issues, and histories of violence or involvement in the criminal justice system.

Recommendations

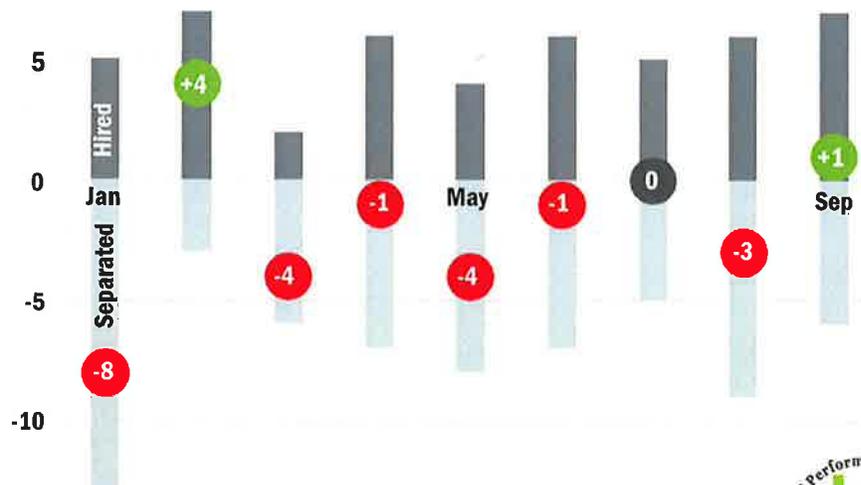
The Legislature should direct the Department of Health and Welfare to develop a long-term vision for Idaho's system of crisis care and should give policy guidance for this vision.

Idaho has focused on getting individuals services in the community, with little planning for how to serve those who continue to need care in an institution. SWITC has radically downsized over the past several decades. Downsizing is necessarily difficult, but struggles were exacerbated by neglect from the department and the loss of institutional knowledge.

The department should develop a strategic plan and a formal quality improvement process at SWITC.

SWITC has not had an effective approach to solving problems. Staff go from crisis to crisis while serious organizational issues exist and persist, such as an overly reactive approach to treatment, staff trauma and injury, and continued understaffing. The department needs a formal plan to address these issues.

SWITC lost more employees than it hired in six of the first nine months of 2018.



View the report:
www.legislature.idaho.gov/ope/



AGENDA
SENATE HEALTH & WELFARE COMMITTEE
3:00 P.M.
Room WW54
Tuesday, February 05, 2019

SUBJECT	DESCRIPTION	PRESENTER
<u>RS26590</u>	Repeal Requirement to Provide and Certify Educational AIDS Pamphlet	Kelli Brassfield, Policy Analyst Idaho Association of Counties
<u>RS26523</u>	Remove "Chairman" Requirement of the County Commissioner ... Regional Behavioral Health Board	Kelli Brassfield, Policy Analyst Idaho Association of Counties
<u>H 10</u>	Pharmacy Practice Act	Berk Fraser, Deputy Director Board of Pharmacy
<u>H 11</u>	Uniform Controlled Substances Act	Berk Fraser, Deputy Director Board of Pharmacy
<u>H 12</u>	Opioid Antagonists	Janice Fulkerson, Director Contracting and Comm Relations NorthPoint Recovery

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Martin	Sen Burtenshaw
Vice Chairman Souza	Sen Bayer
Sen Heider	Sen Jordan
Sen Lee	Sen Nelson
Sen Harris	

COMMITTEE SECRETARY

Margaret Major
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, February 05, 2019

TIME: 3:00 P.M.

PLACE: Room WW54

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

ABSENT/ EXCUSED: None

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 Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:05 p.m.

RS 26590 **Kelli Brassfield**, Policy Analyst, Idaho Association of Counties, presented **RS 26590**, to repeal the requirement to provide and certify an educational AIDS pamphlet. She explained that in 1988, Idaho Code § 32-412A was updated to require that county recorders issue an educational pamphlet about AIDS to those applying for marriage licenses. Education regarding HIV and AIDS has greatly advanced since then, and this RS proposes to remove that section of code from the duties of the county recorder.

MOTION: **Vice Chairman Souza** moved to send **RS 26590** to print. **Senator Heider** seconded the motion. The motion passed by **voice vote**.

RS 26523 **Mr. Brassfield** presented **RS 26523**, relating to the "Chairman" requirement of the Regional Behavioral Health Board. She explained that last year, H 337, brought by the Idaho Department of Health and Welfare, added a county commissioner to the appointing authority of each regional behavior health board. However, after the bill passed, the Idaho Association of Counties realized that the new language limited the seat to a Chairman of the Board of County Commissioners within the district. This RS will amend Idaho Code § 39-3122 to remove that chairman requirement, and therefore allowing any commissioner within a district to participate in this opportunity.

MOTION: **Senator Lee** moved to send **RS 26523** to print. **Vice Chairman Souza** seconded the motion. The motion passed by **voice vote**.

H 10 **Berk Fraser**, Deputy Executive Director of the Idaho Board of Pharmacy (Board), presented **H 10**, relating to the Pharmacy Practice Act. He explained that this bill cleans up obsolete provisions and removes unnecessary restrictions in the Pharmacy Practice Act. It will allow pharmacists to practice across state lines more easily by making the pharmacy license more mobile. The bill will broaden Idaho's local public health districts' abilities to dispense medications, thereby increasing access to care. It will also mirror language found in other health professions allowing the Board to take emergency disciplinary action. Finally, the bill corrects the state's Donation Act to be more consistent with other states in allowing expired animal medications to be donated for use by other animals.

DISCUSSION: **Senator Jordan** asked if interstate compacts were in place for pharmacy practice. **Mr. Fraser** replied that rules were in place, but this bill will allow the Board to implement those rules. He clarified, after a question from Vice Chairman Souza, that this is new for pharmacy, and that he wasn't aware of any other boards taking up something similar.

Senator Jordan pointed to page 7 of the bill, lines 44 to 49, outlining procedures for acting quickly in an emergency to suspend, revoke, or restrict license registration. She asked where the procedures for that emergency were located in code or elsewhere. **Mr. Fraser** responded that this was done by the direction of the Attorney General's Office. The rule allows the Board to act quickly on a license that is a danger to public health, but they must act according to procedures set out in the Administrative Procedures Act. He asked for Alex Adams, former Director of the Board, to come forward and speak more to the issue.

Mr. Adams noted that this same language was added by the Board of Dentistry last year. The Administrative Procedures Act contains language related to emergency hearings, but the Attorney General's opinion was that similar language needed to be in place within their own practice act before they could take that emergency action. He explained cases related to opioids that should have triggered an immediate revocation of the pharmacist's license, but did not. **Vice Chairman Souza** asked if this language was modeled off anything and how it compares to other compacts. **Mr. Adams** explained that this language is drawn from a nurse licensure compact based on mutual recognition with other states. What Idaho currently has for pharmacy only pertains to license transfer, but at exorbitant cost from the National Pharmacy Association. Idaho is the first state to attempt this type of compact for pharmacy, and its success is dependent on other states joining in, which he believes is likely to happen.

Senator Heider and **Mr. Fraser** discussed the definition of "PIC" as used throughout the bill, since "person in charge" was crossed out in several places, and why the change to "pharmacist in charge" was made.

Senator Nelson pointed out where the bill removes a provision on drug notification for epilepsy and seizure drugs after 2021. He asked why the notification was originally there and why it was being removed. **Mr. Fraser** explained that it had to do with differences between brand name and generic products being prescribed. **Mr. Adams** further explained that there was a national fear when this provision was introduced that brand switching could result in patient harm. A study done by the FDA showed that there was no harm done when switching between generic and brand name products, and the American Epilepsy Society acknowledged the results of that study. The provision is being removed to reflect this new evidence. He also explained the reason for the 2021 date.

Senator Jordan asked Mr. Adams why the bill repeals Idaho Code § 54-1763, which relates to Board duties and powers and legend drug donation. **Mr. Adams** indicated that several different acts are being consolidated into a chapter of this bill, including the Legend Drug Donation Act and the Wholesale Drug Distribution Act.

TESTIMONY: **Pam Eaton**, President and CEO of the Idaho Retailers Association, testified in support of **H 10** and commended the Board of Pharmacy for their work.

MOTION: **Senator Burtenshaw** moved that **H 10** be sent to the floor with a **do pass** recommendation. **Senator Heider** seconded the motion. The motion passed by **voice vote**.

H 11 **Mr. Fraser** presented **H 11**, related to the Uniform Controlled Substance Act. He explained that it updates the Uniform Controlled Substance Act to conform with federal law, reflecting changes to various synthetic drugs, such as fentanyl.

TESTIMONY: **Kurt Stembridge**, Greenwich Bio Sciences (Greenwich), testified in support of the bill. He explained that Greenwich invented the first FDA approved cannabidiol (CBD) oil product, which was changed from a Schedule I substance by the Drug Enforcement Administration (DEA) in 2018. He stated that the last paragraph in **H 11** was identical to the language used by the DEA to schedule their product. He thanked the Board of Pharmacy and described the use of their CBD product in Idaho.

MOTION: **Senator Harris** moved to send **H 11** to the floor with a **do pass** recommendation. **Senator Bayer** seconded the motion. The motion passed by **voice vote**.

H 12 **Mr. Adams** presented **H 12** and explained it relates to opioid antagonists, principally naloxone, which is given to reverse opioid overdoses. He provided an overview of Idaho's original opioid antagonist bill, discussed its success in terms of naloxone use, and noted the lack of criminal penalty for its use. He indicated that Idaho hospitals wanted to engage in opioid outreach programs, but language in statute was creating difficulties in sending social workers out to do this work, especially if it involved giving away free samples. This bill changes language from "prescriber" and "pharmacist" to "health professional," thereby allowing social workers to dispense the drug and increasing opioid outreach programs in Idaho.

TESTIMONY: **Janice Fulkerson**, Director of Contracting and Community Relations for Northpoint Recovery, testified in support of the bill. She described the mission and scope of practice of Northpoint Recovery and spoke to the importance of drug recovery and treatment programs.

MOTION: **Senator Nelson** moved that **H 12** be sent to the floor with a **do pass** recommendation. **Senator Heider** seconded the motion. The motion passed by **voice vote**.

ADJOURNED: There being no further business at this time, **Chairman Martin** adjourned the meeting at 3:40 p.m.

Senator Martin
Chair

Margaret Major
Secretary

Jessica Goodwin
Asst. Clerk/Minutes Editor

AGENDA
SENATE HEALTH & WELFARE COMMITTEE
3:00 P.M.
Room WW54
Wednesday, February 06, 2019

SUBJECT	DESCRIPTION	PRESENTER
Docket No 16-0202-1801	Rules of the Idaho Emergency Medical Services (EMS) Physician Commission	Curtis Sandy, MD
RS26698C1	Relating to Dentists ... Authorization to License Dental Therapists	Tyrel Stevenson Legislative Dir, Attorney Coeur d'Alene Tribe
RS26596	Relating to Divorce Actions ... Regarding Joint Physical Custody	Senator Heider
H 9	Medical Practice Act	Anne Lawler, JD, RN Executive Director Board of Medicine

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Martin	Sen Burtenshaw
Vice Chairman Souza	Sen Bayer
Sen Heider	Sen Jordan
Sen Lee	Sen Nelson
Sen Harris	

COMMITTEE SECRETARY

Margaret Major
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, February 06, 2019

TIME: 3:00 P.M.

PLACE: Room WW54

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

ABSENT/ EXCUSED: None

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: **Vice Chairman Souza** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:05 p.m.

DOCKET NO. 16-0202-1801 **Dr. Curtis Sandy**, Medical Doctor (M.D.), Chairman, Emergency Medical Services Commission, presented **Docket No. 16-0202-1801**, Rules of the Idaho Emergency Medical Services (EMS) Physician Commission and gave an overview of the Commission. The rules update the 2019 Standards Manual for medical directors, incorporating wound packing for EMS personnel to support the Stop The Bleed Campaign and for their use of ultrasound in out-of-hospital critical conditions.

MOTION: **Senator Jordan** moved to approve **Docket No. 16-0202-1801**. **Senator Lee** seconded the motion. The motion carried by **voice vote**.

RS 26698C1 **Tyrel Stevenson**, Attorney, Legislative Director, Coeur d'Alene Tribe, introduced **RS 26698C1**, Authorization to License Dental Therapists, and requested that the Committee send it to print. Based on a program in Alaska, Mr. Stevenson worked closely with the Idaho Board of Dentistry to define scope and practice parameters, and levels of training and supervision.

DISCUSSION: **Vice Chairman Souza** asked Mr. Stevenson to clarify the position of the Board of Dentistry. **Mr. Stevenson** reported that the Board of Dentistry voted to remain neutral. **Senator Lee** commented that there was room for additional debate. **Mr. Stevenson** offered that he was always happy to talk and negotiate, but that he was restricted by legislative print deadlines.

MOTION: **Senator Heider** moved to send **RS 26698C1** to print. **Senator Nelson** seconded the motion. The motion carried by **voice vote**.

RS 26596 **Senator Heider** introduced **RS 26596**, Relating to Joint Physical Custody, and requested that the Committee send it to print.

DISCUSSION: **Senator Jordan** wondered if discussion occurred with stakeholders and the courts. **Senator Heider** replied that he was not familiar with what prompted this legislation or what efforts went into it. **Senator Lee** expressed concern that this would enshrine a one-size-fits-all mandate into statute and questioned whether this legislation is ready for consideration. **Senator Jordan** echoed Senator Lee's concerns, and wondered if this bill is more appropriate for consideration by the Judiciary and Rules Committee. **Senator Souza**, citing personal family experience, expressed concern over the court system deciding parenting plans, reiterating that this is not a judicial committee. **Senator Heider** concurred that this legislation could be referred to the Judiciary and Rules Committee.

MOTION: **Senator Jordan** moved to not print **RS 26596**. **Vice Chairman Souza** seconded the motion.

ROLL CALL VOTE: **Chairman Martin** called for a roll call vote. **Vice Chairman Souza, Senators Lee, Burtenshaw, Bayer and Jordan** voted aye. **Chairman Martin, Senators Heider, Harris and Nelson** voted nay.

H 9 **Anne Lawler**, Juris Doctor, Registered Nurse (JD, RN), Executive Director, Board of Medicine (Board), presented **H 9**, the Medical Practice Act (Act), and requested a do pass recommendation. The bill amends and updates Title 54, Chapter #18, of Idaho Code, removing language that is obsolete or duplicative, and removing barriers to licensure. The Act has not been significantly updated since 1977. The changes fully incorporate Physician Assistants (PAs) throughout the Act. Idaho has 1,400 practicing PAs. The Board sought input from a number of stakeholders, including the Idaho Medical Association; Idaho Academy of Physician Assistants; Idaho Boards of Nursing, Pharmacy, and Dentistry; the Bureau of Occupational Licenses; and the public. There is no fiscal impact to the General Fund.

DISCUSSION: **Senator Jordan** had questions about language regarding public reprimand. **Ms. Lawler** described the process that includes a signed reprimand sent to a national databank, which is a public record. **Chairman Martin** asked why language was changed from "without malice" to "in good faith". **Ms. Lawler** responded that the Board chose more positive language. **Vice Chairman Souza** brought questions about PA scope of practice versus supervising physicians. **Ms. Lawler** explained that there is a standard scope of practice for all Idaho PAs that is then customized by subspecialty, for each supervising physician to authorize. In follow up, **Senator Souza** inquired if the accountability lay with the PA or physician, to which, **Ms. Lawler** replied, both share responsibility. **Senator Burtenshaw** wondered why the language, "and surgery" was deleted. **Ms. Lawler** replied that it is removed from the entire Act because it is no longer relevant. The presumption is that if medical credentials are in place, appropriate surgical credentials are also in place for those performing surgical procedures. **Chairman Martin** inquired why the Board is flagging a felony charge in the application. **Ms. Lawler** explained that it allows the Board to place an application on hold while a case moves through the court system.

MOTION: **Senator Lee** moved to send **H 9** to the floor with a do pass recommendation. **Senator Jordan** seconded the motion. The motion carried by **voice vote**.

ADJOURNED: There being no further business at this time, **Chairman Martin** adjourned the meeting at 4:04 p.m.

Senator Martin
Chair

Margaret Major
Secretary

AMENDED AGENDA #1
SENATE HEALTH & WELFARE COMMITTEE
3:00 P.M.
Room WW54
Thursday, February 07, 2019

SUBJECT	DESCRIPTION	PRESENTER
APPROVAL OF MINUTES	Minutes for January 10, 14 and 15	Vice Chairman Souza
<u>RS26598</u>	Relating to County Jails ... To Revise Provisions Regarding Reception and Board of Prisoners	Seth Griggs Idaho Association of Counties
<u>RS26708</u>	Related to Individuals with Disabilities ... That Need Service Dogs	Senator Lee

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Martin	Sen Burtenshaw
Vice Chairman Souza	Sen Bayer
Sen Heider	Sen Jordan
Sen Lee	Sen Nelson
Sen Harris	

COMMITTEE SECRETARY

Margaret Major
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Thursday, February 07, 2019

TIME: 3:00 P.M.

PLACE: Room WW54

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

ABSENT/ EXCUSED: None

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

AGENDA CHANGE: **Chairman Martin** announced that approval of minutes will be taken up at the end of the meeting.

RS 26598 **Relating to County Jails ...** To Revise Provisions Regarding Reception and Board of Prisoners.

Seth Griggs, Executive Director, Association of Counties, stated this proposed legislation relates to the obligation of counties to pay for medical expenses of individuals who are no longer under the custody of the county sheriff. He advised that while an individual is incarcerated the county sheriff is responsible for covering the inmate's medical expenses. Historically, when an individual has been released from the county's custody, the obligation of the county to pay for medical expenses ends. **Mr. Griggs** advised that an Ada County inmate attempted suicide while incarcerated, suffered severe injuries, and was hospitalized for an extended period. As a result, the county elected to drop the charges and not pursue further action against this individual. The county felt at that point forward the medical expenses of that individual should be borne by whatever appropriate financing mechanisms were available to him. The hospital sued the Ada County Sheriff asking for payment of continuing medical expenses, and the Idaho supreme Court ruled that counties are, in some cases, responsible for payment of the continuing medical bills of inmates after they have been released from the sheriff's custody. **Mr. Griggs** stated that this proposed legislation clarifies that if an individual is released from the sheriff's custody, the obligation of the county to provide medical services for that individual ends with the release of that individual.

DISCUSSION: **Senator Jordan** expressed concern about the broadness of the use of the word "county," pointing out that this could be any county entity, such as the Catastrophic Health Care (CAT) fund. She asked for assurance that if **RS 26598** is sent to print that the CAT fund and indigent program might still be available for those individuals who are released from the sheriff's custody. **Mr. Griggs** indicated that would be the intent, and although he is comfortable with the language, if this presents a problem as we move forward the Association of Counties would be open to an amendment.

MOTION: **Senator Lee** moved to send **RS 26598** to print. **Senator Harris** seconded the motion. The motion carried by **voice vote**.

RS 26708 **Related to Individuals with Disabilities ...** That need Service Dogs.

Senator Lee related that there have been numerous complaints regarding problems with untrained animals in retail businesses. She stated this legislation was brought before the Committee last year, and because it needed significant work, it did not make it out of Committee. During the past year the parties came together to bring forward a bill that everyone could support. She acknowledged Pam Eaton for her hard work on this endeavor. **Senator Lee** indicated that this proposed legislation clarifies what is in the Americans with Disabilities Act related to service animals, and what Idaho's policy is related to service animals.

MOTION: **Vice Chairman Souza** moved to send **RS 26708** to print. **Senator Bayer** seconded the motion.

DISCUSSION: **Chairman Martin** commented that when the bill comes back for hearing he would like clarification on exactly what "service animals" includes. **Senator Lee** responded that the Americans with Disabilities Act states that the only service animals are dogs. She stated this legislation does not apply to comfort animals or emotional support animals.

VOICE VOTE: The motion to send **RS 26708** to print carried by **voice vote**.

MINUTES APPROVAL: **Vice Chairman Souza** moved to approve the Minutes of January 10th, 14th, and 15th, 2019. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

ADJOURNED: There being no further business at this time, **Chairman Martin** adjourned the meeting at 3:15 p.m.

Senator Martin
Chair

Margaret Major
Secretary

Assisted by Lois Bencken

AMENDED AGENDA #1
SENATE HEALTH & WELFARE COMMITTEE
3:00 P.M.
Room WW54
Monday, February 11, 2019

SUBJECT	DESCRIPTION	PRESENTER
<u>RS26788</u>	Relating to Health Benefit Plans ... For Availability of a Twelve Month Supply of Contraceptives	Senator Jordan for Senator Buckner-Webb
<u>RS26849</u>	Relating to Health and Welfare ... Regarding an Employment and Training Program	Senator Thayn
<u>RS26836</u>	Relating to the CHILD Act	Senator Thayn Kate Haas, Kestrel West
<u>RS26735</u>	Relating to Residential Care and Assisted Living Facilities ... Option to Use a Private Sector Accrediting Organization for Inspections	Kris Ellis Idaho Health Care Assoc
<u>RS26754</u>	Relating to Health Benefit Plans ... For Persons Enrolled in Clinical Trials	Caiti Bobbit Kootenai Health
<u>RS26830</u>	Relating to Bone Marrow Donations ... To Provide Information to Patients	Senator Heider
<u>RS26825</u>	Relating to Child Care Licensing ... To Provide For a Certain Waiver	Senator Souza
<u>RS26855</u>	Relating to Medicaid Eligibility Expansion	Senator Souza

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Martin	Sen Burtenshaw
Vice Chairman Souza	Sen Bayer
Sen Heider	Sen Jordan
Sen Lee	Sen Nelson
Sen Harris	

COMMITTEE SECRETARY

Margaret Major
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Monday, February 11, 2019

TIME: 3:00 P.M.

PLACE: Room WW54

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

ABSENT/ EXCUSED: Senator Harris

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

RS 26788 **Relating to Health Benefit Plans ...** For Availability of a Twelve Month Supply of Contraceptives.

Senator Jordan stated this is a simple addition to Idaho Code, Title 41, Chapter 18. It would require health benefits to issue birth control prescriptions 12 months at a time for patients, unless it is determined in discussion with the doctor that the patient requires a shorter prescription. This enables patients to stay consistent in their use of birth control methods, and studies show this results in a significant reduction in unintended pregnancies.

DISCUSSION: **Vice Chairman Souza** asked if this is the same bill that was presented last year. **Senator Jordan** responded that it is essentially the same and they would like to print the bill and continue to work with the insurance companies and bring it forward for a hearing and get input from all parties. **Vice Chairman Souza** stated that she did not support the bill last year because she does not believe it is the role of government to tell businesses how to operate unless there is some seriously compelling public interest. She noted that prescriptions do not always work out long-term with metabolism changes and other medications that an individual may be taking, and insurance companies could be paying for medication that may or may not be used. She stated she would be more comfortable with a six-month prescription. **Senator Jordan** pointed out language in the bill that says the enrollee or prescriber can request a smaller supply. She indicated the most compelling public interest is the reduction of unintended pregnancies and abortion.

Senator Bayer stated that when speaking about contraceptives we need to look at the entire spectrum that is included in that terminology. It may in fact include abortifacients. **Senator Jordan** responded that the abortifacients referred to would require a separate appointment with the physician and prescription. This bill deals with contraceptives, meaning drugs, devices, and supplies approved by the Federal Drug Administration for use to prevent pregnancy, not to end a pregnancy. She stated that although many women are fortunate enough to have the ability and the means to address this on a more regular basis, there are a lot of women who do not, and this can be helpful to those women.

MOTION: **Senator Bayer** moved not to send **RS 26788** to print. **Senator Burtenshaw** seconded the motion.

SUBSTITUTE MOTION: **Senator Jordan** moved to send **RS 26788** to print. **Senator Nelson** seconded the motion.

DISCUSSION: **Senator Nelson** spoke in favor of the bill indicating he received numerous e-mails, and spoke to quite a few people in his district; all expressed support for this bill. **Senator Lee** commented that this appears to be the same bill that did not make it out of Committee last year and she would not support the motion to print.

VOTE ON SUBSTITUTE MOTION: **Chairman Martin** called for a roll call vote on the substitute motion. **Chairman Martin, Senators Heider, Jordan, and Nelson** voted aye. **Vice Chairman Souza, Senators Lee, Harris, Burtenshaw, and Bayer** voted nay. The substitute motion failed.

VOTE ON ORIGINAL MOTION: **Chairman Martin** called for a roll call vote on the original motion. **Vice Chairman Souza, Senators Heider, Lee, Harris, Burtenshaw and Bayer** voted aye. **Chairman Martin, Senators Jordan and Nelson** voted nay. The motion carried.

MOTION: **Chairman Martin** asked unanimous consent to move to the third agenda item, **RS 26836**. There were no objections.

RS 26836 **Relating to the CHILD Act.**

Kate Haas, of Kestrel West, stated this legislation creates the Children's Health Independence Learning and Development Fund, a new fund within the Department of Health and Welfare (DHW). The purpose of the fund is to help build life cycle skills of children in families of need in an effort to break the inter-generational cycle of poverty within those families. DHW would staff the program, and a review committee of experts would determine recipients.

DISCUSSION: **Senator Lee** commented that DHW is going through a transformation to modernize their information, and questioned how this is going to work with so many other items DHW has to focus on right now. **Ms. Haas** indicated they have been engaging with DHW to make sure this fits with their programs. She stated no funding request has been made for this year in order to give a year to implement and set up the program. She indicated this is not meant to supplant anything DHW is doing. It is intended to be a complement that really engages in public-private partnerships to connect DHW with great resources that are available. **Senator Lee** expressed concern with the fiscal note. She stated there should be something to acknowledge the members of the review committee.

In response to questions from Senator Heider and Senator Nelson, **Ms. Haas** indicated the reference in the bill to service providers, is to non-profit organizations that are solvent and in good standing with the Secretary of State. She indicated she would not have a problem if this were to be restricted to 501(c)(3) organizations.

Vice Chairman Souza commented this appears to set up a whole new kind of bureaucracy within the DHW and expressed concern about expanding government. She also expressed concern about a lack of fiscal note. **Ms. Haas** stated this is not intended to be an expansion of government and that most of the members of the review committee are subject matter experts in this field and would be acting in a volunteer capacity.

MOTION: **Senator Lee** moved not to send **RS 26836** to print. **Senator Burtenshaw** seconded the motion.

DISCUSSION: **Senator Lee** commented that she liked the idea of looking at prevention of inter-generational poverty, and would welcome ideas to see how this could be implemented, but does not feel this is the time to add this to DHW's workload.

VOICE VOTE: The motion not to send **RS 26836** to print carried by **voice vote**.

MOTION: **Vice Chairman Souza** asked for unanimous consent to send **RS 26849, RS 26735, RS 26754, RS 26830, RS 26825, and RS 26855** to print. **Senator Jordan** objected.

- RS 26849** **Relating to Health and Welfare ...** Regarding an Employment and Training Program.
- Senator Steven Thayn**, District 8, stated the purpose of this legislation is to help those individuals who are transitioning off of Medicaid with a short-term employment training program. In order to qualify for funding an individual would be required to work with a qualifying non-profit to create and follow a plan to get out of poverty.
- DISCUSSION:** In response to a question from Senator Lee, **Senator Thayn** advised that there is a federally funded employment training program for a period of 90 days after an individual comes off of food stamps, and this legislation would extend eligibility for those individuals for another three months under the state program.
- MOTION:** **Senator Harris** moved to send **RS 26849** to print. **Senator Jordan** seconded the motion. The motion carried by **voice vote**.
- RS 26735** **Relating to Residential Care and Assisted Living Facilities ...** Option to Use a Private Sector Accrediting Organization for Inspections.
- Kris Ellis**, representing Idaho Health Care Association, stated this proposed legislation would allow assisted living facilities to contract with a private third-party accrediting agency who would perform the surveys or inspections of their facilities in lieu of the state surveys. This would take some of the burden off of the Department of Health and Welfare (DHW). She indicated they are 59 surveys behind at this time. **Ms. Ellis** added there is a \$10,000 upfront one time cost to DHW which would allow their IT vendor to redo their system in order to identify those facilities that use an outside accreditor instead of the state surveyor.
- MOTION:** **Vice Chairman Souza** moved to send **RS 26735** to print. **Senator Lee** seconded the motion.
- DISCUSSION:** **Senator Nelson** asked if DHW would be auditing these third-party accrediting organizations to ensure their methods are the same as those of the state. **Ms. Ellis** advised that the bill states that the accreditation commission standards shall meet or exceed the state requirements. She added that DHW will still survey if there is a complaint, or there are other reasons they feel a survey may be needed.
- VOICE VOTE:** The motion to send **RS 26735** to print carried by **voice vote**.
- RS 26754** **Relating to Health Benefit Plans ...** For Persons Enrolled in Clinical Trials.
- Emily Patchin**, representing Kootenai Health, presented on behalf of Caiti Bobbit, and stated that the purpose of this legislation is to ensure that when a patient is enrolled in a clinical trial, their routine patient care costs will be covered by their insurance plan. She stated that clinical trials are an essential piece in the advancement of health care. **Ms. Patchin** advised that during clinical trials the sponsor of the trial is required by federal law to cover all research related costs.
- DISCUSSION:** **Senator Lee** asked who would be responsible if an enrolled patient were hospitalized because of the clinical trial. **Ms. Patchin** indicated that any costs that are due to the research, or because of the research, would be covered by the sponsor of the clinical trial.
- MOTION:** **Senator Harris** moved to send **RS 26754** to print. **Vice Chairman Souza** seconded the motion. The motion carried by **voice vote**.
- RS 26830** **Relating to Bone Marrow Donations ...** To Provide Information to Patients.

Senator Heider stated this proposed legislation is geared toward encouraging people to register as bone marrow donors. It provides that primary care providers and urgent care physicians may inquire of patients ages 18 through 45 whether they are bone marrow donors and provide information to those patients about bone marrow donation. He indicated the Department of Health and Welfare will organize a bone marrow registry, and will publish the need for bone marrow donations as well as instructions on how to join a bone marrow registry.

DISCUSSION: **Senator Lee** commented she would like to see expanded information in the fiscal note if this legislation comes back for a hearing.

MOTION: **Senator Lee** moved to send **RS 26830** to print. **Senator Burtenshaw** seconded the motion. The motion carried by **voice vote**.

RS 26825 **Relating to Child Care Licensing ... To Provide for a Certain Waiver.**

Vice Chairman Souza stated there is a lack of residential drug and alcohol treatment programs for adolescents in Idaho. This proposed legislation asks the Board of Health and Welfare to grant a waiver from licensing to programs offering temporary alcohol-drug treatment for teens age 13 through 17. The temporary program would be for a period up to three months and a patient would have to have a doctor's request or recommendation. The patients parents would be required to sign a temporary power-of-attorney giving parental rights to the program for the duration of the residential program. **Vice Chairman Souza** noted that suicide is also a big problem in the state, and this bill contains language to allow a crisis intervention period of up to 24 hours without a doctor's order and without parental power-of-attorney.

MOTION: **Senator Lee** moved to send **RS 26825** to print. **Senator Bayer** seconded the motion.

DISCUSSION: **Chairman Martin** commented that he would appreciate more information on the need for parents to sign over parental rights to the program at any hearing on this legislation.

VOICE VOTE: The motion to send **RS 26825** to print carried by **voice vote**.

RS 26855 **Relating to Medicaid Eligibility Expansion.**

Vice Chairman Souza presented this legislation stating that it authorizes the Director of Health and Welfare to allow optional workforce training development programs for individuals in the Medicaid expansion. It allows the State to apply for a federal waiver for those over 100 percent of the federal poverty level (FPL). She indicated those are the individuals that already have subsidized policies on the State Insurance Exchange. This legislation also allows the State to apply for a federal waiver to provide mental health treatment. This is especially important for the counties as they fund care for the mentally disabled in their counties through the Indigent Fund and the Catastrophic Health Care (CAT) fund. She advised that with Medicaid expansion we are considering removing money from the Indigent Fund and the CAT fund. **Vice Chairman Souza** advised this would be a waiver to the federal government for a 90/10 split, with the federal government paying 90 percent of expansion costs, and the State paying 10 percent. This bill also contains a clause that requires legislative review of the impacts of Medicaid expansion during the 2023 Legislative Session, as well as a clause that would allow the Legislature to declare Medicaid expansion null and void should the federal funding ratio change.

DISCUSSION: **Senator Jordan** commented she has grave concerns about this proposed legislation, stating that binding future legislators to a particular percentage, without them having the opportunity to do the analysis at the time a change takes place, is very much in opposition to what the voters have asked us to do.

MOTION: **Senator Jordan** moved not to send **RS 26855** to print. **Senator Nelson** seconded the motion.

DISCUSSION: **Vice Chairman Souza** responded that these are not restrictions on Medicaid expansion. These are protections and enhancements. She stated the workforce development training program is not a restriction. People on the exchange now, who are covered with insurance, pay very little for their insurance program. They are not part of the population that most people thought of when they voted on this, and they are not part of the gap population that was uninsured. She indicated the reason for including that section in the waiver is it could help Idaho financially when the Legislature is struggling to find funding for the full expansion of Medicaid to cover the gap population and mental disability. She stated this is not a restriction and in fact it will help the counties be able to serve that population better. **Vice Chairman Souza** commented that the review of the impacts of the expansion is responsible legislating. She added that the clause regarding the federal funding ratio changing will take affirmative action by the Legislature to continue the program. She noted that if we start out at a 90/10 funding ratio and the federal government decides to change it to our regular ratio for full Medicaid which is 70/30, it would be an entirely different financial impact on the State. Thus, the clause giving Idaho the right to opt out is a protection for the taxpayers of the State, and not a restriction.

SUBSTITUTE MOTION: **Senator Bayer** moved to send **RS 26855** to print. **Senator Harris** seconded the motion

DISCUSSION: **Senator Nelson** stated that in his opinion the citizens of Idaho have been very clear on what they wanted in Medicaid expansion this year and it is not these extensions. He indicated he does not see the need for these requirements. **Chairman Martin** stated it has always been his preference to simply fund the expansion and review how it is working next year. He indicated he feels strongly about trying to abide by the will of his constituents, and will not be supporting the motion to print. **Senator Lee** commented that we need a path forward. We need to be able to vet many of these ideas, and see whether or not they fit in our state with our resources. She stated now is the time to start having those conversations.

VOTE ON SUBSTITUTE MOTION: At the request of Senator Jordan, **Chairman Martin** called for a roll call vote on the substitute motion. **Vice Chairman Souza, Senators Lee, Harris, Burtenshaw,** and **Bayer** voted aye. **Chairman Martin, Senators Heider, Jordan and Nelson** voted nay. The motion carried.

ADJOURNED: There being no further business, **Chairman Martin** adjourned the meeting at 4:00 p.m.

Senator Martin
Chair

Margaret Major
Secretary

Assisted by Lois Bencken

AGENDA
SENATE HEALTH & WELFARE COMMITTEE
3:00 P.M.
Room WW54
Tuesday, February 12, 2019

SUBJECT	DESCRIPTION	PRESENTER
	Department of Health & Welfare Budget Overview	Director Dave Jeppesen Dept of Health and Welfare
Docket No 16-0737-1801	Children's Mental Health Services p. 227	Treena Clark, Program Manager Policy, Planning & Communications Div of Behavioral Health
Docket No 16-0750-1801	Minimum Standards Nonhospital ... Mental Health Diversion Units p. 231	Treena Clark

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Martin
Vice Chairman Souza
Sen Heider
Sen Lee
Sen Harris

Sen Burtenshaw
Sen Bayer
Sen Jordan
Sen Nelson

COMMITTEE SECRETARY

Margaret Major
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Phone: 332-1319
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MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, February 12, 2019

TIME: 3:00 P.M.

PLACE: Room WW54

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

**ABSENT/
EXCUSED:** None

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 Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:05 p.m.

PRESENTATION: **David Jeppesen**, Director, Department of Health and Welfare (Department), gave an overview of the Department's budget and strategic plan to support healthier, safer, and more self-sufficient Idahoans. The Director reported that Idaho ranks fifth in the United States for suicide. The Department has a goal to reduce that statistic by 20 percent by the year 2025. **Director Jeppesen** shared that he lost a friend just two weeks ago from suicide, then offered an analogy: it takes a hero to defeat a villain, but it takes the whole village to defeat a monster and suicide is a monster that will take a concerted effort to defeat. **Director Jeppesen** reviewed the Child Welfare program's goals to keep families whole, avoid foster care, reduce Department interference, and to reduce child safety assessment lag-time from 60 days down to five days. The Idaho foster care system is currently not in federal compliance.

DISCUSSION: **Senator Bayer** inquired how the Department intends to accomplish these goals. **Director Jeppesen** replied that electronic documents are now available to social workers in the field. Other staff-led process improvement initiatives are underway. **Vice Chairman Souza** asked if improvements are only technical changes or include a reduction in caseload. **Director Jeppesen** explained that the goal was to help staff work more efficiently. The caseload will stay the same, but with less staff. The Department intends to increase staff pay for Child Welfare Social Worker II staff to 80 percent of the policy minimum. Staff turnover in this position was 21 percent in 2018, now up by 40% since 2017. The proposed increase would bring pay from \$22.14 hourly to \$23.62 hourly. **Director Jeppesen** then reviewed Child Developmental Disabilities Services. This program primarily serves children with autism. The Statewide Healthcare Innovation Plan (SHIP) grant ended after a successful shift to a value-based model and primary care medical home. The next step is to expand that model to include specialist providers. **Director Jeppesen** briefly touched on other initiatives to include workplace safety improvements for public-facing staff; there were 88 safety incidents in one year. The Department plans to add technological enhancements, including security cameras. **Senator Jordan** inquired if the Director felt the rate increase would correct the issues and asked for details regarding planning and forecasting. **Director Jeppesen** stated that creating access is at the heart of the matter. There is room to improve through proactive management, strategic planning, and benchmarking, in conjunction with value-based methodology. **Vice Chairman Souza** inquired whether the Director anticipates any movement from the federal

government to appropriate funds in a block. **Director Jeppesen** replied that there has been no prognostication by the Department, but he has seen it discussed in the press. **Chairman Martin** requested a status update on the Non-Emergency Medical Transportation issue. **Director Jeppesen** reported the Department continues to work with the contractor, has requested a rate increase, and recently began a competitive bid to change vendors. **Vice Chairman Souza** inquired if staff positions currently not filled were being held open for a reason. **Director Jeppesen** reported a higher than normal vacancy rate in the Medicaid and Welfare divisions, which have been held open to retool for Medicaid expansion.

PASSED THE GAVEL:

Chairman Martin turned over the meeting to Vice Chairman Souza.

DOCKET NO. 16-0737-1801

Treena Clark, Program Manager, Policy, Planning and Communications, Division of Behavioral Health, Department of Health and Welfare (Department), presented **Docket No. 16-0737-1801**, Children's Mental Health Services. The rule changes affect alternate care placement through the divisions of Behavioral Health, and Welfare, for children with serious mental and emotional disturbance (different than alternate placement for protective services and abuse cases). Negotiated rulemaking was conducted and no comments were received. There is no fiscal impact to the General Fund.

DISCUSSION:

Chairman Martin requested an explanation regarding Axis I. **Ms. Clark** explained that the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, (DSM IV), combined several axes into one. In follow up, **Chairman Martin** had questions regarding the index for calculating cost and monthly assessment fees. **Ms. Clark** replied that patient stays tend to be shorter under this criteria. **Senator Lee** inquired what a parent would pay under the old rule versus the new scale. **Ms. Clark** responded that the amount is highly variable, but that the new rule applies the same sliding fee schedule for court-ordered placements as used for those not court-ordered. In follow up, **Senator Lee** acknowledged that it seems the Department wants to make it easier for parents, but she is concerned about payment receipt and whether it is cost neutral. **Ms. Clark** explained that the Department hopes to move from parental punishment to helping parents navigate the system.

MOTION:

Senator Heider moved to approve **Docket No. 16-0737-1801**. **Chairman Martin** seconded the motion. The motion carried by **voice vote**.

DOCKET NO. 16-0750-1801

Ms. Clark presented **Docket No. 16-0750-1801**, Minimum Standards for Nonhospital Mental Health Diversion Units. There have been no updates since 2010. Changes address clinical practice terminology, incorporation by reference, alignment with other Department programs, and changes to the American Society of Addiction Medicine (ASAM) manual and the DSM V. There are changes to language, certification requirements, fee structures, record keeping, supervision, and the removal of sobering stations. Negotiated rulemaking was conducted and public hearings were held with no negative feedback.

DISCUSSION:

Senator Lee wondered what facilities were under review. **Ms. Clark** stated the intent is to look at all accredited facilities. **Senator Jordan** asked if the requirements for sobering stations were housed anywhere else, should a community choose to establish one. **Ms. Clark** explained that it was antiquated language and standards are not maintained by the Department. In Idaho, these stations have been replaced by community crisis centers, but there are national guidelines.

MOTION:

Chairman Martin moved to approve **Docket No. 16-0750-1801**. **Senator Nelson** seconded the motion. The motion carried by **voice vote**.

PASSED THE GAVEL:

Vice Chairman Souza turned the meeting over to Chairman Martin.

ADJOURNED: There being no further business at this time, **Chairman Martin** adjourned the meeting at 4:00 p.m.

Senator Martin
Chair

Margaret Major
Secretary

AMENDED AGENDA #1
SENATE HEALTH & WELFARE COMMITTEE
3:00 P.M.
Room WW54
Wednesday, February 13, 2019

SUBJECT	DESCRIPTION	PRESENTER
Gubernatorial Appointment: Hearing	Gubernatorial Appointment of Allan Schneider Idaho Commission for the Blind and Visually Impaired	Allan Schneider
<u>RS26867</u>	Unanimous Consent Request to Send RS to Privileged Committee	Chairman Martin
Report	Discussion on SWITC Report (Southwest Idaho Treatment Center)	Chairman Martin
<u>H 8</u>	Relating to Midwifery	Roger Hales Administrative Attorney Bureau of Occ Licenses
<u>H 18</u>	Relating to Adult Protective Services	Kevin Bittner Commission on Aging
<u>H 37</u>	Relating to Children's Mental Health Services	Ross Edmunds Dept of Health & Welfare

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Martin	Sen Burtenshaw
Vice Chairman Souza	Sen Bayer
Sen Heider	Sen Jordan
Sen Lee	Sen Nelson
Sen Harris	

COMMITTEE SECRETARY

Margaret Major
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, February 13, 2019

TIME: 3:00 P.M.

PLACE: Room WW54

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

ABSENT/ EXCUSED: Senator Harris

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 Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:02 p.m.

GUBERNATORIAL REAPPOINTMENT HEARING: **Chairman Martin** welcomed Allan Schneider, under consideration for reappointment to the Commission for the Blind and Visually Impaired (Commission). **Mr. Schneider** shared that he was born and raised in South Dakota and went to college there. His career as an English teacher took him from South Dakota to Wyoming and the Canary Islands before moving to Idaho where has spent 25 years teaching in Emmett. He was very involved in the Emmett community, starting a community theater and other programs, before retiring to Boise. He hopes to continue to serve on the Commission because it changed his life so profoundly. There was a point in his life when he hesitated to go places because of his vision. With the training provided, he now has the confidence to participate in life fully and wants to give back to those people who have helped him so much.

Mr. Schneider outlined challenges that the Commission is currently facing: as Idaho's population ages, and grows, the Commission may not be able to serve everyone who needs assistance. To address this issue, the Commission recently defined policy for order of selection for services. The Workforce Innovation and Opportunities Act (Act) requires that 15 percent of program funding must be spent on transitioning students to the workplace so the Commission started counting schooling, driving students to college, time spent with counselors, etc., to meet that 15 percent goal.

DISCUSSION: **Senator Lee** asked Mr. Schneider what the Commission does that would make this Committee proud. **Mr. Schneider** shared that he is very proud of the staff. Their caseload keeps growing with Idaho's population growth, especially in the outlying regions which involves a lot of driving time. Their days are getting longer. They are very overworked, but just love their work and remain so enthusiastic.

RS 26867 **Senator Heider** introduced **RS 26867** and asked to send it to a privileged committee, stating it represents significant collaboration and rework of the previous legislation.

MOTION: **Chairman Martin** requested unanimous consent to send **RS 26867** to a privileged committee for printing. There were no objections.

REPORT: **Chairman Martin** instructed the Committee to review the status report on the Southwest Idaho Treatment Center (SWITC). The report outlines several steps: once the treatment model has been determined, the advisory board will recommend whether the Department of Health and Welfare (Department) is still the best agency to support this population. When decisions are made about who will be served and who will serve them, the Department would then determine what that facility should look like. Finally, a decision will be made about the property that the facility sits on. The lease agreement with the City of Nampa for the golf course expires in December of 2019.

DISCUSSION: **Senator Lee** expressed interest in bringing external expertise on board, given the history of unsuccessful internal plans.

Senator Jordan stated that the decision to possibly move SWITC from state management is a significant policy shift that should not be left to an advisory board.

Chairman Martin encouraged Committee members to collectively and individually provide input to Director Jeppesen and commended the Director's ability to quickly analyze and give direction to this issue.

H 8 **Roger Hales**, Administrative Attorney, Bureau of Occupational Licenses, presented **H 8**, relating to midwifery, on behalf of the Board of Midwifery (Board). This bill will clarify the Board's laws regarding medications that midwives can utilize and will simplify reporting requirements. The bill removes obsolete language from qualifications for licensure which are no longer applicable. There is an adjustment for tracking certain practice data. It further includes authorization to use anti-hemorrhagic agents (Oxytocin). The Board is also proposing one additional anti-bleeding medication, elimination of metered-dose epinephrine, and addresses Vitamin K administration. The bill requires that a licensed midwife facilitate immediate transfer to the hospital for certain conditions, one of which necessitates the administration of more than two doses of an anti-hemorrhagic agents. The Board of Medicine and the Board of Pharmacy reviewed the bill and did not object to the proposed changes. There is no fiscal impact to the General Fund or to the Board's dedicated funds.

Chairman Martin questioned Mr. Hales regarding the epinephrine auto-injectors, stating the auto-injector contains a pre-determined dose and wondered how that dose would be determined if unmetered. **Mr. Hales** responded that practitioners would follow the instructions or guidelines on the drug packaging.

MOTION: **Senator Lee** moved to send **H 8** to the floor with a **do pass** recommendation. **Vice Chairman Souza** seconded the motion. The motion carried by **voice vote**.

H 18 **Kevin Bittner**, Administrative Services Manager, Idaho Commission on Aging (Commission), presented **H 18**, relating to adult protective services. **Mr. Bittner** explained that this legislation was brought to provide statutory authority to implement the most effective adult protective services program to prevent or diminish abuse, neglect, and exploitation of vulnerable adults. The proposed changes clarify and expand what entities are authorized to provide service. Language has been deleted or more broadly defined. Language was changed from adult "protection" to adult "protective services" to remove the connotation associated with child protection and encourage the interpretation that the adult still has control over choices. The Affordable Care Act (ACA) appropriated \$50,000 to research, test, and identify the best adult protective service model to meet the needs of aging and vulnerable Idahoans. The ACA appropriation required state matching funds and the Commission was able to secure a \$600,000 competitive grant, to fully answer questions through pilot and demonstration projects. Amending statute to allow for other providers,

in addition to the current mandated agencies, will position the Commission to quickly implement the protective service model that best matches Idaho's needs.

MOTION:

Senator Heider moved to send **H 18** to the floor with a **do pass** recommendation. **Senator Jordan** seconded the motion. The motion carried by **voice vote**.

H 37

Ross Edmunds, Administrator, Division of Behavioral Health, Department of Health and Welfare (Department), presented **H 37**, relating to children's mental health services. **Mr. Edmunds** stated that this bill is a fairly simple change to the definition of serious emotional disturbance. Serious emotional disturbance describes a set of conditions that together, determine the severity of mental illness and its impact on a child's daily functioning.

Mr. Edmunds reviewed the three main components in the current statute related to the definition: 1.) there is a diagnosis; 2.) there is functional impairment; and 3.) it requires sustained treatment interventions. Functional impairment is the measure of how mental illness affects the child's ability to function at school, at home, and in the community. **H 37** establishes that diagnoses will be made using the Diagnostic and Statistical Manual and implements a uniform instrument that would be used to measure functional impairment. Through the settlement agreement on the Jeff D lawsuit, the Department has worked with the Department of Juvenile Corrections, County Juvenile Justice, the public school system, private providers, and families, and all stakeholders agreed that a standardized instrument is necessary. The plaintiffs recommended an instrument, the Department evaluated that instrument, and it is the instrument that the Department will be using. It is called the Child and Adolescent Needs Assessment and is the industry standard.

DISCUSSION:

Chairman Martin inquired if this is something that Idaho should be doing because it is good policy, regardless of the Jeff D Lawsuit. **Mr. Edmunds** replied that it is not just good policy, it is excellent practice to use a standardized instrument. The Department often finds itself in conflict when working with the court system in describing a child's needs. This bill creates a platform for communication in which all parties recognize the needs in the same way and use the same language.

Vice Chairman Souza inquired if the Diagnostic and Statistical Manual (DSM) included Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD) as serious emotional disturbance. **Mr. Edmunds** replied that the qualifying diagnosis of serious emotional disorder can include any one of the diagnoses that exclude substance use disorders that stand alone, or developmental disabilities and disorders that stand alone. ADD is now included under the single category, ADHD. **Vice Chairman Souza** inquired, regarding the Jeff D Lawsuit, what the requirement was for isolating the adolescent, under 18 population in treatment, from an adult population. **Mr. Edmunds** confirmed that there are specific requirements and federal code under the licensing structure. The Jeff D Lawsuit was an outcome of commingled adults and children at State Hospital South which resulted in abuse. It was the Department's recognition that children and adolescents are at risk if commingled with adults in a facility that led to this policy.

Chairman Martin asked for clarification on the Jeff D Lawsuit, wondering why federal courts were involved rather than the state court system. **Mr. Edmunds** reported that the Jeff D Lawsuit was a federal class action suit, therefore the lawsuit applied federal codes to Idaho's practice.

Senator Lee understood from meetings with the Department that ADD and ADHD would not be included in the definition of serious emotional disturbance, rather only those diagnoses that resulted in serious disability requiring sustained treatment interventions, and asked Mr. Edmunds for clarification. **Mr. Edmunds** explained that most children with ADHD will never reach the level of functional impairment as measured through a standardized instrument to meet the definition of serious emotional disturbance; it is a matter of how a diagnosis impacts their ability to function successfully. **H 37** tightens the definition, it does not broaden the definition.

Senator Nelson noted that DSM references do not specify the current DSM V edition, simply the DSM. **Mr. Edmunds** explained that the general category DFM was used to cover subsequent iterations of the DSM without having to come back through the Legislature.

Senator Jordan requested assurance that the diagnosis itself will come through the DSM, but it is the standardized instrument that evaluates the severity of the diagnosis. **Mr. Edmunds** affirmed that it is specifically how the symptoms of a diagnosis impact a child's ability to be successful in defined areas of life. Having the standardized instrument standardizes the methodology used to measure that impact on their life. **Senator Jordan** asked why the standardized instrument used is not specifically identified in the legislation. **Mr. Edmunds** explained that the Department did not want to restrict the State of Idaho to the use of a single instrument should a new instrument come along that is more effective.

Senator Lee expressed interest in seeing the instrument identified in administrative rule and go through the negotiated rulemaking process. **Mr. Edmunds** replied that the Department did not place it in administrative rule and would consider that if needed, but preferred to maintain flexibility in selecting another instrument without undue delay if industry standards changed.

MOTION:

Senator Jordan moved to send **H 37** to the floor with a **do pass** recommendation. **Senator Lee** seconded the motion. The motion carried by **voice vote**.

ADJOURNED:

There being no further business at this time, **Chairman Martin** adjourned the meeting at 3:50 p.m.

Senator Martin
Chair

Margaret Major
Secretary

AGENDA
SENATE HEALTH & WELFARE COMMITTEE
3:00 P.M.
Room WW54
Thursday, February 14, 2019

SUBJECT	DESCRIPTION	PRESENTER
Honor Page Welcome New Page	Thank You Landen Richardson	Chairman Martin
Gubernatorial Appointment: Confirmation	Vote to Confirm Allan Schneider , Idaho Commission for the Blind and Visually Impaired	Chairman Martin
<u>H 22</u>	Relating to Speech & Hearing Services	Roger Hales Administrative Attorney Bureau of Occ Licenses
<u>S 1054</u>	Health Boards, Appointing Authority	Kelli Brassfield Idaho Association of Counties
<u>S 1055</u>	Marriage, AIDS Pamphlet	Kelli Brassfield
<u>S 1098</u>	Bone Marrow Donation	Senator Heider

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Martin	Sen Burtenshaw
Vice Chairman Souza	Sen Bayer
Sen Heider	Sen Jordan
Sen Lee	Sen Nelson
Sen Harris	

COMMITTEE SECRETARY

Margaret Major
Room: WW35
Phone: 332-1319
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MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Thursday, February 14, 2019

TIME: 3:00 P.M.

PLACE: Room WW54

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

ABSENT/ EXCUSED: None

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

HONOR AND WELCOME PAGES: **Chairman Martin** and the Committee thanked the Committee Page Landen Richardson for his service and welcomed Jakob Alt who will serve as the Committee Page for the remainder of this Legislative Session.

GUBERNATORIAL APPOINTMENT VOTE: **Senator Jordan** moved to send the Gubernatorial reappointment of Allan Schneider to the Idaho Commission for the Blind and Visually Impaired to the floor with recommendation that he be confirmed by the Senate. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

H 22 **Roger Hales**, Administrative Attorney, Bureau of Occupational Licenses, presented **H 22**, relating to speech and hearing services, on behalf of the Speech, Hearing, and Communication Services Board (Board). This bill will eliminate a potential barrier to licensure, allowing licensees to show proof of licensure electronically rather than solely through a paper license. This flexibility is very beneficial to sign language interpreters, which is a particularly mobile profession. Further, the bill eliminates the age requirement as a qualification for obtaining a sign language interpreter's license. The Board determined that the other qualifications for licensure were enough to ensure minimum competency.

DISCUSSION: **Senator Bayer** asked for clarification regarding the education requirement. **Mr. Hales** replied that a licensee must complete high school or receive a high school equivalency diploma. That is independent from the qualification requiring the national examination to establish competency as a sign language interpreter.

MOTION: **Senator Nelson** moved to send **H 22** to the floor with a **do pass** recommendation. **Senator Bayer** seconded the motion. The motion carried by **voice vote**.

S 1054 **Kelli Brassfield**, Idaho Association of Counties (Association), presented **S 1054** regarding appointing authority to the regional behavioral health boards. The Association hopes to remove the requirement that the appointing authority for these boards must be a Chairman of the Board of County Commissioners. This bill provides the flexibility for any commissioner to fill that seat.

DISCUSSION: **Senator Harris** inquired where the requirement to have the Chairman fill that seat originated. **Ms. Brassfield** reported that the original language upon implementation for these regional boards included a chairman, but she did not have the history regarding why.

MOTION: **Senator Harris** moved to send **S 1054** to the floor with a **do pass** recommendation. **Senator Lee** seconded the motion. The motion carried by **voice vote**.

S 1055 **Ms. Brassfield** presented **S 1055**, regarding marriage applications and the educational Acquired Immune Deficiency Syndrome (AIDS) pamphlet. The requirement for clerks to provide this information was implemented in 1988. Since then, the state has done an extraordinary job in outreach and education. The Department of Health and Welfare has many options for disseminating this information. They contract with all seven public health districts for outreach activities and education. They also contract with community-based organizations, federally qualified health clinics, and other community health centers throughout the state. These outreach and education activities are more effective than relying on a marriage application.

MOTION: **Senator Souza** moved to send **S 1055** to the floor with a **do pass** recommendation. **Senator Lee** seconded the motion. The motion carried by **voice vote**.

S 1098 **Senator Heider** presented **S 1098**, relating to bone marrow donation. The bill recommends that physicians inquire of new patients between the ages of 18 and 45, whether or not they are registered for the bone marrow registry, and if not, to encourage them to do so. The Department of Health and Welfare (Department) shall provide educational materials that inform the population of the benefits of bone marrow donation, how to join the bone marrow registry, and how to acquire free buccal swab kits. Notification may be verbal, in print, or in electronic form. The Department may promulgate rules to implement the provisions of this section. There is a federal program called Be the Match that will provide all printed materials regarding bone marrow donation, significantly reducing any cost to the state.

DISCUSSION: **Senator Bayer** wondered why donors were required to be under 45 years of age. Discussion ensued regarding the biochemistry of bone marrow and the relative risk associated with any medical procedure after a certain age.

Senator Nelson inquired whether physicians use this approach for other organ donations. **Senator Heider** offered that the state encourages people to register for organ donation via driver's license campaigns and the Legislature has carried bills in the past to encourage college students to register. Idaho encourages everyone to register to become an organ donor so that we might save lives, and this bill would add bone marrow registry.

MOTION: **Senator Nelson** moved to send **S 1098** to the floor with a **do pass** recommendation. **Senator Bayer** seconded the motion. The motion carried by **voice vote**.

ADJOURNED: There being no further business at this time, **Chairman Martin** adjourned the meeting at 3:25 p.m.

Senator Martin
Chair

Margaret Major
Secretary

AGENDA
SENATE HEALTH & WELFARE COMMITTEE
3:00 P.M.
Room WW54
Tuesday, February 19, 2019

SUBJECT DESCRIPTION	PRESENTER
<u>HCR 3</u> Eating Disorders Awareness Week	Representative McCrostie
<u>S 1075</u> Relating to Individuals with Disabilities ... Service Dogs in Areas of Public Accommodation	Senator Lee
<u>S 1096</u> Relating to Residential Care and Assisted Living ... Inspections	Kris Ellis Idaho Health Care Assoc

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Martin	Sen Burtenshaw
Vice Chairman Souza	Sen Bayer
Sen Heider	Sen Jordan
Sen Lee	Sen Nelson
Sen Harris	

COMMITTEE SECRETARY

Margaret Major
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, February 19, 2019

TIME: 3:00 P.M.

PLACE: Room WW54

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

ABSENT/ EXCUSED: Senators Harris, and Burtenshaw

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

HCR 3 **Eating Disorders Awareness Week. Representative John McCrostie** asked the Idaho legislature to recognize the last week of February as Eating Disorders Awareness Week in Idaho. Recognizing this week is in conjunction with the National observance. Nationally, 20 million women and 10 million men including 58 thousand in Idaho, suffer from a clinically significant eating disorder (ED). **Representative McCrostie** introduced Kelly Featherstone as one of two ED specialists in Idaho.

TESTIMONY: **Ms. Featherstone**, explained the growing support in Boise for those who suffer from ED. Her intention was to expand a training program for ED professionals across the state, and expand a program called Telehealth for patients who live outside of Boise. Boise is the only city in Idaho that treats ED. The largest ED facility in the country is located in Denver, Colorado and the closest facilities to Idaho are located in Seattle, Washington and Utah. On average, treatment takes one to three years, with meetings two times per week. She further described residential treatment.

MOTION: **Senator Jordan** moved to send **HCR 3** to the floor with a **do pass** recommendation. **Senator Lee** seconded the motion. The motion carried by **voice vote**.

S 1075 **Relating to Individuals with Disabilities, Service Dogs in Areas of Public Accommodation. Senator Abby Lee** believed the legislation was a compromise due to the amount of collaboration. It provides protections for individuals with disabilities and clarifies the difference between service dogs and other animals. She introduced Pam Eaton who would present her testimony on the issue.

TESTIMONY: **Pam Eaton**, President and CEO of the Idaho Retailers Association and the Idaho Lodging and Restaurant Association, said that the legislation brings Idaho Code into alignment with the FDA definition of disability, including all disabilities, both visible and invisible. Current statute offers no guidance on best practice, which this legislation corrects. It also serves to address a shortage of trained service dogs by giving individuals with disabilities the same ability to train a service dog. Five main solutions are implemented in the legislation: 1.) clearly defines what a service dog is; 2.) clarifies language and definitions under the title; 3.) equalizes disabled persons; 4.) eliminates confusions; and 5.) updates terminology.

Cheryl Blum, on behalf of the Consortium of Idahoans with Disabilities, informed the Committee that there was a lack of dog trainers and training organizations, an individual may wait up to seven years to receive a trained service dog. Costs for trained dogs may exceed \$35,000. Under Idaho's existing statute, individuals with disabilities are not allowed to take dogs into businesses for training purposes, only training organizations are afforded that privilege of public access. This bill allows a disabled person the ability to train their dog at a much lower cost and bring Idaho in line with 38 states. Businesses also benefit from this bill by clearing up confusion for service dog handlers and business owners regarding when a business may exclude a service dog for exhibiting problem behavior. She said their intent was to have clear and concise definitions that benefit both service dog and business owners. The definitions clearly exclude comfort and emotional support animals and are intended to help owners better understand their rights to effectively mitigate problems.

Jeanette Davidson Mayer, representing herself and her husband, Dwayne Mayer, residents of New Plymouth, testified that their service dog was essential to the well being of her husband, an Iraq war veteran. Mr. Mayer suffers from post-traumatic stress syndrome, silent seizures, violent dream enactments, traumatic brain injury, and chronic traumatic encephalopathy. Their dog, Eva, responds to Dwyane's varying side effects appropriately and effectively. **Mrs. Mayer** was excited that the legislation protects both service dog handlers and business owners. She reminded the legislature that Idaho is experiencing an influx of veterans looking for a better quality of life and that this legislation would help them achieve that.

Jim Baugh, Executive Director of Disability Rights Idaho, said they worked to harmonize Idaho statutes with the Americans with Disabilities Act (ADA). Canines have the ability to provide extraordinary services by detecting precursors to seizures, when a diabetic person's blood sugar is low, aiding deaf or blind, etc. **Mr. Baugh** clarified that the legislation only supports the use of dogs and not other animals used for emotional support.

Lacey Clinger, representing herself, a resident of Kimberly, informed the Committee that she suffers from M.S. as well as lupus, and that she is numb from the waste down; she recently requires a cane to maintain mobility. She asked that more education be distributed to Idaho businesses informing them of their rights and the rights of dog handlers.

Josh Schwenken, Idaho state law enforcement officer, said the proposed legislation takes out a lot of unknowns in the current state law. It tightens up and lets business owners know where the boundaries are. Costs to purchase a service dogs are significant, \$15,000 to \$30,000, and training may take up to two years.

Christine Pisani, executive director of the Idaho Council on Developmental Disability, said they support the proposed legislation because the current statute is limited to certain disabilities. They also support the misdemeanor offense for individuals who are found guilty of pretending to have a service dog or pretending to be a trainer.

DISCUSSION: **Senator Lee** concluded that the legislation does not provide any additional rights, it simply clarifies the rights of handlers and business owners.

MOTION: **Vice Chairwomen Souza** moved to send **S 1075** to the floor with a **do pass** recommendation. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

S 1096 **Relating to Residential Care and Assisted Living Inspections.**

Kris Ellis, Idaho Health Care Association, explained that **S 1096** will allow assisted living facilities (ALF) to contract and pay for private accrediting organizations to perform the surveys within their facilities, ensuring the facilities still comply with the state rules and safety of patients. In all, three things are accomplished with the legislation: it adds definitions of accreditation, it adds requirements for the accrediting organizations, and it develops a layout of the survey to help with potential emergencies. Additionally, it is intended to reduce backlogging in surveys, and allows 16 assisted living providers to improve practice standards and quality of care. **Ms. Ellis** fielded questions regarding language in the bill. The accreditation commission standards meet or exceed the state requirements for licensure for residential care or ALF.

TESTIMONY: **Tamara Price Lock**, administrator for the Division of Licensing and Certification (Division), Department of Health and Welfare, testified that they worked to develop an accreditation option for ALF that provides sufficient flexibility for the Division to respond when they receive complaints or information that warrants an immediate on site investigation. She believed they struck a balance with this legislation.

DISCUSSION: **Senator Lee** agreed that the legislation was necessary and asked how far back the timing was for licensing ALFs, and if they were behind on the certifications. **Ms. Price Lock** responded that there were 50 certifications overdue and most of those were four months overdue. They normally allow new facilities to operate for six months before they issue a survey; the inspections do not hold up new licenses. In response to further questions, she said they had 11 surveyors at the time, and were working with the Idaho Health Care Association to offer accreditation as a way to tackle the workload and the growth of the industry. On average, a survey may take three days with three surveyors.

MOTION: **Senator Lee** moved to send **S 1096** to the floor with a **do pass** recommendation. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

ADJOURNED: There being no further business at this time, **Chairman Martin** adjourned the meeting at 4:06 p.m.

Senator Martin
Chair

Margaret Major
Secretary

Bryce DeLay
Assistant to the Secretary

AMENDED AGENDA #1
SENATE HEALTH & WELFARE COMMITTEE
3:00 P.M.
Room WW54
Wednesday, February 20, 2019

SUBJECT	DESCRIPTION	PRESENTER
<u>H 59</u>	Relating to Organ Donation ... To Revise an Age Requirement/ Technical Corrections	Representative Monks
Gubernatorial Appointment: Hearing	Gubernatorial Appointment of David Jeppesen Department of Health and Welfare	Director Jeppesen
Gubernatorial Appointment: Hearing	Gubernatorial Appointment of John Tippets Department of Environmental Quality	Director Tippets
<u>S 1129</u>	Relating to Dentists ... To Provide for Dental Therapists	Tyrel Stevenson Legislative Dir/Attorney Coeur d'Alene Tribe

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Martin	Sen Burtenshaw
Vice Chairman Souza	Sen Bayer
Sen Heider	Sen Jordan
Sen Lee	Sen Nelson
Sen Harris	

COMMITTEE SECRETARY

Margaret Major
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, February 20, 2019

TIME: 3:00 P.M.

PLACE: Room WW54

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

ABSENT/ EXCUSED: None

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

H 59 **Representative Monks** introduced **H 59**, to Revise an Age Requirement for Organ Donation, and requested a Do Pass recommendation. This bill introduces a technical correction to code references missed in 2018, when the age for donation consent was lowered to age 15 from age 16. Statute still requires parental consent. A parent available at the time of the minor's death has the option to revoke consent.

MOTION: **Senator Nelson** moved to send **H 59** to the floor with a do pass recommendation. **Vice Chairman Souza** seconded the motion. The motion carried by **voice vote**.

GUBERNATORIAL APPOINTMENT HEARING: **Chairman Martin** welcomed David Jeppesen, under consideration for gubernatorial appointment as the Director of the Department of Health and Welfare (Department). **Director Jeppesen** stated that he is a fifth generation Idahoan who left the state for higher education, then worked overseas, and is happy to have returned home. He believes in the Department's strategic goals and believes Idaho has a leadership role in the United States for providing access to affordable health care. He emphasized the need to give people a hand when they need a hand, and to become as self-sufficient as possible; to break the cycle of poverty; and to be part of the solution to create a healthier, safer, and more self-sufficient Idaho.

DISCUSSION: **Senator Jordan** asked Director Jeppesen to speak to his internal management goals. **Director Jeppesen** outlined his goals to move away from the reactive management model, create transparency and collaboration, to reduce red-tape, and to partner instead of "police". **Chairman Martin** and **Vice Chairman Souza** complimented him on his achievements in such a short period of time in his new capacity as Director.

GUBERNATORIAL APPOINTMENT HEARING **Chairman Martin** welcomed John Tippetts, under consideration for gubernatorial re-appointment as the Director of the Department of Environmental Quality. **Director Tippetts** outlined his strategic plan and process improvements. He spoke to attaining National Pollutant Discharge Elimination System (NPDES) primacy for municipalities and plans to phase in industry by 2021. He identified challenges facing his department: losing long-term staff to retirement and managing Environmental Protection Agency (EPA) submittal actions. **Chairman Martin** expressed his appreciation for Director Tippetts' successful efforts to help Idaho achieve primacy.

S 1129

Tyrel Stevenson, Attorney and Legislative Director, Coeur d'Alene Tribe, presented **S 1129**, to provide for Dental Health Aide Therapists (DHATs), and requested a Do Pass recommendation. This bill represents significant rework of **S 1062** that was held by the sponsor prior to committee action and Mr. Stevenson believes it is a good compromise. **Mr. Stevenson** outlined the changes to the bill as follows: page 3 restricts the scope of practice for dental therapy to tribal reservations with the exception of tribal boundary border communities; page 6 requires that a dental therapist graduate from an American Dental Association (ADA) accredited program; page 12 sets a limit to the number of dental therapists under the supervision of one dentist to three DHATs.

DISCUSSION:

Vice Chairman Souza welcomed the work that went into this compromise and asked for assistance in finding language in the bill that addresses the scope of practice. **Mr. Stevenson** referred her to page 2, line 12, that states the Board of Dentistry will enter into negotiated rulemaking to establish the scope of practice. **Senator Harris** inquired where in Idaho DHATs might practice besides Plummer. **Mr. Stevenson** replied they would practice within the tribal boundaries for each of the five tribal areas and their boundary communities. Discussion ensued regarding the complicated overlap between the Indian Health Service (IHS) and the Public Health Service (PHS). The IHS sets up clinics working with commissioned officers from the PHS. Tribes can contract for services with federal agencies. Practitioners must hire staff working for the IHS, or directly contracted by the tribe. **Senator Harris** inquired where accredited programs are located. **Mr. Stevenson** stated that there is currently only one program in the United States, in Alaska. That program has applied for, and is awaiting, accreditation.

TESTIMONY:

Dr. Rachel Hogan, Doctor of Dental Surgery (DDS), spoke in favor of the bill. Dr. Hogan practices in Northwest Washington and employs a DHAT that was trained in Alaska. She has been in practice for 17 years and travelled to Alaska to observe and assess their program. She stated she was once a skeptic, but is now an advocate for DHATs. The addition of a DHAT makes for a more robust dental team, decreases patient wait times, increases patient load, and brings a component of cultural competency and access.

Rochelle Ferry, DHAT, graduated from the program in New Zealand and spoke in favor of the bill. Ms. Ferry grew up in rural Alaska where women had a cultural habit of smiling with their hands over their mouths to hide dental decay. There is a much higher rate of decay on reservations. At age 16, Ms. Ferry had her two front teeth knocked out and that injury motivated her to pursue training and improve care. DHATs relieve workload on the dentist for routine care by performing fluoride applications, x-rays, and simple fillings, thus allowing the dentist to spend time on crowns and other more complicated procedures. Ms. Ferry was a DHAT for a village reporting to a dentist who made periodic trips to the village as needed. **Senator Jordan** inquired how Ms. Ferry's presence in the village increased dental health awareness. **Ms. Ferry** described home visits to elders accompanied by a registered nurse where she encountered a lot of fear and was able to persuade elders to come into the dental clinic for care.

Dr. Taylor Wilkens, DDS, Dental Director, Plummer Marimn Tribal Clinic, spoke in favor of the bill. He veled to Alaska to assess their DHAT program and was very impressed by what he found, stating it is similar to his own dental school experience. **Dr. Wilkens** reported that the dental therapy student working in the Plummer clinic is well-connected to the community. Dental therapists allow upper-end scope of practice for dental hygienists and dentists.

Michael McGrane spoke in opposition to the bill, on behalf of the Idaho Dental Hygienists Association. Mr. McGrane discussed differences in education levels for a hygienist versus a DHAT, suggesting that hygienist academic requirements are more rigorous. **Vice Chairman Souza** queried if Mr. McGrane would support this new position in the future with additional education requirements. **Mr. McGrane** answered in the affirmative, noting a national trend for this emerging practice. **Chairman Martin** inquired if having the practice limited to reservations provided any comfort level. **Mr. McGrane** replied it does not, adding that he feels that it sets a bad precedent: if a practice is acceptable for a tribal population, it should be applied to everyone.

Dr. Steve Bruce, Doctor of Medicine in Dentistry (DMD), Legislative Liaison, spoke in opposition to the bill on behalf of the Idaho State Dental Association (ISDA). The ISDA opposes creation of a new mid-level practitioner, stating the current workforce model works well and the new level poses a risk to quality of care. Dentists receive 8 to 12 years of post-secondary training. The ISDA supports the changes made to this new bill, while still opposing creation of a new position. The ISDA respects tribes as sovereign, and is therefore neutral.

Michele Watkins, Dental Hygienist, Wood River, American Dental Hygienists Association (ADHA) member, spoke in opposition to the bill. The ADHA was not included in negotiations and had requested to be. **Ms. Watkins** stated that hygienists are the true mid-level dental practitioners and they want to see the same level of care for all Idahoans regardless of tribal affiliation.

Suzanne Jameson, a twenty-year practicing hygienist and member, Idaho Dental Hygienists Association, spoke in opposition to the bill. **Ms. Johnson** listed complex medical conditions that hygienists encounter and noted that the hygienist academic curriculum includes head and neck anatomy coursework. She went on to report that half of the population suffers periodontal disease and the hygienist practice model focuses on prevention, not extraction. The standard of care should be equal for all Idahoans.

Dr. Wayne Spector, DMD, testified in opposition to this bill. **Dr. Spector** stated he graduated from dental school in 1976 and headed to Canada where he observed that decay was rampant and the focus was on restoration, not prevention. He expressed a desire to see all Idahoans treated at the same level of care, including Medicaid recipients. He recommended putting more funding into prevention and to increase hygienist training instead of creating a new mid-level position. **Chairman Martin** inquired if hygienists were widely available. **Dr. Spector** replied that it depended on location.

Dr. Mark Lambert, DMD, spoke against the bill, stating that Medicaid reimbursement, not access to care, is at issue. He expressed surprise that the ISDA position on this issue is neutral. He went on to state that comparing Alaska to Idaho was an "apples-to-oranges" comparison and expressed his opinion that negotiated rulemaking should be conducted before this bill becomes law.

Chantel Eastman, representing the Nez Perce Tribe, testified in support of the bill. **Ms. Eastman** reported that it is difficult to maintain two dentists in the community, as they are drawn away to more affluent opportunities. There is currently only one dentist serving 4,900 patients. DHATs offer a positive impact to the tribal community by bringing qualified professionals who are connected to the community, and with potential for longevity in service. Further, DHATs reduce workload on the dentist in a practice, allowing the dentist to focus on more complex needs.

Dr. Kevin Bauer, DDS, testified in opposition to the bill and gave a history of the advent of DHATs. The position began in 1910 in New Zealand in an effort to ready military recruits for duty. In his opinion, it is a third world, socialized medicine model. Most who enter this career path leave after 2 years to pursue hygienist accreditation. In Idaho, a dental hygiene degree is still needed.

DISCUSSION:

Senator Heider reminded Dr. Bauer that the purpose of this bill was to provide more care to tribal populations and asked if he did not see this as a step forward for those under-served areas. **Dr. Bauer** responded that, if implemented, it is not likely to succeed. According to Dr. Bauer, Minnesota created a dental therapy program that has attracted few students. He went on to report that there is no shortage of hygienists and even the state of Arizona requires the hygienist education model.

Mr. Stevenson reported that this bill uses the Arizona language that Michigan also used and just adopted. This is a Commission on Dental Accreditation (CODA) accredited program. A hygienist interested in the program would have a head-start in the curriculum. **Senator Burtenshaw** expressed confusion over statements made that there was ISDA collaboration, and that they are neutral, yet do not support it. **Chairman Martin** clarified that the association is neutral, but some members oppose it; as does the Board of Dentistry.

Senator Nelson had a question for Dr. Hogan, regarding her testimony that DHATs allow for dentists and hygienists to work at the highest levels for their scope of practice. **Dr. Hogan** explained that DHATs perform simple procedures like exams and cleaning, freeing up time for those other providers.

Senator Bayer asked for confirmation of the ratio of patients to dentists for the Marimn Clinic. **Mr. Stevenson** reiterated that there are 4,900 patients to one dentist. **Senator Lee** commented that some of her constituents were surprised to see this legislation. **Mr. Stevenson** responded that the plan was to promulgate a rule, but the Attorney General's Office informed him that legislation was necessary. **Senator Bayer** recapped her understanding of the matter: dentists do not welcome Medicaid patients; Medicaid expansion could increase Medicaid patients; there are 4,900 patients under the care of one dentist at the Marimn Clinic; and this new provider level could provide relief to tribal populations.

Senator Harris cautioned against adding a new position to an industry that did not ask for it. **Senator Jordan** acknowledged that this is an opportunity to provide care where this is none; a small step, but progress. She also explained that negotiated rulemaking can follow the bill. **Senator Heider**, noting that none of us have to live on a reservation, stated that this bill allows the DHAT position to be tried where the need exists. **Vice Chairman Souza** thanked Mr. Stevenson and Elisabeth Criner for their collaborative effort and stated that there is an immediate need for this support. It is a good opportunity for the tribal population to receive care within their own culture where there have been trust issues. She assured dentists who testified and expressed concern over statewide implementation that this initiative is limited to tribal lands.

MOTION:

Senator Nelson moved to send **S 1129** to the floor with a do pass recommendation. **Senator Bayer** seconded the motion.

**ROLL CALL
VOTE:**

Chairman Martin called for a roll call vote. **Chairman Martin, Vice Chairman Souza, Senator Heider, Lee, Harris, Burtenshaw, Bayer, Jordan, and Nelson** voted aye. **Senator Harris** voted nay. The motion carried.

ADJOURNED:

There being no further business at this time, **Chairman Martin** adjourned the meeting at 5:00 p.m.

Senator Martin
Chair

Margaret Major
Secretary

AGENDA
SENATE HEALTH & WELFARE COMMITTEE
3:00 P.M.
Room WW54
Thursday, February 21, 2019

SUBJECT	DESCRIPTION	PRESENTER
<u>H 58</u>	Relating to Pharmacy ... Provide for the Transfer of Legend Drugs for Donation	Representative Chew
Gubernatorial Appointment: Vote	Vote to Confirm David Jeppesen Department of Health and Welfare	Chairman Martin
Gubernatorial Appointment: Vote	Vote to Confirm John Tippets Department of Environmental Quality	Chairman Martin
Gubernatorial Appointment: Hearing	Gubernatorial Appointment of Kermit Kiebert Department of Environmental Quality	Kermit Kiebert
Gubernatorial Appointment: Hearing	Gubernatorial Appointment of Mark Bowen Department of Environmental Quality	Mark Bowen
Presentation	Alzheimer's Association	David Wilson, Chair Volunteer Ldrship Council

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Martin	Sen Burtenshaw
Vice Chairman Souza	Sen Bayer
Sen Heider	Sen Jordan
Sen Lee	Sen Nelson

COMMITTEE SECRETARY

Margaret Major
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

Sen Harris

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Thursday, February 21, 2019

TIME: 3:00 P.M.

PLACE: Room WW54

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

ABSENT/ EXCUSED: None

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

H 58 **Representative Chew** presented **H 58** relating to pharmacy, to provide for the transfer of legend drugs for donation. The purpose of this bill is to refine and expand on who can donate and receive these medications, and it introduces parameters regarding the sale and reallocation of certain unused medications. Entities that qualify to receive legend drugs must meet certain medically-indigent criteria that includes patients who are not eligible for Medicaid or Medicare, that are uninsured, or have insufficient income. Entities that can dispense include community healthcare centers, free medical clinics, certain behavioral health centers, state charitable institutions, and drug outlets. In addition, donations can be accepted from individuals for certain medications.

DISCUSSION: **Senator Lee** inquired who would make the determination that a patient is medically indigent. **Representative Chew** explained that is usually the prescribing institution.

Senator Bayer asked why drugs about to expire cannot be returned to the manufacturer. **Representative Chew** replied that it was previously a practice by pharmacies that is no longer accepted by manufacturers. In follow up, **Senator Bayer** wondered if a recipient is notified that they are receiving legend drugs. **Representative Chew** assured Senator Bayer that along with very tight quality control and inspection of legend drugs received by a pharmacy, they are also shelved separately to ensure they are only dispensed to indigent patients without charge.

Senator Nelson requested a definition of "legend drug." **Representative Chew** described a legend drug as any medication that requires a written prescription. She further offered that no controlled drugs are included. In follow up, **Senator Nelson** inquired if enteral nutrition supplements were included. **Representative Chew** responded that she was fairly certain that those medications require a prescription, and therefore would be included.

TESTIMONY: **Josh Campbell**, President of the Idaho Association of Free and Charitable Clinics, testified in favor of the bill, stating that it is needed to allow 11 free clinics to accept donated medications.

Jodi Broyles, Idaho State University pharmacy student, testified in support of the bill, reiterating the need for this legislation to allow receipt of legend drugs for donation.

Kris Ellis testified on behalf of the Idaho Healthcare Association (IHA) in support of the bill, adding that the IHA will spearhead a community education campaign.

Dr. Jennifer Adams, Associate Dean of Academic Affairs, Idaho State University College of Pharmacy, spoke in support of the bill on behalf of the College of Pharmacy and also on her own behalf, sharing a personal vignette about high-cost fertility medications. **Senator Heider** had a question for Dr. Adams about quality assurance on medication being donated by individuals. **Dr. Adams** pointed to the legislation that defines sealed manufacturer's containers as a requirement for receipt.

MOTION: **Senator Jordan** moved to send **H 58** to the floor with a **do pass** recommendation. **Senator Lee** seconded the motion. The motion carried by **voice vote**.

GUBERNATORIAL APPOINTMENT VOTE: **Senator Harris** moved to send the Gubernatorial appointment of David Jeppesen to the Department of Health and Welfare to the floor with the recommendation that he be confirmed by the Senate. **Senator Jordan** seconded the motion. The motion carried by **voice vote**.

GUBERNATORIAL APPOINTMENT VOTE: **Senator Heider** moved to send the Gubernatorial re-appointment of John Tippets to the Department of Environmental Quality to the floor with the recommendation that he be confirmed by the Senate. **Senator Harris** seconded the motion. The motion carried by **voice vote**.

GUBERNATORIAL APPOINTMENT HEARING: **Chairman Martin** welcomed Kermit Kiebert, under consideration for re-appointment to the Department of Environmental Quality (DEQ). Mr. Kiebert is a former Minority Leader in the Idaho Senate and joined DEQ 13 years ago. **Mr. Kiebert** stated that the DEQ is a great organization and Director Tippets knows the private sector very well, while being very sensitive to public safety.

DISCUSSION: **Senator Lee** asked Mr. Kiebert what he considers the next big challenges will be for DEQ. **Mr. Kiebert** first commented that he appreciated the work the Governor has done with rules and regulations. DEQ works well with stakeholders in the rulemaking process. He stated that the biggest challenge will be funding for small communities. He gave an example of a community of 60 people that needs \$500,000 for their sewer system, and more for their water system.

GUBERNATORIAL APPOINTMENT HEARING: **Chairman Martin** welcomed Mark Bowen, under consideration for appointment to the Board of the Department of Environmental Quality (Board). Mr. Bowen was born and raised in Utah, and has been a practicing engineer in Idaho for over 34 years providing services to a variety of clients in the environmental arena. **Mr. Bowen** stated that the environment is important to him personally and professionally and he looks forward to the opportunity to serve on the Board and take on this stewardship. Over the course of his career, most people he has encountered have had the environment as their number one priority, but there are complex issues with differing perceptions. With due diligence those complex issues can be addressed to improve the environment. Idaho faces challenges with the Clean Water Act and other issues.

DISCUSSION: **Senator Lee** inquired how, given his active professional status, would he manage any conflict of interest should a project he was supporting come under DEQ's review. **Mr. Bowen** stated that he was encouraged by the Attorney General's Office to bring attention to any projects that may have a conflict and was assured that many individuals in this capacity could find themselves in those same circumstances.

PRESENTATION: **David Wilson**, Chair, Volunteer Leadership Council for the Greater Idaho Chapter of the Alzheimer's Association (Chapter), presented an overview of Alzheimer's disease and related dementias in Idaho. He became involved through his legal practice, which focuses on long-term care. Alzheimer's is 100 percent fatal and is the sixth leading cause of death in Idaho and in the United States. There is no treatment, no prevention, and no cure. Approximately 25,000 Idahoans are suffering from this disease and another 83,000 are caregivers providing millions of hours of unpaid support to them. Cases are projected to increase by 32 percent over the next six years. The cost of care in 2018 was \$139 million in Medicaid funds alone. Those costs are projected to increase to \$193 million in the next six years.

The Chapter works to ameliorate disease management through education courses, early stage and caregiver support groups, a 24-7 help line, memory cafes, and more. They conducted a year-long, statewide needs assessment that culminated in the state plan. The Chapter partners with a number of entities including Boise State University's (BSU) Center for the Study of Aging, the Idaho Commission on Aging, the Department of Health and Welfare, and the American Association for Retired People. The state plan recommends increasing public awareness and access to information, providing specific training to healthcare providers and caregivers, coordinating support services, creating a positive regulatory environment, and developing data collection. **Mr. Wilson** referenced Dr. David Satcher, former Surgeon General and Director of the Centers for Disease Control, who called Alzheimer's the most under-recognized public health threat in the 21st century. He asked legislators to continue to support and engage with community partners, and to update and implement the state plan.

DISCUSSION: **Senator Lee** inquired what barriers are preventing the recommendations from going forward. **Mr. Wilson** responded that there are cultural public health issues, a lack of information, and lack of training for institutional caregivers.

Senator Jordan asked Mr. Wilson what he thinks Idaho needs in the area of law enforcement training. **Mr. Wilson** replied that education in managing these patients is one of the more intractable issues that law enforcement agencies face and should include de-escalation training for first responders.

Senator Harris wondered how families who need support find those resources. **Mr. Wilson** listed support groups across the state, managed largely by volunteers.

Senator Nelson wondered if training for caregivers is broadly available. **Mr. Wilson** responded that there is no formal training and it is not required. Some facilities develop their own training, the Alzheimer's Association provides training, and there are independent trainers. He would like to see some standards and an effort to reduce turnover.

ADJOURNED: There being no further business at this time, **Chairman Martin** adjourned the meeting at 4:02 p.m.

Senator Martin
Chair

Margaret Major
Secretary

AGENDA
SENATE HEALTH & WELFARE COMMITTEE
3:00 P.M.
Room WW54
Monday, February 25, 2019

SUBJECT	DESCRIPTION	PRESENTER
Minutes	Approval of Minutes, January 16, 17, 21, 22	Chairman Martin
Gubernatorial Appointment: Vote	Vote to Confirm Re-appointment of Kermit Kiebert Department of Environmental Quality	Senator Heider
Gubernatorial Appointment: Vote	Vote to Confirm Appointment of Mark Bowen Department of Environmental Quality	Senator Jordan
<u>S 1099</u>	Relating to Child Care Licensing ... To Provide for a Certain Waiver	Senator Souza
<u>S 1034</u>	Relating to Health Insurance ... Provisions Regarding Anticancer Medications	Senator Den Hartog

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Martin	Sen Burtenshaw
Vice Chairman Souza	Sen Bayer
Sen Heider	Sen Jordan
Sen Lee	Sen Nelson
Sen Harris	

COMMITTEE SECRETARY

Margaret Major
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Monday, February 25, 2019

TIME: 3:00 P.M.

PLACE: Room WW54

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

ABSENT/ EXCUSED: None

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 Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:15 p.m.

MINUTES APPROVAL: **Senator Heider** moved to approve the Minutes of January 16th, 17th, 21st, and 22nd, 2019. **Senator Bayer** seconded the motion. The motion carried by **voice vote**.

GUBERNATORIAL APPOINTMENT VOTES: **Re-appointment of Kermit Kiebert to the Department of Environmental Quality.**

Senator Heider moved to send the Gubernatorial re-appointment of Kermit Kiebert to the Department of Environmental Quality to the floor with recommendation that he be confirmed by the Senate. **Senator Jordan** seconded the motion. The motion carried by **voice vote**. Senator Heider will sponsor the appointment on the floor.

Appointment of Mark Bowen to the Department of Environmental Quality.

Senator Jordan moved to send the Gubernatorial appointment of Mark Bowen to the Department of Environmental Quality to the floor with recommendation that he be confirmed by the Senate. **Senator Heider** seconded the motion. The motion carried by **voice vote**. Senator Jordan will sponsor the appointment on the floor.

S 1099 **Relating to Child Care Licensing ... To Provide for a Certain Waiver.**

Vice Chairman Souza advised that teenage drug and alcohol addiction and suicides are escalating in Idaho, and our teens need help. She stated that there is a lack of residential treatment programs for teens 13 through 17 years of age. **Vice Chairman Souza** stated that this is a complete re-write of the bill she originally introduced in the Committee, including a change of code section to Idaho Code § 39-1202. She indicated she has worked with the Governor's office, the Attorney General's office, and the Director and staff of the Department of Health and Welfare to come up with amending language that will work for everyone. This bill, with amendments, offers an exemption from licensing to private programs offering temporary alcohol-drug abuse treatment for teens. The programs will be limited to a period of up to four months. Teens must have a medical doctor's prescription for the program, and their parent or guardian must provide a signed consent form authorizing treatment. The facility must pass safety inspections, and all staff and volunteers must undergo background

checks. **Vice Chairman Souza** requested that the Committee send the bill to the 14th Order for amendment.

MOTION: **Senator Jordan** moved to send **S 1099** to the 14th Order of Business for possible amendment. **Senator Bayer** seconded the motion.

DISCUSSION: **Senator Heider** asked if the fiscal note would still apply after amendment. **Vice Chairman Souza** indicated it is her intention to update the fiscal note.

TESTIMONY: **Denisha Morgan** spoke in opposition to **S 1099**. She stated she is 13 years old, and related her positive experience in an out-of-state licensed treatment center for mental health issues. She expressed concern that Idaho's teens would not get the needed treatment and care in an unlicensed treatment facility.

Vanessa Morgan, Denisha's mother, stated she had objections to the bill as introduced, but most of those objections no longer apply with the proposed amendment. She indicated she still had concerns with the license waiver, but stated she would like to see this move forward, and the parties work with the treatment facilities to help them accomplish licensing.

DISCUSSION: **Senator Lee** thanked Ms. Morgan for her testimony, and assured her that her voice has been heard. She commented that she does not look at this bill as an either-or, but as an option for Idaho's teens.

Vice Chairman Souza emphasized that these temporary treatment centers are for children whose primary problem is drug and alcohol abuse; it is not a program for mental health treatment. She added that the Governor's office is reviewing the requirements for licensing these treatment centers.

VOICE VOTE: The motion to send **S 1099** to the 14th Order of Business for possible amendment carried by **voice vote**.

S 1034 **Relating to Health Insurance ... Provisions Regarding Anticancer Medications.**

Senator Lori Den Hartog, District 22, stated the intent of this legislation is to create co-insurance parity for cancer treatment patient cost regardless of whether treatment is received through IV therapy or taken orally. She advised that currently, if the cost of IV treatment is \$10,000, the patient's cost after deductible is between \$2,000 and \$3,000; and if treatment is taken orally at a cost of \$10,000, the patient's cost after deductible is between \$4,000 and 5,000. **Senator Den Hartog** stated cancer treatment is cancer treatment regardless of form. She commented that Idaho families are grateful that Idaho's private health care insurers cover cancer treatment in some manner; but the cost to the patient should be the same percent of co-insurance whether medication is administered intravenously or taken orally. She advised that 43 other states have passed similar legislation and it is time Idaho did the same.

TESTIMONY: **Thea Zajac**, Director of Government Affairs, The Leukemia & Lymphoma Society, spoke in support of **S 1034**. She reviewed some of the advances in cancer treatment, and how oral medications are treated differently than IV treatment by insurance plans. She indicated that this bill ensures that cost sharing for FDA approved prescription drug treatment is not more than cost sharing for FDA approved IV treatment. She emphasized that under this bill insurers cannot raise the IV treatment cost sharing to the level of the prescription drug cost sharing. **Ms. Zajac** stated that the Leukemia & Lymphoma Society wants to create equity between these two types of cancer treatments to ensure no patient ends up paying significantly more simply because of the type of cancer they have, and that no patient goes without treatment that can save their life.

Jim Morrison, of Post Falls, spoke in support of **S 1034**. He stated he is a 15-year, Stage 4 lung cancer survivor because of a pill called Tarceva, an oral chemotherapy treatment. He indicated a prescription for a month's supply of 30 pills cost him \$6,000, and he took Tarceva for 10 years. Because his deductible was high, each year he paid the first \$6,000 and after that his cost was \$400 per month. He has been off the medication for two years, and is active as a mentor in community cancer support groups.

Charles Seip, also a cancer survivor since a 2001 diagnosis of chronic myeloid leukemia, spoke in support of **S 1034**. He stated his cancer was controlled for 15 years while he took the oral medication Gleevec. His body then developed an intolerance to the drug, and his leukemia came back. He then began taking Sprycel, an oral medication that worked well for him, with tests showing no trace of leukemia. He was able to get assistance with co-pays from the manufacturer of Sprycel for one year and five months, then the manufacturer stopped the co-pay assistance, and his insurance refused to pay for the medication. He was without any medication for a very anxious period of five months while the manufacturer and insurance company tried to negotiate responsibility for payment. The result was a denial of any coverage for Sprycel. Fortunately, his doctor found another drug, Tasigna, which he takes today, but it is causing side effects. He stated that he pays a high premium for insurance, but coverage for medication that could keep him cancer free is being denied.

DISCUSSION: **Senator Jordan** asked Mr. Seip if he incurs additional expense for treatment of the side effects caused by his current medication. **Mr. Seip** responded that he does have extra medical expenses to deal with the side effects.

TESTIMONY: **Dan Zuckerman, MD.**, Medical Director, St. Luke's Mountain States Tumor Institute, a practicing Oncologist, and President of the Idaho Society of Clinical Oncology, spoke in support of **S 1034**. He stated he represents his fellow colleagues, and would like to think he represents the patients he and his colleagues take care of. He indicated support for this bill that imparts equity in how cancer care is covered, whether it is IV treatment or oral treatment. He indicated that doctors are sometimes forced to make difficult and often suboptimal decisions for patients because IV chemotherapy is covered differently than oral chemotherapy. **Dr. Zuckerman** shared the history of a patient with chronic myeloid leukemia, the same disease as Mr. Seip, that should be easily controlled with oral medication. Because of the inequity of how oral chemotherapy is covered, the patient was only able to take the oral medication intermittently for the last five years. She now has acute leukemia, a disease that is not going to be cured. **Dr. Zuckerman** emphasized that nothing in **S 1034** mandates what type of cancer therapy a plan covers, it just says for what they have decided to cover, there should be some equity and fairness in terms of the coverage and the cost distribution to patients for IV treatment versus oral treatment.

DISCUSSION: **Vice Chairman Souza** asked if IV chemotherapy agents are generally more toxic than oral chemotherapy. **Dr. Zuckerman** responded that it really depends upon the type of cancer. He indicated we are in an era now where we are able to subset and tailor therapies depending on the specific type of cancer. He used breast cancer as an example, stating that perhaps 20 percent of breast cancers are HER 2 positive and they are treated most effectively with tolerable IV therapies. However, about 60 percent of breast cancers are hormone sensitive and oral treatment is clearly the most optimal and least toxic. **Vice Chairman Souza** inquired if the oral chemotherapy pill is best for a breast cancer patient, is Dr. Zuckerman's treatment decision based on the cost of the oral chemotherapy or is it that the particular insurance company does not cover

that type of chemotherapy. **Dr. Zuckerman** advised that all insurance carriers cover the new oral therapies, but the costs are not the same.

TESTIMONY:

Luke Cavener, Director of Government Affairs, American Cancer Society Cancer Action Network (ACSCAN), spoke in support of **S 1034**, saying it will modernize Idaho's laws to keep up with the latest research in cancer treatment options by helping to equalize the out-of-pocket costs for oral chemotherapy and IV chemotherapy. He stated that today there are many types of chemotherapy that can be taken as a pill or a liquid, and it is an exciting time to work in cancer advocacy. As research and technology in the fight against cancer continue to evolve, some health care benefit plans have not yet adapted, which has impacted patient access. When chemotherapy is prescribed as an oral medication it is dispensed at a pharmacy and covered under the plan's prescription drug benefit with the patient's co-pay being 40 to 50 percent. Traditional IV chemotherapy is generally covered under the medical plan with a lower cost share of 20 to 30 percent. As a result, cancer patients face higher out-of-pocket costs simply because their chemotherapy is dispensed orally as opposed to intravenously. These high costs impact patients' decisions. **Mr. Cavener** indicated that in a recent study, 84 percent of oncologists said their patients' out-of-pocket spending directly influences their treatment recommendations. He stated that **S 1034** addresses this problem and allows patients and their oncologists to decide on a course of treatment that is based on what is best for the patient rather than on out-of-pocket costs. He concluded that oral therapies are not only increasing survivorship, they are also improving patients' quality of life. Traditional IV therapy may require a caregiver, patients often miss work for treatment, and need transportation to and from appointments; oral medication can be taken in the comfort of the patient's home, usually on a daily basis. Updating Idaho's laws so cancer patients have better access to the advances in cancer care makes sense.

Steve Thomas, attorney, testified on behalf of the Idaho Association of Health Plans (IAHP), a state trade association comprised of many of the health insurers doing business in Idaho. He stated the individual members of IAHP have a great deal of respect for this Committee and certainly for all of their members who face this horrible disease. Speaking in opposition to **S 1034**, he stated IAHP's concerns with this legislation. He indicated that IAHP looks at **S 1034** as a government mandate telling them how they are to do business. He stated the real issue here is the high cost of drugs, and further indicated that **S 1034** is not really a chemo parity bill, it is a one-way chemo parity bill; it indicates carriers must take the out-of-pocket costs for oral medication down to the co-pay for IV therapy. **Mr. Thomas** stated this is good for those patients taking higher priced specialty medications, but would hurt those patients taking generic oral medications costing much less than IV therapy; those taking generic oral medications could see a 90 percent increase in cost. He emphasized the real issue for patients is the increasing costs of cancer medications. He requested that the Committee hold this bill, but if not, he proposed two ways to improve it: 1.) indicate that this applies to FDA approved drugs; and 2.) policies are generally written on a calendar year basis; an effective date of July 1, would cause a problem for insurers.

DISCUSSION: **Vice Chairman Souza** commented that a physician should be able to prescribe the chemotherapy agent, whether IV or oral, that they think is most effective for the particular type of cancer their patient has. She asked if Mr. Thomas would agree with that statement. **Mr. Thomas** indicated he absolutely would. **Vice Chairman Souza** asked if he would also agree that if a health insurance plan lists a certain chemotherapy as part of their coverage, they should then have the same treatment available whether it is a pill or an IV treatment. **Mr. Thomas** responded that IAHP would be neutral on that issue. They want the best, most efficient, care that the doctor prescribes to be available, they also want the chance, through the medical management provisions of the policy, to have a say in that, but ultimately the doctor makes the call. **Vice Chairman Souza** commented that previous testimony from a doctor indicated that many doctors feel they have to check in with the financial side of a policy before they can actually prescribe the medication that they know would most help their patient. She asked Mr. Thomas, if health care plans want to give these patients the best possible medication that the doctor has determined will help them the most, then doesn't he think we need to do something about the difference in these cost factors. **Mr. Thomas** stated the question was difficult, and indicated outrageous pricing is the issue.

TESTIMONY: **Mike Reynoldson**, representing Blue Cross of Idaho (Blue Cross), spoke in opposition to **S 1034**. He stated that the goal of Blue Cross is to provide the best care for members for the best outcomes. He advised Blue Cross now covers 106 different oral cancer prescription drugs. He indicated the price for generics can run between \$4,000 and \$30,000 per year while the price for specialty drugs is between \$100,000 and \$400,000 per year. He emphasized that the Affordable Care Act (ACA) limits an insured's out-of-pocket costs for 2019 to \$7,900; this includes all payments, copayments, deductibles, and coinsurance. Thus, regardless of whether a patient is prescribed an oral cancer medication or cancer IV therapy, the patient's annual cost will be limited to \$7,900. **Mr. Reynoldson** commented that whenever you put something new into the health insurance world something has to give, and it does not always go down; sometimes it goes up. He advised that Blue Cross surveys members on a monthly basis to make sure it is meeting their needs, and to identify trends that it might need to change. He stated that the parity issue addressed in **S 1034** has not arisen in member surveys, and Blue Cross has not had complaints regarding this issue.

DISCUSSION: **Vice Chairman Souza** referenced a coming meeting between big pharmaceutical companies and the federal government regarding escalating drug prices. She asked Mr. Reynoldson whether he thought health insurance carriers would have leverage as a group to influence the price of pharmaceuticals. **Mr. Reynoldson** responded it is a priority to do that. He indicated they could also look at other ideas around transparency, such as why a pharmaceutical might cost less in the United Kingdom compared to the United States, and why the United States is one of the only countries of the world that allows direct to consumer advertising for these drugs as opposed to keeping it in the hands of the physician or the primary care provider.

TESTIMONY: **Norm Varin**, representing Pacific Source Insurance (Pacific Source), spoke in opposition to **S 1034**. He agreed with Mr. Reynoldson that insurance companies certainly want to work together to try to reduce the price of pharmaceuticals, but indicated they need to make sure they pay attention to antitrust rules before appearing on this issue as an industry. He stated that on the issue of oral chemotherapy, Pacific Source works hard to ensure members have access to the appropriate and most efficacious medications to treat cancer. If a member has trouble affording a medication, Pacific Source has dedicated team members to help them navigate financial programs like grants offered by the manufacturers. **Mr. Varin** indicated that during the past year coalitions came forward with concerns about lack of coverage for children who had autism and children with hearing aid devices. He stated that insurance carriers worked with the advocates and the Department of Insurance to solve those problems. He stated, in his opinion, the issue addressed in **S 1034** has not had the same type of conversation. He indicated that Pacific Source benefits already meet the requirements of **S 1034**.

DISCUSSION: **Vice Chairman Souza** commented that it would be to the benefit of the insurance company to focus on what the physician thinks is the most effective treatment for a particular patient. She noted that this could avoid additional costs in the long run. **Mr. Varin** agreed with her statement, and indicated Pacific Source is all about getting patients the best care and the right treatment; however, if the cost of that medication is higher than any other option, that is something they have to face with their benefit design. **Senator Harris** asked Mr. Varin to confirm his previous statement that Pacific Source is already meeting the requirements of **S 1034**. **Mr. Varin** responded that is correct; **S 1034** would not change Pacific Source's benefit design. **Senator Lee** inquired whether any individual taking oral medication would be required to pay the full deductible at a retail pharmacy. **Mr. Varin** responded that they would at most retail pharmacies; however, if the prescription were filled at a facility pharmacy, such as St. Luke's, patients may be allowed to make payments to satisfy the deductible.

TESTIMONY: **Mr. Varin** continued his testimony stating that if **S 1034** does move forward, Pacific Source suggests that the words "and meeting plan coverage criteria" be added to Section 2 at the end of line 16. He stated the reason for this addition is that Pacific Source deploys a whole host of tools, one being that it is an FDA approved drug, to help determine and work with the provider to make sure that what they are approving for that member is the best treatment.

DISCUSSION: **Senator Jordan** questioned whether a licensed oncologist could prescribe a drug that is not FDA approved. **Mr. Varin** acknowledged they could not, but they could prescribe something that is off label that is not indicated for that particular illness. He stated that it is Pacific Source's concern that the language of **S 1034** is too broad.

TESTIMONY: **Marnie Packard**, representing Select Health, spoke in opposition to **S 1034**. She stated that the passage of this bill would impose an additional mandate to the insurers in the State of Idaho, not as a coverage mandate, but as a payment mandate, telling insurers what they can charge for drugs. She reviewed the cost of chemotherapy drugs for Select Health in 2018, indicating that member out-of-pocket cost for oral chemotherapy drugs was actually lower than the IV chemotherapy cost. She stated Select Health has not received a single complaint from any of its members regarding this benefit. **Ms. Packard** commented there is a concern that if this bill is passes, it could lead to other mandates with regard to other diseases that are treated both with infusion therapy and oral therapy.

TESTIMONY: **Dean Cameron**, Director, Idaho Department of Insurance (IDOI), spoke at the request of Chairman Martin regarding a response he wrote to a letter from select legislators regarding oral chemotherapy costs. **Director Cameron** stated that he was not here in an official capacity, but to answer any questions regarding data collected by IDOI from individual and small group plans regarding the use of IV and oral cancer therapies. He indicated the information was gathered at the request of select legislators, and a written report was provided to those legislators on February 11, 2019 (see attachment 1). **Director Cameron** reviewed the results of the research stating that the data shows the cost to Idahoans for cancer therapy is lower if processed as a prescription. He emphasized that an individual covered under an ACA health plan should not be paying more than \$7,900 in out-of-pocket costs in 2019.

DISCUSSION: **Senator Bayer** asked if the \$7,900 out-of-pocket max is on a monthly basis. **Director Cameron** advised it is on an annual basis, and includes both prescription benefits and medical treatment. **Senator Lee** commented that efforts to cover autism and related services as well as hearing aids were initiated by threats of legislation. She noted that although cancer therapy is a more complex issue, perhaps this threat of legislation might motivate people to come to the table to discuss resolutions. She asked Director Cameron to comment on experience in other states with cancer therapy parity issues. **Director Cameron** stated he would pledge his efforts to try to find middle ground to address this issue, with the key being that the consumer pay the least amount possible for cancer therapy. He stated that other states have adopted similar mandates and the jury is still out as to whether they are effective or not effective. **Senator Jordan** referred again to the \$7,900 out-of-pocket cap, and asked if a particular plan does not cover an oral chemotherapy drug, would it not be included in the cap. **Director Cameron** responded that cancer treatment is an essential health benefit, so cancer treatment is covered. What is not covered are experimental treatments or treatments that are outside of the approved treatment possibilities. He stated all of the plans that the IDOI regulates are paying for IV cancer therapy and oral chemotherapy drugs.

Senator Den Hartog concluded that until the drug pricing issue is solved at the national level, she sees this legislation as a potential short-term solution. She indicated the lack of complaints to the IDOI may likely be due to the fact that the physician is trying to work out coverage issues between the patient and the insurance carrier. As to the addition of the language "and meeting plan coverage criteria," she indicated she believes the current language in the legislation does not preclude the carriers from using their normal plan management tools. She indicated that the timing of when the patient must pay the bill for oral chemotherapy drugs is a large part of this issue.

Senator Heider asked if adding the requested language would affect the legislation in a positive or adverse way. **Senator Den Hartog** stated it is her belief that the existing language allows the insurance company to use plan coverage criteria. So while the requested added language may be more specific, she does not believe it is necessary. **Senator Harris** asked Senator Den Hartog to address FDA approved drugs and an effective date. **Senator Den Hartog** indicated carriers would need time to prepare their plans to submit to the Department of Insurance for approval. Regarding FDA approval, she indicated it is her understanding that none of the carriers cover non-FDA approved medications, and she does not believe the added reference is necessary. **Senator Lee** commented that if these requested additions do not change the substantive pieces of **S 1034**, and it would assuage concerns and reduce conflict, perhaps that would be a good step. **Senator Den Hartog** stated she would leave that to the discretion of the Committee, but considering the timing she would hesitate to send it to the 14th Order of Business for possible

amendment. **Vice Chairman Souza** asked if the suggested additional language "and meeting plan coverage criteria," would cause the bill to have a different tone or effectiveness. **Senator Den Hartog** responded that she did not think it would change the intent of the legislation.

MOTION: **Senator Bayer** moved to send **S 1034** to the floor with a **do pass** recommendation. **Senator Jordan** seconded the motion.

DISCUSSION: **Senator Harris** commented that he is not really comfortable with what the bill would do and the possible unintended consequences.

SUBSTITUTE MOTION: **Senator Heider** moved to send **S 1034** to the 14th Order of Business for possible amendment. **Vice Chairman Souza** seconded the motion.

ROLL CALL VOTE: **Chairman Martin** called for a roll call vote on the substitute motion. **Chairman Martin, Vice Chairman Souza, Senators Heider, Lee, Harris, and Burtenshaw** voted aye. **Senators Bayer, Jordan, and Nelson** voted nay.

ADJOURNED: There being no further business at this time, **Chairman Martin** adjourned the meeting at 5:17 p.m.

Senator Martin
Chair

Margaret Major
Secretary

Assisted by Lois Bencken

State of Idaho
DEPARTMENT OF INSURANCE

BRAD LITTLE
Governor

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DEAN L. CAMERON
Director

MEMORANDUM

DATE: February 11, 2019
TO: Senator Fred Martin
FROM: Director Cameron, Director
SUBJECT: Oral Chemotherapy

Chairman Martin,

Last March, I received the attached letter from some legislators regarding Oral Chemotherapy. I wanted to bring this to your attention and let you know that the Department has issued a response, also attached.

Please let me know if you have any questions.

Sincerely,



Dean L. Cameron
Director
Idaho Department of Insurance
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JOHN VANDER WOUDE
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House of Representatives State of Idaho

RECEIVED
ID. DEPT. OF INSURANCE

MAR 29 2018

March 27, 2018

MAJORITY CAUCUS CHAIRMAN

Director Dean Cameron
Department of Insurance
3rd Floor, 700 W State St,
Boise, ID 83702

Dear Director Cameron,

We would first like to thank you for your time and participation in the informational hearing for oral chemotherapy parity this legislative session. Thank you for coming and presenting the history and overview of this issue as well as an overview of the pharmacy benefit versus the medical benefit as that is a large part of this debate.

The topic of oral chemotherapy parity has been an ongoing discussion in our state for many years without resolve. We believe that there are disparities in the way the oral chemotherapy and intravenous chemotherapies are covered by insurance companies. In an effort to better understand the position that these disparities do or do not exist, we held this informational hearing so that all of the parties involved could come together and present their information regarding this issue. This hearing was a platform to move forward as a group under your guidance to identify issue and search for possible solutions. We appreciate your commitment to hosting and facilitating meetings with the many stakeholders during the interim, and we thank you for your assistance in gathering information surrounding this issue through the resources of the Department of Insurance and your staff.

It is noteworthy that among the many presenters at the informational hearing, absent was anyone representing the insurance industry, even though they had received a specific written request from the senate committee chairman to attend. In order for all of the stakeholders to better understand the industry's position, we request you ask the major insurance companies in Idaho to present their rationale for their patient cost-sharing model for IV cancer medicines and how it compares to their rationale for their patient cost-sharing model for oral cancer medicines in the pharmacy benefit.

We realize that their companies offer a wide variety of insurance plans in the individual and group markets in Idaho, and we are not asking you to collect data on all the various options. We would appreciate an outline however of the patient out-of-pocket costs based on their standard silver individual plans. This will allow us to see the comparison of out-of-pocket costs for both IV and oral chemotherapies.

Sincerely,

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State of Idaho
DEPARTMENT OF INSURANCE

BRAD LITTLE
Governor

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DEAN L. CAMERON
Director

February 11, 2019

Senator Lee Heider
1631 Richmond Dr.
Twin Falls, ID 83301

RE: Oral Chemotherapy

Dear Senator,

Thank you for your letter of March 27, 2018. I wanted to take a minute to report back as to the actions that the Department of Insurance (DOI) and I participated in since that letter and to provide for you some up-to-date data and information as you consider this important public policy decision.

Please be aware we did this research and started this letter and the information contained herein prior to any piece of legislation being introduced. My response and this information are not intended to express a position of either the DOI or the Executive Branch on this issue.

After receipt of this letter, the DOI and I held multiple meetings with the insurance industry and met separately with proponents of oral chemo parity. At the meetings, we heard from proponents that: 1) Oral chemotherapy was not being paid by the carriers; 2) If it was being paid, it wasn't being paid in a beneficial manner as IV chemotherapy; 3) There were barriers to consumers receiving oral chemotherapy.

Following receipt of that information, we issued a data request to all carriers offering benefits in the individual and small group market. (We are unable to obtain information for self-funded plans or for plans that are in the large group market at this point.) After receiving hundreds of pages of data back from the carriers, our staff was able to analyze it and decipher it down into the attached document. The data collected represents over 200,000 covered lives in Idaho, which is, again, primarily those in the individual and small group market.

Although I would encourage you to read the attached sheet carefully, I thought I would point out a few key points.

1. Although this issue has been introduced for years, ten years ago, the Legislature working with carriers and advocates, agreed on a path where insurance carriers committed to pay for oral chemotherapy if it is most efficacious.
2. This study showed that 2,300 Idahoans are receiving oral chemotherapy versus 900 who are receiving IV infusion chemotherapy.
3. 2,000 of the 2,300 Idahoans who are receiving oral chemotherapy do so as a generic drug and therefore obtain their oral chemotherapy for an average cost of \$10.00.

4. However, in no event is the consumer paying more than the maximum out-of-pocket allowed under the plan, through medical or prescription.

On average, the data shows the cost to Idahoans is lower if processed as a prescription.

Let me conclude by thanking you for the opportunity to provide information to you and to provide this research. I'm more than happy to answer any questions that you may have or to pursue the issue further.

Sincerely,

Dean L. Cameron
Director, Idaho Dept. of Insurance



**2017 Medical and Prescription Chemotherapy Claims Results
Individual and Small Group Commercial Health Insurance Markets**

DOI requested oral and infusion chemotherapy claims data from major individual/small group market carriers. All carriers responded to the requests with frequency and severity claims data separated by medical service location or drug tier allocation. Please note that DOI has not validated the submitted data against any other dataset and must rely on the accuracy of each carrier's submission.

The data represented slightly under 200,000 covered lives through the individual and small group market in 2017, who had roughly \$800 million in claims.

Of those 200,000 lives, 900 received chemotherapy through IV/infusion (non-Rx) with 5,500 claims. There were 300 that took non-generic oral chemotherapy (Rx) with 1,800 non-generic oral chemotherapy prescriptions filled and 2,000 that took generic oral chemotherapy with 8,400 generic oral chemotherapy prescriptions filled.

There was a total \$20 million claims paid for non-Rx chemotherapy, of which 91% occurred at facilities and 9% occurred at professional settings. The average claim at facilities was \$4,500, and the average claim at professional settings was \$1,300.

There was a total \$11 million claims paid for Rx chemotherapy, of which 12% was generic drugs at an average cost of \$200 per script, 6% was brand name drugs at an average cost of \$1,700, 74% was specialty drugs at an average cost of \$6,200, and 8% was non-formulary but covered drugs at an average cost of \$10,500 per script.

Enrollee costs for all covered services are subject to any deductible, coinsurance, copays, and out-of-pocket maximums. Due to the high cost of chemotherapy, the average enrollee cost per service or script skews toward zero. The enrollee's cost for any specific service or prescription will vary greatly depending on the enrollee reaching the deductible or out-of-pocket maximum - much more than the coinsurance or copay for a given service or prescription.

In the 2017 data from carriers, the enrollee paid on average \$110 (or 2%) of the \$4,500 cost per treatment in a facility and \$80 (or 6%) of the \$1,300 cost per treatment in a professional setting. The enrollee paid on average \$15 (or 8%) of the \$200 generic prescription cost, \$150 (or 9%) of the \$1,700 brand name prescription cost, \$320 (or 5%) of the \$6,200 specialty prescription cost, and \$1,400 (or 13%) of the \$10,500 non-formulary but covered prescription cost.

2017 Non-Rx Chemotherapy Costs		\$20,000,000	Individual & Small Group	
Medical Service Location	Average Cost Per Claim	% of Total Medical Cost	Average Enrollee Cost Per Claim	Enrollee Paid Percentage
Facility	\$4,500	91%	\$110	2%
Professional	\$1,300	9%	\$80	6%
	Claims	Lives		
Total Medical	5,500	900		

2017 Rx Chemotherapy Costs		\$11,000,000	Individual & Small Group	
Prescription Tier	Average Cost Per Prescription	% of Total Rx Cost	Average Enrollee Cost Per Claim	Enrollee Paid Percentage
Generic	\$200	12%	\$10	5%
Brand	\$1,700	6%	\$150	9%
Specialty	\$6,200	74%	\$320	5%
Non-formulary	\$10,500	8%	\$1,400	13%
	Prescriptions	Lives		
Generic Rx	7,400	2,000		
Non-Generic Rx	1,800	300		
Total Rx	9,200	2,200 (some overlap generic/non-generic use)		

Senator Lee Heider
1631 Richmond Dr.
Twin Falls, ID 83301

Senator Jim Guthrie
320 S. Marsh Creek Road
Inkom, ID 83245

Senator Lori Den Hartog
PO Box 267
Meridian, ID 83680

Representative Judy Boyle
PO Box 57
Midvale, ID 83645

Representative
John Vander Woude
5311 Ridgewood Road
Nampa, ID 83687

Representative Brent Crane
PO Box 86
Nampa, ID 83653

Representative Melissa Wintrow
1711 Ridenbaugh St.
Boise, ID 83702

AGENDA
SENATE HEALTH & WELFARE COMMITTEE
3:00 P.M.
Room WW54
Tuesday, February 26, 2019

SUBJECT	DESCRIPTION	PRESENTER
	Suicide Prevention Report	Dr. Linda Hatzenbuehler Suicide Prevention Council Stewart Wilder Suicide Prevention Coalition Elke Shaw-Tulloch Department of Health and Welfare Bob Polk Idaho Suicide Prevention Action Collective

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Martin	Sen Burtenshaw
Vice Chairman Souza	Sen Bayer
Sen Heider	Sen Jordan
Sen Lee	Sen Nelson
Sen Harris	

COMMITTEE SECRETARY

Margaret Major
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, February 26, 2019

TIME: 3:00 P.M.

PLACE: Room WW54

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

ABSENT/ EXCUSED: None

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 Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:15 p.m.

PRESENTATION: Suicide Prevention Report.

Dr. Linda Hatzenbuehler presented the 2018 annual report of the Idaho Council on Suicide Prevention (Council), a geographically representative group of individuals appointed by the Governor's office. She provided the Committee with a document summarizing the vision and goals of the Council, together with statistics on death by suicide in Idaho, and fiscal year 2020 funding requests (see attachment 1). She advised that the Council is very careful today about how they use language associated with death by suicide. She explained that the terms "committed suicide" and "successful suicide" are inappropriate and no longer used. Instead, it is referred to as "death by suicide". **Dr. Hatzenbuehler** emphasized suicide is a type of death that can be prevented. She advised that the 2015 Legislature, with SCR 104, asked the Health Quality Planning Commission (HQPC) to develop a prioritized list of initiatives to address deaths by suicide in Idaho. Dr. Robert Polk, then chair of the HQPC, recommended to the 2016 Legislature that state resources be allocated to suicide prevention, including the suicide hotline, activities in public schools, the development of a state program for suicide prevention, and a public awareness campaign; his recommendations were funded this past year. She advised that during the past year, the Idaho Suicide Prevention Coalition, a large group of individuals concerned about Idaho's death by suicide, worked together to update Idaho's 2011 suicide prevention plan.

Stuart Wilder, President of the Idaho Suicide Prevention Coalition (ISPC), a member of the Governor's Council on Suicide Prevention, and representing LiveWilder Foundation, provided the Committee with details regarding the organization and work of the ISPC, a group of 50-plus individual stakeholders from government and non government organizations who met every three weeks, and intermittently by phone and e-mail, between May and August of 2018, and continues regular meetings to-date. He advised that ISPC raised \$90,000 in private funds to hire a contracted facilitator with administrative support provided by the Idaho Department of Health and Welfare. In addition, he noted over \$200,000 in private and public sector funding and in-kind support that helped to develop a comprehensive plan for suicide prevention and awareness: the 2019 Idaho Suicide Prevention System Action Plan. **Mr. Wilder** advised that on August 15, 2018 the now-formed Idaho Suicide Prevention Action Collective (ISPAC) was chartered, and has a mission and vision to continue the plan to reduce suicides by 20 percent by 2025. He stated that the members recognize that this multi-year

project, and a statewide collaborative effort is imperative, if Idaho is going to reduce suicide rates.

Denise Johnson, representing the Center for Drug Overdose and Suicide Prevention (Center) within the Division of Public Health, Idaho Department of Health and Welfare, presented on behalf of Elke Shaw-Tulloch. She stated the Center's focus is to help build resilient communities and support innovative approaches to addressing suicide prevention and drug overdose. She indicated suicide is a complex social issue, and takes a coordinated, multifaceted approach to affect long-term change. **Ms. Johnson** provided statistics related to Idaho deaths by suicide, the resultant disruption to family and friends, and the economic cost from fatal and non fatal attempts. She stated suicide is preventable in every instance. She indicated ISPAC is a group of individuals representing communities and businesses across the state, all of whom have been committed to one another during the creation, and now implementation, of the 2019 Idaho Suicide Prevention System Action Plan.

Dr. Bob Polk spoke on behalf of ISPAC, stating that the charge of ISPAC is to make sure that the 2019 Idaho Suicide Prevention System Action Plan (Plan) is accomplished over five years. ISPAC must also come up with an annual plan and budget, and ensure that all the work is done, whether it is by the local regional teams or the six key performance area teams that are part of the plan. He indicated that once ISPAC is funded they will go through a discernment process to delineate the exact structure of the collective model, and hire an executive director who will keep ISPAC and its sub teams on track. **Dr. Polk** advised that with the Committee's strong support last year, ISPAC received improved funding for the hotline, dollars to support training in schools, multiple communication tools to the public, and creation of the Suicide Prevention Program Office. He gave an example of an outcome – as a result of just one part of the gatekeeper training directed at schools, it is projected that in 80 schools in the fall semester of 2018, over 200 students did not make a suicide attempt who otherwise would have. He stated that ISPAC has fulfilled the intent language of SCR 104 (2015). He hopes that the Joint Finance-Appropriations Committee will recognize that ISPAC has created a way forward, and provide funding necessary for a sustainable and accountable collaboration of the private and public sector to eliminate suicide.

DISCUSSION:

Senator Jordan stated that she is very supportive of the plan. She commented, however, that she did not see statistics regarding LGBT youth, and feels it is important to include those kids, because leaving them in a position where they are not feeling heard might add to their despair. She stated that she has read statistics showing LGBT youth attempt suicide at least three times the rate of straight youth. **Dr. Polk** indicated it has been mentioned in monthly meetings that there are other people that want to be involved, and ISPAC needs to make sure that it can create a mechanism for that to happen. **Vice Chairman Souza** referred to Dr. Polk's statement that during a certain period, in 80 schools, 200 students did not make a suicide attempt who otherwise would have, and asked how this was determined. **Dr. Polk** responded that those projections are based upon the youth risk behavior survey data which showed that 21 percent of Idaho public and charter high school youth are suicidal. He added that through the gatekeeper training the staff and teachers received in those 80 schools, they picked up on youth who were suicidal, and referred them for care. **Vice Chairman Souza** then asked, of those who make an attempt, how many actually die by suicide. **Dr. Polk** advised the number of attempts are not actually known. Many individuals who make attempts never seek medical care, and if they do, ISPAC does not have access to records. There is no statewide database that records suicide attempts. He noted that the studies that have been done show approximately 25 attempts for every one death by suicide.

Senator Burtenshaw noted that materials provided for the Committee show that Idaho ranks fifth in the United States for suicide. He asked Dr. Polk if he had any idea why the Idaho suicide rate is so high. **Dr. Polk** indicated it may partly be due to our rural nature, lack of social connections and socialization, easy access to lethal means, and lack of access to good behavioral health care.

Chairman Martin commented that he thought he heard that we have an average of one suicide per day in Idaho. **Dr. Polk** responded it is actually 1.7 per day. **Chairman Martin** asked if talking about suicide with someone you feel may have suicidal thoughts helps or hurts. **Dr. Polk** responded that talking about suicide will not put that idea in someone's head. If someone is extremely depressed or they are having thoughts of suicide, they have already reached that point. The important question is to ask them if they are suicidal, if they need help, if they are okay.

Dr. Hatzenbuehler commented that one of the cultural changes that needs to happen in order for us to truly impact the rate of death by suicide in Idaho, is that all of us must become comfortable with asking and talking about those kinds of things with people we love and know. **Chairman Martin** requested that Dr. Hatzenbuehler review the public/private partnership with a local parking garage which had experienced suicide attempts. **Dr. Hatzenbuehler** deferred to Kim Kane for a response.

Kim Kane, Suicide Prevention Program Director, Idaho Department of Health and Welfare, advised that one of six public parking structures in Boise experienced behavioral health calls to the Boise Police, including suicide attempts. The program had a great collaboration with the Capital City Development Corporation, who manages the garage. They put up a barrier and provided training for their parking attendants, and also installed signs with the phone number for the suicide hotline within the garage.

Dr. Hatzenbuehler advised that after asking someone if they are having suicidal thoughts, and they indicate that they are, one needs to be able to go on and ask if they have a plan, and if there are means associated with that plan. She suggested using the following language: "Let's remove those means for a period of time, not forever; I need to keep you safe."

Chairman Martin thanked all of the presenters for the information they provided on this extremely important issue.

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

Senator Martin
Chair

Margaret Major
Secretary

Assisted by Lois Bencken

ELIMINATE DEATH BY SUICIDE

The Vision: Eliminate Suicide in Idaho

“Anything less than a moonshot is a disservice to the people of Idaho...”

—Samuel Pullen, DO, Medical Director, Psychiatric/Behavioral Health, St. Luke's Health System

The Mission: To create an effective, coordinated and integrated approach to support all Idahoans at risk of suicide and those who are bereaved by suicide loss through evidence-based approaches with outcomes that can be measured for impact.

The Goal: Achieve a 20% reduction in Idaho suicide rates by 2025

Suicide in Idaho

Ranked **5th** in the U.S. for suicide per capita in 2017

7th leading cause of death

Middle-aged and older Idaho males die at rates **3 to 5 times higher** than the national rate

2nd leading cause of death for those age 15 to 44

Firearms account for **61%** of all suicides

Suicide: What is True

Asking someone directly if they are thinking of suicide will not “put the idea in their head.”

Instead most will be relieved that someone asked, and asking creates connection which can lower risk and open the door to hope and help.

The vast majority of those who become suicidal recover.

Most who engage in suicidal thinking or behavior get better, in fact, about 90% of those who make suicide attempts engage in life and never go on to die by suicide.

The Cost of Suicide



Each suicide in Idaho results in **\$1.5 million** in lost productivity.

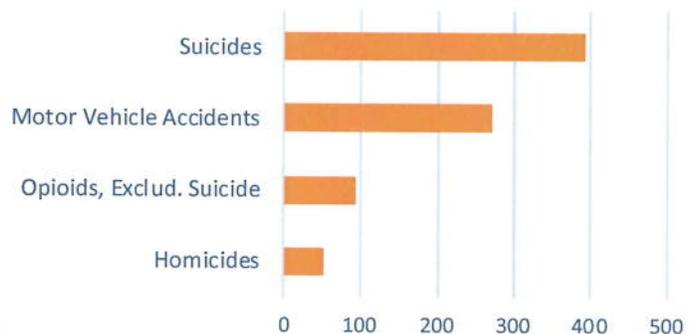
A 10% reduction in 2017 suicide deaths and attempts would result in savings of **\$58 million** in foregone productivity and **\$7.2 million** in medical care costs for non-fatal attempts.

The cost of suicide to surviving family members is **immeasurable**. They not only suffer the trauma of losing a loved one but may be at higher risk of suicide and physical and emotional problems.

*Based on calculation Constructed by Niel Piland, Dr. P.H. while at ISU in 2015

In 2017, Idaho lost 393 people to suicide.

Number of Deaths by Cause: Idaho 2017



Idaho Suicide Prevention Plan

2018 Legislative intent language and efforts by the Idaho Suicide Prevention Coalition, the Idaho Council on Suicide Prevention, the Idaho Department of Health and Welfare and others led to a planning process, facilitated by a professional facilitator to create a new, comprehensive Idaho Suicide Prevention Plan. A team of over 50 state, regional and local stakeholders participated in all or part of this process and represented a wide range of interests, constituents, public and private partners, lived experience and loss survivors of suicide. Collectively, this group invested over \$200,000 in financial and in-kind resources and committed over 3,700 person hours to this task.

The Planning Team included those from:

Idaho Council on Suicide Prevention
Idaho Suicide Prevention Coalition
Panhandle Health District
Idaho Commission on Aging
Adult Corrections
Juvenile Corrections
Legislative Services Office
Boise Police Department
Senate and House
Governor's Office
Saint Alphonsus Health System
St. Luke's Health System
Idaho Suicide Prevention Hotline
Health Quality Planning Commission
Kootenai Health
Tribal Health
Eastern Idaho Regional Behavioral Health
Clinical Representatives
Counseling Professor

Optum Idaho
Shoshone Medical Center
Idaho Department of Health and Welfare
Idaho Department of Education
Suicide Prevention Action Network
American Foundation for Suicide Prevention
National Alliance on Mental Illness
Idaho Rural Health Association
Idaho School Administrators Association
Idaho Education Association
Coroners Association
Jason Foundation
Idaho Voices for Children
The Speedy Foundation
Live Wilder Foundation
Veterans Administration

Contributing Private Partners included:

Blue Cross of Idaho Foundation
for Health

Laura Moore Cunningham
Foundation

Saint Alphonsus Health System

St. Luke's Health System & St.
Luke's Children's

J.A. and Kathryn Albertson
Family Foundation

A Community-Centered Approach

The Suicide Prevention Plan is a community centered approach bringing together multiple partners, agencies and stakeholders to build capacity and implement the plan. While foundational aspects will be supported statewide, communities will drive implementation efforts to ensure the individualized needs of each community.

Priority Initiative Funding Request for SFY2020

\$1,026,100 New Funding Request for SFY20 to support redirected existing appropriation:

- ◆ \$291,400 new funding for a statewide gap analysis to better understand statewide capacity to address suicide; support a statewide collaborative structure at the state and local level; support school-based policy development and implementation and support statewide cohesion of partner and stakeholder activities
- ◆ \$315,000 new funding for a robust training infrastructure statewide including a cadre of trained individuals that serve as master trainers in a variety of methodologies as well as subject matter experts
- ◆ \$302,500 new funding for implementation of the Zero Suicide model in two pilot areas of Idaho in the healthcare system that bridges the clinical and community support for people at risk of suicide
- ◆ \$117,200 new funding for the Idaho Suicide Prevention Hotline to: increase 24/7 capacity for call, text and chat, and; provide crisis service support for county jails, local crisis centers, and hospitals
- ◆ Redirect ongoing \$1,335,200 appropriation for suicide prevention to align with the FY19-20 Action Plan and support new funding requests
- ◆ Redirect, where appropriate, existing initiatives to align with the FY19-20 Action Plan
- ◆ Includes initiatives that encourage private sector support for the Idaho Suicide Prevention statewide plan
- ◆ Funding is focused on building capacity and infrastructure in year one to ensure successful statewide adoption and implementation

AMENDED AGENDA #1
SENATE HEALTH & WELFARE COMMITTEE
3:00 P.M.
Room WW54
Thursday, February 28, 2019

SUBJECT	DESCRIPTION	PRESENTER
Gubernatorial Appointment: Hearing	Reappointment of Dr. Linda Hatzenbuehler Department of Health and Welfare	Dr. Linda Hatzenbuehler
Gubernatorial Appointment: Hearing	Appointment of Dr. Timothy Rarick Department of Health and Welfare	Dr. Timothy Rarick
Gubernatorial Appointment: Hearing	Reappointment of Darrell Kerby Department of Health and Welfare	Darrell Kerby
Gubernatorial Appointment: Hearing	Reappointment of Jim Guiffre Department of Health and Welfare	Jim Guiffre

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Martin	Sen Burtenshaw
Vice Chairman Souza	Sen Bayer
Sen Heider	Sen Jordan
Sen Lee	Sen Nelson
Sen Harris	

COMMITTEE SECRETARY

Margaret Major
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Thursday, February 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.

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

GUBERNATORIAL APPOINTMENT HEARING: **Chairman Martin** welcomed Dr. Linda Hatzenbuehler, under consideration for reappointment to the State Board of Health and Welfare (Board). **Dr. Hatzenbuehler** shared that she retired as a professor from Idaho State University in 2016 after forty years as a State of Idaho employee. Her first position was with the Department of Health and Welfare (Department). She is indebted to the Department for their assistance in helping her to continue the pursuit of her doctoral study. She left Kent State University after the student shooting in 1970 and was able to complete her degree in Idaho with their support. Since her retirement, she has become a full-time volunteer for the State of Idaho. She is still a licensed, practicing psychologist focusing on forensic evaluations for the courts. She is committed to improving services to people so that they become productive citizens.

DISCUSSION: **Chairman Martin** thanked Dr. Hatzenbuehler personally for her work on suicide prevention and her willingness to continue to serve on the Board.

Senator Heider added that he has served with her on the Board and spoke highly of her service.

GUBERNATORIAL APPOINTMENT HEARING: **Chairman Martin** welcomed Dr. Timothy Rarick, under consideration for appointment to the State Board of Health and Welfare (Board). **Dr. Rarick** stated that he is a Utah native who attended the University of Utah and obtained a bachelor's degree in Human Development and Family Studies before completing a master's degree and doctorate from Kansas State University in Marriage, Family, and Human Development. He taught there for four years before taking a position eight years ago as a professor at Brigham Young University Idaho in the Department of Home and Family. His focus is on parenting, child and family advocacy, and child development. He and his family have come to enjoy Idaho. He also works with non-governmental organizations (NGOs) to empower and educate parents on how to talk to their children about sex, intimacy, and safety. He has spoken on several occasions before the United Nations, working with delegates on a number of societal issues including gender equality, empowerment, poverty, and sustainable development. **Dr. Rarick** believes family capital is the solution to many of these problems. He works closely with Native American tribes to focus on the critical role of parenthood and reported tremendous improvement in addiction rates, stating that the opposite of addiction is connection.

DISCUSSION: **Senator Harris** thanked Dr. Rarick and asked what goals he hopes to accomplish while serving on the Board. **Dr. Rarick** offered that he hopes to focus on family impact and mental health: suicide prevention, addiction, and foster care. He went on to state that the family is the most humane, economical, and powerful system for building competence and character.

Vice Chairman Souza expressed appreciation for Dr. Rarick's statement that the opposite of addition is connection and asked him to expound on that concept. **Dr. Rarick** explained that for years, the opposite was considered sobriety. Research now supports that a lack of connection is at issue. We are wired to connect, and more and more we are disconnecting wirelessly. There is a rise in anxiety and depression in adolescents linked to screen addiction. There are three critical connections: to Self, to family, and to a higher power. In their absence, people will try to fill the void. **Vice Chairman Souza** asked Dr. Rarick for his opinion on whether the public school system fosters family strength. **Dr. Rarick** suggested that parents rely too much on the schools and in some cases schools are replacing families. **Dr. Rarick** believes there is a role for schools in teaching human relationships and cited sex education as a good example. The best partnership is when parents and schools work together, but many families are too busy or are disconnected because of family dysfunction. **Vice Chairman Souza** expressed her opinion that the public school system has taken an adversarial position and shows disrespect for the role of parents.

Senator Jordan wondered in what areas Dr. Rarick felt he might need mentoring or further exploration. **Dr. Rarick** replied that to be useful in this role he will need to bridge social science and public policy. **Senator Jordan** asked how we might support those who do not have family support systems. **Dr. Rarick** stated that the local entity knows the local culture and needs and recommended empowering those local entities with funding and resources; to employ cultural strengths so that individuals without families at least feel love and support from their community. The preventive piece is to help families not break down; the reparative piece is to help them understand that there is support and a way forward.

GUBERNATORIAL APPOINTMENT HEARING: **Chairman Martin** welcomed Darrell Kerby, under consideration for reappointment to the State Board of Health and Welfare (Board).

DISCUSSION: **Darrell Kerby** shared that he was born and raised in Bonners Ferry, Idaho, where he still lives. He owns an insurance company and real estate company, and has been an elected official his whole adult life. He served on the city council for 20 years, as mayor for eight years, and served in this esteemed body as a substitute for Senator Keough. He founded a community health center that serves 20,000 residents in Bonner and Boundary Counties. He has served on the Board for a number of years and is the current chairman. Mr. Kerby graduated from the University of Idaho with a bachelor's degree in education and from Gonzaga University with a master's degree in education.

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

DISCUSSION: **Vice Chairman Souza** wondered what Mr. Kerby finds to be the greatest challenge for the Board and if he anticipates a change under the new director for the Department of Health and Welfare (Department). **Mr. Kerby** reported that the new director has already brought insight, a different viewpoint, and a wealth of knowledge. Governor Little has also laid out new rules that affect the Department. Mr. Kerby is amazed at the depth and breadth of responsibility that the Department oversees. **Vice Chairman Souza** asked what he sees as the role of the Board. **Mr. Kerby** referenced the empowerment clause that places some new legislation under the supervision of the Department director and other legislation under the purview of the Board. The majority of Board action pertains to those areas where it is the responsible party for approving changes to rules and regulations.

Senator Heider shared that as Board Chairman, Mr. Kerby introduced a policy change that allowed the public to testify before the Board. Senator Heider found it to be very useful and thanked him for his good leadership.

Senator Jordan wondered how we might better partner with city and county entities. **Mr. Kerby** responded that a great concern at the local level is how law enforcement interfaces with people in mental health crises, and also the lack of adequate resources in rural communities.

GUBERNATORIAL APPOINTMENT HEARING: **Chairman Martin** welcomed Jim Giuffré under consideration for reappointment to the State Board of Health and Welfare. Mr. Giuffré informed the Committee that he has been a resident of Idaho for forty years and has three children and three grandchildren. He obtained a bachelor's degree in biology from the University of California Santa Cruz and a master's in public health from the University of California at Berkeley. He was a health educator in Twin Falls, and later a district health director in the Lewiston area before becoming the Central District Health Director. He is passionate about providing access to healthcare for Idahoans. He recently retired from Healthwise where he served as Chief Operating Officer, an organization based here in Boise that provides evidence-based medicine in consumer-plain language distributed worldwide. The Healthwise philosophy is to help people make better health decisions in partnership with their providers. Since retiring, he serves on several boards, including the St. Luke's Health Partner's Board that is changing from fee-for-service to value-based care. He also serves on national non-profit boards that provide services throughout the world to under-served countries and underprivileged populations. He is very impressed with the quality of the staff at the Department of Health and Welfare (Department), their understanding of the mission, and their dedication to improving the health of Idahoans.

DISCUSSION: **Vice Chairman Souza** shared that she toured the St. Luke's Telehealth program, stating it was the future of healthcare and that she found it fascinating.

Senator Harris asked Mr. Giuffré what he felt will be the biggest change in healthcare in the coming years. **Mr. Giuffré** stated the transition to value-based care that only pays for outcomes, a process he anticipates is ten years out, but that will significantly improve healthcare delivery.

Senator Heider commended Mr. Giuffré for his work in the development of the Idaho Healthcare Exchange.

Senator Nelson inquired about any opportunities in the Department to deploy technology more effectively. **Mr. Giuffré** reported that the amount of technology developed as part of the State Health Improvement Plan (SHIP) is phenomenal in its ability to gather and share data to help identify populations with the greatest

need. Electronic health records is another opportunity; to derive data on social determinants of health like housing and nutrition to provide the best pathway to better health.

ADJOURNED: There being no further business at this time, **Vice Chairman Souza** adjourned the meeting at 3:45 p.m.

Senator Martin
Chair

Margaret Major
Secretary

AGENDA
SENATE HEALTH & WELFARE COMMITTEE
3:00 P.M.
Room WW54
Monday, March 04, 2019

SUBJECT	DESCRIPTION	PRESENTER
H 151	Relating to Food Establishments ... Regarding Certain Fees	Senator Guthrie
H 109	Relating to Maternal Death ... Regarding a Maternity Mortality Review Committee	Susi Pouliot, CEO Idaho Medical Assoc
Gubernatorial Appointment: Vote	Vote: Reappointment of Dr. Linda Hatzenbuehler Department of Health and Welfare	Chairman Martin
Gubernatorial Appointment: Vote	Vote: Appointment of Dr. Timothy Rarick Department of Health and Welfare	Chairman Martin
Gubernatorial Appointment: Vote	Vote: Reappointment of Darrell Kerby Department of Health and Welfare	Chairman Martin
Gubernatorial Appointment: Vote	Vote: Reappointment of Jim Guiffré Department of Health and Welfare	Chairman Martin

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Martin	Sen Burtenshaw
Vice Chairman Souza	Sen Bayer
Sen Heider	Sen Jordan
Sen Lee	Sen Nelson
Sen Harris	

COMMITTEE SECRETARY

Margaret Major
Room: WW35
Phone: 332-1319
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MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Monday, March 04, 2019

TIME: 3:00 P.M.

PLACE: Room WW54

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

ABSENT/ EXCUSED: None

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

H 151 **Pam Eaton**, CEO of the Idaho Retailers Association and the Idaho Lodging and Restaurant Association (Associations), presented **H 151** on behalf of Senator Guthrie. This bill addresses licensing and fees for food establishments by creating a more equitable system for temporary and intermittent licenses, gradually increasing the fees on all licenses. Further, it clarifies that the Public Health Districts (PHDs) cannot implement or charge any additional fees for this program outside of statute.

DISCUSSION: **Vice Chairman Souza** requested clarification regarding mobile food establishments. **Ms. Eaton** explained that the majority of food trucks operate consistently and require licensing for mobile food establishments, with the exception of some that only support festivals and operate under a temporary license. **Vice Chairman Souza** inquired how often fees come due and how often these establishments are inspected. **Ms. Eaton** reported that fees are paid and inspections are conducted annually.

Senator Nelson had a question about fees for temporary establishments. **Ms. Eaton** explained that those operators are not members of the Associations, so she does not have that information.

Ms. Eaton reported that fee increases will go into effect on January 1, 2020, and implementation will be two-tiered: on January 1, 2020, with another increase in effect on January 1, 2022. The fees have not been increased in over a decade. The proposed increases were negotiated with the PHDs and industry: restaurants, convenience stores, and grocery stores, both independent and chains, in conversations that took place over the course of 18 months. The Associations will review fees and practices every three years to ensure cost stability. All fees must be in statute with legislative oversight. The seven PHDs voted unanimously to support this bill in its entirety. **Ms. Eaton** asked the Committee to send **H 151** to the floor with a do pass recommendation.

Senator Guthrie provided history on the issue. In 2017, the Office of Performance Evaluations (OPE) did a study relating to the PHDs. The PHDs have several programs that are regulatory and fee-based, offer licensing and permit inspection services, and entities seeking those services can be required to pay fees. The recommendation from OPE study was to move fee-based programs in the PHDs to a funding model that is more self-supporting. Because fees have not changed for 10 years, they only cover one third of the current costs to the PHDs. Further, Idaho has grown and so have the number of establishments that require inspection. Since 2011, the number of food establishments has increased by 18 percent. The PHDs are already upside-down by two thirds on their cost model, and are responding to 18 percent growth under that same problematic model. **Senator Guthrie** complimented those who have worked hard on this issue, acknowledging that it is not easy to bring fee bills. **H 151** has no fiscal impact to the General Fund.

TESTIMONY: **Maggie Mann**, Director, Southeastern Idaho Public Health, offered support on behalf of her district for this bill, which reflects a great deal of collaboration.

Melinda Merrill, representing the Idaho Grocer's Association and Idaho Public Health District's Environmental Health Directors, spoke in support of the bill. It recognizes legislative authority over the food licensing program and takes a reasonable phased-in approach to licensing fees not addressed in 10 years. The proposed changes allow General Fund dollars to be utilized to continue public health responsibilities such as communicable disease and outbreak investigations, preparedness, and lifesaving immunization programs.

DISCUSSION: **Senator Nelson** revisited his question regarding temporary food establishments. **Ms. Mann** provided an answer: a temporary food establishment is defined as one that operates for a period of not more than 14 consecutive days in conjunction with a single event or celebration.

Senator Lee stated she is less concerned with fee increases, rather whether or not the Legislature should occupy this field. There are many fees that the Legislature has given the PHDs discretion and authority to charge for services in relationship to their cost to provide those services. **Ms. Mann** stated that this program is unique in that there is legislative oversight; it is regulatory in nature, so it is different than fees the PHDs set for clinical services. The intent was not to have the Legislature set all PHD fees, but rather to take a look at this particular program because of its special relationship in code.

TESTIMONY: **Steve Pew**, Environmental Health Director, Southeastern Idaho Public Health, testified in favor of **H 151**. This has been a cooperative effort between the PHDs and industry. As previously stated, the number of food establishments has increased 18 percent from 2011 to 2018, but the fee that we are allowed to charge in code has remained the same for the last 10 years. Other costs to the PHDs continue to rise through changes in employee compensation and increasing insurance, but the amount of revenue does not. The PHDs spend a lot of time educating establishments on how to minimize the risk of food-borne disease. The PHDs also provide a point of contact to the public for complaints, questions, or concerns regarding food safety issues.

DISCUSSION: **Senator Lee** posed a question to Mr. Pew about why a change typically placed in rules is in statute, when PHDs have had the authority to charge fees at a local level. **Mr. Pew** replied that industry made it very clear that there were concerns that fees, if handled by individual PHDs, could potentially be widely inconsistent. In follow up, **Senator Lee** inquired if the individual PHDs have spending discretion without this bill. **Mr. Pew** reported that food fees have been in statute from their onset, negotiated with industry.

Senator Guthrie closed by reiterating that bringing this fee change under statute is a matter of consistency, that industry and the PHDs are in agreement, and he asked the Committee to send it to the floor with a do pass recommendation.

Senator Bayer expressed her plan to cautiously support this bill given widespread consensus, but added that a number of commissioners have expressed concern over loss of local control. **Vice Chairman Souza** also expressed reservations in supporting this bill.

Senator Jordan offered some assurance for those concerned by the loss of control at the local level, stating that services offered by the PHDs in food service at a local level are largely in safety code enforcement. She is appreciative that fees will be broken down by the number of days in operation. The growth in special events has become problematic for both the controlling agencies and program promoters.

MOTION:

Senator Harris moved to send **H 151** to the floor with a do pass recommendation. **Senator Jordan** seconded the motion. The motion carried by **voice vote**.

H 109

Susie Pouliot, Chief Executive Officer, Idaho Medical Association (IMA), presented **H 109**, relating to maternal death and establishing a maternal mortality review committee (MRC). She explained that the MRC would exist under the Department of Health and Welfare (Department). While maternal death rates have gone down worldwide, they are on the rise in the United States. Maternal death is defined as the death of a woman during pregnancy or for up to a year beyond the completion of that pregnancy. The MRC would be multidisciplinary and include five physicians, a nurse midwife, a labor and delivery nurse, a medical examiner, a social worker, and others. The legislation includes provisions to establish peer review protections under state statute for the MRC, essential to allow fact-finding without hindering the ability to speak freely. The MRC data will be strictly confidential and protected from discovery or criminal proceedings. Per our current peer review statutes, case summaries under review will follow the Health Insurance Portability and Accountability Act (HIPAA) privacy standards. Cases under review will not include the name of the patient, physician, or the hospital. The MRC will review the merits of the case from an improvement standpoint, not a disciplinary standpoint.

Ms. Pouliot explained that this type of entity cannot be effective in the private sector. A private sector entity would not have peer review protections from lawsuits, and would not have access to death records and medical records to properly review cases. The Idaho Bureau of Vital Statistics already has death certificate information needed to identify cases of maternal mortality, there is just no mechanism for review. The Idaho Chapter of the American College of Obstetrics and Gynecology, the Idaho Hospital Association, the Midwifery Council, and the March of Dimes support this bill. There is grant funding available for four years from the Centers for Disease Control (CDC) and the bill includes a four-year sunset clause, so there would be no fiscal impact to the General Fund.

DISCUSSION:

Senator Heider expressed dismay that the United States has a maternal death rate three to five times higher than less advanced countries. **Ms. Pouliot** agreed, given the higher level of medical care in the United States, stating that is why there is a need to allow health professionals to look for trends or specific circumstances and make recommendations. Statistics show that 50 to 80 percent of these deaths are preventable.

Senator Bayer wondered how Idaho rates compare to national rates. **Ms. Pouliot** reported that statistics for the United States are 26.4 deaths per 100,000 live births. Idaho's rate is 27 deaths per 100,000 live births. In follow up, **Senator Bayer** had questions about all deaths that occur while pregnant, including abortion deaths. **Ms. Pouliot** assured her the MCR would review data on all maternal deaths.

TESTIMONY: **Laurie Burelle**, representing the Southwest Idaho Chapter of the National Organization for Women, testified in support of the bill. **Ms. Burelle** reminded the Committee that **H 109** would cost Idaho nothing to study the reason why Idaho has a higher than average incidence of maternal mortality, in a nation that has a higher maternal mortality than 45 other nations. Idaho is one of only seven states that does not have a maternal mortality panel and one of only two without current legislation in progress. This is notable for a state where legislators spend a great deal of effort on pro-life legislation.

TESTIMONY: **Fred Birnbaum**, Vice President, Idaho Freedom Foundation, testified in opposition to the bill. **Mr. Birnbaum** stated that Idaho has about 22,000 live births per year, or an average of six maternity mortality cases and stated his opinion that the number of deaths were not statistically significant. He suggested that Idaho could employ the best practices put in place by other states and not form our own mortality review committee. He pointed to the CDC's national pregnancy-related mortality surveillance and other research efforts and preliminary findings. He expressed an over-arching concern that a committee formed to review a statistically insignificant difference in deaths in Idaho compared to other states, would drive more programs and more expenditures.

DISCUSSION: **Vice Chairman Souza** recapped that this bill would not cost Idahoans any money as it would be funded through a federal grant. The causes of maternal mortality in Idaho could be different than in other states. Idaho's medical community has come forward to ask for this review committee because they want to understand what the cause is in Idaho, and the bill includes a sunset clause to end the review in four years to coincide with the end of the grant funding. **Vice Chairman Souza** added that even though six deaths annually is a small number of women, it does not mean that we cannot learn something very valuable from that information.

Mr. Birnbaum while conceding that it could be a different reason that Idaho has an essentially statistically equivalent number of deaths (27 versus 26 per 100,000), typically t data a population size of six would not offer the best answers. He stated that his main point is that Idaho's medical community could review data from the 40 states that already have review boards, and the CDC, and implement best practices without setting up another committee.

Senator Jordan asked Mr. Birnbaum to consider the ability to analyze a situation that could be potentially unique to Idaho (for example, geographic barriers to healthcare access) rather than aggregating that data across the country to ensure a full analysis. **Mr. Birnbaum** replied that 40 states with review boards represents 80 percent of the United States. He recommended using data from Western states with an overlap in populations, geographies, and physician levels per patient, that are similar to Idaho. **Senator Jordan** then asked Mr. Birnbaum to explain why he supported spending for **H 29** on abortion reporting requirements, but would not support this initiative that is cost neutral for Idaho. **Mr. Birnbaum** responded that he did not have any recollection of **H 29**, but his concern with this current legislation is spending state dollars to track what can be accomplished without spending state dollars.

Senator Nelson shared that he is an engineer and statistical significance involves sampling. The death rates reported are actual measurements, not sampled. He stated that statistical significance is not involved and asked Mr. Birnbaum to explain his earlier comment. **Mr. Birnbaum** stated that the national rate is statistically significant because it is a big enough sample size. Idaho has 22,000 live births and six deaths. The 27.1 figure is not a statistically significant difference than 26, which is the national figure. That is not statistically significant enough to launch a study: there is a two percent difference in that rate and the sample size of six is too small to study. In follow up, **Senator Nelson** reiterated that those reported deaths are not a sample, rather a real measurement and a raw rate. **Mr. Birnbaum** responded that irrespective of whether it's a raw rate or not, 27 versus 26 per 100,000 is not mathematically very different. **Senator Nelson** concluded his comments by pointing out that whether the number of deaths is 26 or 27, that is a much higher rate than seven or eight deaths reported annually in the rest of the industrialized world.

TESTIMONY:

Dr. Martha Lund, retired obstetrician and gynecologist, founding physician of St. Alphonsus Women's Health Group, and founding Medical Director for St. Alphonsus Hospital Group, testified on behalf of the American Association of University Women of Idaho (UW). **Dr. Lund** reported that UW stands firm on health and medical issues that affect the well-being of women and strongly supports **H 109**. The United States is the only industrialized nation with a rising maternal mortality rate: between the years 2000 and 2014, there was a 26 percent increase in the maternal mortality rate. Implementing a statewide MRC can be extremely effective in improving the statistics. After California established an MRC in 2006, they were able to bring their statewide maternal mortality down by 55 percent. MRCs can recommend solutions that are specific to a locality. Sometimes, MRCs identify unlikely patterns. The Nevada MRC found that many women were dying in car accidents and they recommended a seat belt law. MRCs cannot be used for litigation; privacy is strictly protected by HIPAA laws and there is no cost to Idaho due to the CDC grants already mentioned. The effort and resources put into problems by a state indicate how a state values those problems. Idaho should join the group of all but seven states and establish its own MRC.

DISCUSSION:

Senator Jordan referenced Dr. Lund's earlier statement that most obstetricians will never encounter maternal death, and asked if there was value to be gleaned from reviews to inform their care and keep that statistic in place for them. **Dr. Lund** replied that it absolutely does. Most obstetricians don't have experience dealing with such serious complications. There are protocols and simulations that allow staff to practice deadly complication scenarios so if one does occur, physicians and nurses are prepared to respond and prevent maternal mortality.

TESTIMONY:

Dr. Amelia Huntsberger testified that as a mother and obstetrician-gynecologist, she stood with fellow doctors, midwives, nurses, and safety experts in Idaho to advocate for a statewide MRC. Dr. Huntsberger is Treasurer for the Idaho Chapter of the American College of Obstetricians and Gynecologists and a board member of the Idaho Perinatal Project. **Dr. Huntsberger** expounded on earlier testimony: maternal mortality is on the rise in the U.S. is now the most dangerous developed country in the world to give birth; in stark contrast to the rest of the developed world where there has been a steady decline in maternal mortality. The U.S. has 26 maternal deaths per 100,000 live births; Canada has 7 per 100,000 live births, while Spain has 5 maternal deaths per 100,000 live births. Idaho has 27 maternal deaths per 100,000 live births. **Dr. Huntsberger** stated that this bill is not just about statistics: it is about mothers in our communities. She shared a story about a young woman with her first pregnancy. Near the end of her pregnancy, she developed eclampsia and her baby died before it could be delivered. She suffered severe brain damage and died as well. This family

that should have been celebrating a birth, was instead burying a young woman and her newborn. It's important to determine why maternal deaths occur. Lack of information prevents analysis to determine and address contributing factors in maternal deaths. A recent analysis of six states with maternal mortality review committees found 59 percent of maternal deaths were preventable. The death of the young woman that was described to you was preventable. We can save lives if we look carefully at each incident.

Dr. Huntsberger went on to state that for every one maternal death, there are 100 instances of severe maternal injury and she gave examples, including massive hemorrhage, intensive care, intubation, hysterectomy, and other life-threatening injuries. Maternal death and severe maternal injury parallel each other, so work to reduce maternal death will reduce severe maternal injury. MRCs highlight the need for state specific data: Michigan increased access to substance use disorder treatment for pregnant women and decreased the state's maternal mortality rate. An urgent message to providers on placental disorders saved lives in Ohio; Idaho's challenges may not be the same as other states. Legislation is necessary to set up a functional MRC with the authority to access data, to protect patient and practitioner privacy, and provide protection from litigation. The MRC is multidisciplinary, representing a variety of clinical backgrounds, social backgrounds and specializations, and members working in diverse communities and in different geographic areas of Idaho. Idaho is one of the few remaining states without an MRC.

TESTIMONY:

Eleanor Chehey, representing the Sage District United Methodist Women (District), testified in support of the bill. The District raises money to help women and children in disadvantaged situations in our communities and overseas. The District's first project, 150 years ago, raised money to send a female physician to India, to care for women who were otherwise unable to receive care because the doctors were all men. She stated that it is discouraging that in a country as wealthy as the United States, women are dying in childbirth at rates several times higher than in other civilized countries.

Julia Miner, Registered Nurse (RN) in obstetrics and gynecology, testified in support of the bill. **Ms. Miner** reported that two mothers die every day in pregnancy in the United States. To better understand the issues that are contributing to maternal death in Idaho, she stated that we need an objective, confidential, review of maternal mortality cases to guide interventions and processes to improve outcomes. She shared her own postpartum medical crisis following the birth of her twins. An Idaho MRC would be a non-punitive way to objectively review cases and target interventions at the gaps identified in events happening in our own state. An intervention based on our own data, not someone else's data, is more meaningful.

Vice Chairman Souza thanked everyone who attended and testified, and shared her own high-risk pregnancy diagnosis and management. She stated that we need to know what we don't know, so that we can do our best work to learn from these experiences.

DISCUSSION: **Senator Bayer** asked Ms. Pouliot how the MRC would be able to obtain confidential information, given HIPAA laws. **Ms. Pouliot** explained that the information is already collected through Idaho death certificates, which details if the deceased is female, or pregnant at the time of death, was within 42 days of being pregnant, or was between 43 to 100 days of being pregnant. The Department of Health and Welfare has access to this data and their staff would go through a process to provide the information to the MRC. Other information that the MRC would have access to would come from medical records and any law enforcement record that pertains to a death. That information will be made anonymous by the Department, so the MRC would not see patient names, physician names, or hospital names. The MRC would look at cases to determine if they were preventable or not. **Senator Bayer** stated that she felt the information was available through other sources and did not see the need for another organization. In response, **Ms. Pouliot** reiterated the proposed MRC would look at deaths happening in Idaho. Our state's health system is very different than Colorado's or California's or another state, and we are very rural in nature. It is very important to have an Idaho group looking at Idaho data and presenting Idaho-based recommendations to improve the care that we're giving within our state.

Senator Lee spoke in support of the bill, stating that legislation is required in order to share information for review. Medical providers are not authorized under our statute to even get together over dinner and talk about these issues. She asked what number of deaths is high enough for us to be willing to authorize a review, at no cost to Idaho, that could potentially save lives. She added that there is incredible professional and liability risk if this information is shared without legislative approval.

MOTION: **Senator Heider** moved to send **H 109** to the floor with a do pass recommendation. **Vice Chairman Souza** seconded the motion. The motion carried by **voice vote**. **Senator Bayer** asked to be recorded as voting nay.

GUBERNATORIAL APPOINTMENT VOTE: **Senator Harris** moved to send the Gubernatorial reappointment of Dr. Linda Hatzenbuehler to the State Board of Health and Welfare to the floor with recommendation that she be confirmed by the Senate. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

GUBERNATORIAL APPOINTMENT VOTE: **Vice Chairman Souza** moved to send the Gubernatorial appointment of Dr. Timothy Rarick to the State Board of Health and Welfare to the floor with recommendation that he be confirmed by the Senate. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

GUBERNATORIAL APPOINTMENT VOTE: **Senator Jordan** moved to send the Gubernatorial reappointment of Darrell Kerby to the State Board of Health and Welfare to the floor with recommendation that he be confirmed by the Senate. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

GUBERNATORIAL APPOINTMENT VOTE: **Senator Nelson** moved to send the Gubernatorial reappointment of Jim Giuffré to the State Board of Health and Welfare to the floor with recommendation that he be confirmed by the Senate. **Vice Chairman Souza** seconded the motion. The motion carried by **voice vote**.

ADJOURNED: There being no further business at this time, **Chairman Martin** adjourned the meeting at 4:40 p.m.

Senator Martin
Chair

Margaret Major
Secretary

AMENDED AGENDA #1
SENATE HEALTH & WELFARE COMMITTEE
3:00 P.M.
Room WW54
Tuesday, March 05, 2019

SUBJECT	DESCRIPTION	PRESENTER
H 182	Amends Existing Law to Revise Provisions Regarding Products That May be Prescribed	Representative Zollinger

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

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COMMITTEE SECRETARY

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MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, March 05, 2019

TIME: 3:00 P.M.

PLACE: Room WW54

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

ABSENT/ EXCUSED: None

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

H 182 **Representative Zollinger** presented **H 182**, amending existing law to revise provisions regarding prescription medications. He stated that this bill represents a minor change, but with implications to Idaho code. It has garnered widespread support, with most members of the House Health and Welfare Committee listed as cosponsors along with six members of this Committee. The bill allows for expanded dispensing and prescribing authority if certain requirements are met. Approved medications are limited to conditions that do not require a new diagnosis. The Board of Pharmacy (Board) will not adopt rules authorizing pharmacists to prescribe controlled substances and psychoactive drugs. **Representative Zollinger** cited a body of evidence that pharmacist-delivered care enhances care, lowers overall healthcare costs, and improves patient outcomes.

DISCUSSION: **Senator Jordan** inquired if there have been any concerns or complaints raised regarding this change. **Representative Zollinger** replied that he is not aware of any complaints. His neighbor is a professor at the University of Idaho in the pharmacy department and the input from him has been very favorable. He noted that members from the Board were in attendance who might also respond to that question.

Berk Fraser, Interim Director of the Board, reported that there have been no complaints, only praise for this initiative. Patients who would have had to travel a great distance for medication to treat chronic conditions were instead able to obtain medications from their local pharmacy.

Chairman Martin invited Alex Adams, PharmD, former Executive Director of the Board of Pharmacy to testify. **Dr. Adams** stated that he has drafted many of the prescribing rules as well as pharmacy statute, so is well-positioned to respond to any comments or concerns. He reported robust debate about technicalities on the House side. Based on conversations with the Attorney General's Office, **Dr. Adams** expressed confidence that any legal arguments presented today will have merit.

Chairman Martin asked for clarification regarding language. **Dr. Adams** explained that the bill used language in existing law. He gave examples of authority that this Committee has already approved. "Minor" and "self-limiting" are common medical terms; a self-limiting condition will resolve on its own. A cold sore is a good example of a minor condition that is not likely to resolve on its own, but there can be embarrassment associated with having a cold sore. The sooner one can start antiviral medication, the more likely that the cold sore will resolve quickly. That condition, along with lice and other conditions, are already approved under the current rules. **Dr. Adams** cited Canada as an excellent example of leadership in managing minor ailments, allowing pharmacists to treat 30 to 40 different minor ailments. An example of a condition treated by pharmacists in Canada that is not on our current list, is pinkeye. Part of what Representative Zollinger is trying to resolve with this bill is to avoid the political fire storm that results every time the Board adds a medication to the list. A perfect example this year was when the Board added mild acne to the list. The testimony in opposition stated that only a board-certified dermatologist is uniquely qualified to diagnose and treat mild acne. Studies show that teenaged girls are able to self-diagnose mild acne with a high degree of diagnostic accuracy. The current rules have already approved a list of conditions that do not require a diagnosis. Prevention is another perfect example. Folks going on church mission trips to certain parts of Asia receive a recommendation from the Centers for Disease Control to bring malarial prophylaxis. No diagnosis is needed. Also already approved under the current rules are add-on therapies to address a gap in care. All diabetics between the ages of 40 and 75 are supposed to be on a statin medication to manage cardiovascular risk. Somehow, 40 percent of physicians forget to prescribe that statin. Last year, the Legislature approved the ability of a pharmacist to close that gap in care. The pharmacist is not diagnosing diabetes, they are addressing a known gap in patient care. Last year, the Legislature heard testimony from a physician who testified that statins are so safe and effective that they should be dispensed as over-the-counter medication.

TESTIMONY:

Kimberly Hecht, Manager of Specialty Business Development, Albertsons Companies, testified in support of the bill. Albertsons has a long history of providing safe and effective patient care services that help improve the health of their patients and communities. Albertsons looks forward to the flexibility this bill will provide to improve access to patient care services in a deliberate, safe, and responsible manner that will better meet the needs of their patients.

Jennifer Adams, PharmD, Associate Dean for Academic Affairs, Idaho State University College of Pharmacy, spoke in support of the bill. **Professor Adams** assured the Committee that pharmacists are well-trained and prepared to provide these services. The actions taken by the drafters of this legislation and by the Board will allow Idaho pharmacists to more effectively serve patients in rural areas. Idaho State University has attracted new faculty to the College of Pharmacy, and students from out of state, who specifically sought out Idaho State University because they want to practice at the top of their education and not be limited in scope.

Mike Reynoldson, Vice President of Public Affairs, Blue Cross of Idaho, spoke in support of the bill. His organization has membership in all markets throughout 44 counties, from the individual market to the large business market. The priority for Blue Cross of Idaho is quality care at an affordable price and this bill provides that and proper safeguards for their members.

Pam Eaton, on behalf of the Idaho Retailers Association, Retail Pharmacy Council, and the Idaho State Pharmacy Association, stood in support of the bill. She also extended support on behalf of Melinda Merrill, Northwest Grocers Association, who could not be in attendance. **Ms. Eaton** reported that the American Association for Retired Persons supports this bill, stating that every opportunity to reduce unnecessary costs for the senior population should be examined. The bill increases competition and choice for all consumers, and that leads to better care at lower costs. **Ms. Eaton** shared a story about a rural pharmacy that fully utilizes the prescribing authorities already granted; many of their patients are uninsured or under-insured. Pharmacists understand the complex interactions between medications and disease and this bill gives them the ability to contribute to care at the top of their education. The National Quality Forum reports that pharmacists in the United Kingdom are permitted to prescribe almost all medications, with few exceptions. It reports that pharmacies in the United States are even better prepared to add prescribing authority to their scope of practice than their counterparts in other countries, given the extensive training and education required for pharmacy licensure.

Ken McClure testified on behalf of the Idaho Medical Association (IMA), in opposition to the bill. **Mr. McClure** stated the IMA recognizes that the policy initiatives in place prefer patient convenience and access to pharmaceuticals, over the extra layer of care that can come with controlling pharmaceuticals through physician prescriptions. He stated that he is not here to tell the Committee that the IMA disagrees with this policy, because the Committee already knows that they do. Instead, he asked for consideration of a problem with the legislation, not regarding what it is trying to do, rather, how it does it. Legislation has been passed in prior years stating that pharmacists can prescribe according to the rules of the Board, but has now added rules that indicate what a pharmacist must do when prescribing. The IMA is less concerned about the list of drugs that can be prescribed, or the fact that pharmacists are going to prescribe these, but rather with the rules that govern patient safety and prescribing practices and this legislation is inconsistent with those rules. If the Committee passes this bill as it is, striking reference to rules and language regarding Food and Drug Administration (FDA) labeling requirements, it allows for too-broad prescription authority to pharmacists. **Mr. McClure** asked the Committee to consider amendments that the House sponsor and Dr. Adams have not agreed to accept. He reiterated that the IMA's concern is not with a pharmacist's ability to prescribe more medications, rather that there is no apparent limit to that authority in rules or statute if this bill passes. Under this legislation, a pharmacist would be allowed to prescribe any drug, for any condition with a prior diagnosis. Those are not always minor or self-limiting conditions. They include cancer, schizophrenia, heart disease, and a whole host of serious conditions for which patients should be seeing physicians, not pharmacists. The IMA does not want to take away the right of pharmacists, under this bill or under current law, to prescribe for minor and self-limiting conditions or for travel medications. It only asks the Committee to reflect on the implications of authorizing a pharmacist to prescribe anything allowed under an FDA label to a patient who has a prior diagnosis.

DISCUSSION: A lengthy discussion ensued regarding interpretation of the language within the proposed bill. **Vice Chairman Souza** requested clarification. **Chairman Martin** invited Dr. Alex Adams to take the podium.

Dr. Adams commented that this bill has been significantly scrutinized and subjected to repeated legal allegations that began when the Board started rulemaking in 2017. He reported that the definition of the word "or" became an issue and he learned the legal definition of "or" from Elizabeth Bowen, Principal Drafting Attorney with the Legislative Services Office. This Committee has already approved things that do not require a new diagnosis, but are not minor: malarial prophylaxis is a great example. Malaria is not considered to be a minor or self-limiting condition, but malarial prophylaxis does not require a new diagnosis. If the real question is whether this authority would be abused, it is the experience of the Board that pharmacists are rather conservative in their management. He used as an example practice authority in Alberta, Canada. Alberta affords broad, independent prescriptive authority with none of the limitations found in this bill. Alberta pharmacists can prescribe controlled substances and compounds, are not limited by FDA labeling, or to minor ailments or new diagnoses—they can prescribe for anything. Five years after their bill passed, less than 10 percent of pharmacists have prescribed, because they're building their comfort level. Most of what they prescribe for new diagnoses are one-time refills as bridge therapy to get patients back to their physicians. As an example, a patient traveling north to Yellowstone National Park from Salt Lake City might realize they forgot their insulin at home. A pharmacist could then write a one-month prescription for their insulin to get them through that trip.

Dr. Adams referenced Mr. McClure's testimony expressing concern that general prescribing requirements will go away. **Dr. Adams** shared a conversation he had with the Attorney General's Office, in which their opinion was that the rules do not go away. The Board requires pharmacists to have a protocol. It is the only profession in Idaho that requires the professional to use a protocol in order to prescribe. The Board requires notification back to the primary care provider. What this bill strikes is the requirement to list drugs, drug categories, or devices individually. It does not strike the requirement for notification. Put simply, there is no conflict between the statute and rule. Representative Rubel, a Harvard-trained lawyer who cosponsored the bill, asked during House discussions if this rulemaking authority were to go away, would the Board have rulemaking authority elsewhere. The answer to that is yes: The Board shall make, adopt, amend, and repeal, such rules and regulations as may be deemed necessary by the Board. The Board has general rulemaking authority that can make rules for general prescribing requirements with or without that language, which does not apply to drugs, drug categories, and devices. The next question is whether the rules stand. Those rules are for the proper administration and enforcement of this act. The Board has enforcement authority over everything within this act, including the rules, and that is reiterated in three other sections of code. There is enforcement authority layered throughout. The pharmacy statutes have been amended 126 times. Earlier in this legislative session, the Legislature passed **H 10** unanimously, which made significant changes to 16 sections of code. At no point during that bill—or during discussion around any of the other 126 amendments—has the question of rule enforceability been an issue. The Legislature would have to pass a concurrent resolution for elimination of those rules. No such concurrent resolution has been brought forth or is forthcoming. One of the last bills passed every year is a bill to statutorily re-enact all the rules. One of the last bills this Legislature will pass this session will be to reauthorize statutorily, the very rules that will not be going away.

Dr. Adams stated that the most important thing the Board accomplished over the last two and a half years is the addition of language regarding unprofessional conduct, stating that a deviation from the standard of care is grounds for professional discipline where the Board can revoke, restrict, or rescind a license. Standard of care is defined as what a reasonable, prudent pharmacist would do in the same or similar situation. If, for example, a pharmacist tried to prescribe for diabetes, considering it to be a minor ailment, and that notification went back to the patient's primary care professional who then filed a complaint, the Board could investigate the complaint as a standard of care violation. It is the same standard of care used in nursing, medicine, and other health professions. On average, the Board disciplines 62 licensees a year. Compare that to dentistry at 4.4 cases, medicine at 17 cases, nursing at 15.8 cases, and veterinary medicine at 2.2 cases. This Board has provided more proactive oversight and has pursued more discipline. Pharmacy is the only health profession that sends inspectors to every site annually. Inspectors review protocols and the records of what pharmacists have prescribed. **H 182** creates a framework to allow some flexibility, so that every year the Legislature does not have to hear how grievous harm can result if a pharmacist prescribes for mild acne.

Mr. McClure reiterated that the statute is inconsistent with the rules. Rules must be supported in statute. He is concerned that there could be a case in which a court will determine inconsistency and therefore the rule is not enforceable. He further stated that if he were a pharmacist disciplined for failing to meet the standard of care for having prescribed according to an FDA label, rather than according to what other pharmacists do, he would point directly to the statute. He asserted that if the Committee passes this bill, it would remove the ability of the Board to ensure the public is protected from improper prescribing, and the authority to discipline someone who improperly prescribes. Those issues can be addressed by an amendment that does no harm to the purpose of the legislation.

Chairman Martin inquired what Mr. McClure's intent would be if the bill is sent to the amending order. **Mr. McClure** assured the Committee, Dr. Adams, Representative Zollinger, and Ms. Eaton that he would make every effort to ensure that an agreed-upon amendment supported the bill and that a hostile amendment would not be brought.

Senator Lee commented that this Committee has had a lot of experience hearing negative feedback about this bill, but she is very pleased to report that in her local community, access really has improved and people have been served well. She stated that adding an amendment could create conflict in the rulemaking process.

Chairman Martin invited Representative Zollinger to make closing comments.

Representative Zollinger stated that they had the same discussions in the House before it passed unanimously. The House took it to their legal experts who concurred. Some of the rules in place right now include sections regarding prescribing authority, education requirements, collaboration with primary physicians, and record keeping. The profession has very complicated rules regarding what they may prescribe. The rules do not go away. The only part that this bill strikes is the list of specific drugs. The bill complies with all the prescribing rules already in place, so there is no need for an amendment. **Representative Zollinger** asked the Committee to send **H 182** to the floor with a do pass recommendation.

Vice Chairman Souza shared that she considered the Telehealth bill and this Pharmacy bill to be two noteworthy accomplishments during her tenure in the Senate. The bill provides better care, lowers the cost of the care, and makes care more readily available.

Senator Jordan commented that this bill offers a cautionary tale, stating the Legislature tends to look at a bill as a separate section of code. She felt that the most telling part of the conversation today was looking at Chapter 54 in its entirety, where it describes and assigns the rulemaking and the enforcement authority. In that context, it appears to be appropriately regulated and controlled.

MOTION: **Vice Chairman Souza** moved to send **H 182** to the floor with a **do pass** recommendation. **Senator Jordan** seconded the motion. The motion carried by **voice vote**.

ADJOURNED: There being no further business at this time, **Chairman Martin** adjourned the meeting at 3:58 p.m.

Senator Martin
Chair

Margaret Major
Secretary

AGENDA
SENATE HEALTH & WELFARE COMMITTEE
3:00 P.M.
Room WW54
Wednesday, March 06, 2019

SUBJECT	DESCRIPTION	PRESENTER
HJM 7	Congress Enact Legislation Providing Fertility Treatment for Veterans ... Service-related Disability	Rep Brooke Green

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Martin	Sen Burtenshaw
Vice Chairman Souza	Sen Bayer
Sen Heider	Sen Jordan
Sen Lee	Sen Nelson
Sen Harris	

COMMITTEE SECRETARY

Margaret Major
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Phone: 332-1319
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MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, March 06, 2019
TIME: 3:00 P.M.
PLACE: Room WW54
MEMBERS PRESENT: Chairman Martin, Senators Heider, Harris, Burtenshaw, Bayer, Jordan, and Nelson
ABSENT/ EXCUSED: Vice Chairman Souza and 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 Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:00 p.m.

HJM 7 **Representative Brooke Green** introduced retired Captain Mike Anderson, United States Army veteran, who lost both legs and sustained significant abdominal trauma from an improvised explosive device while serving in Afghanistan. **Representative Green** stated that **HJM 7** sends a message to our congressional delegation that a very flawed policy is impacting our most critically injured combat veterans returning home from war. Former Senator Marv Hagedorn, Administrator, Idaho Division of Veterans Administration, was recently in Washington, D.C. and had this conversation with the Secretary to the U.S. Department of Veterans Affairs. This joint memorial is just one step further in a long process to take care of our veterans.

Captain Anderson explained that during his initial recovery, he was too worried about living to worry about procreating. His wife was pregnant before his deployment and their son was one month old at the time the Captain sustained injuries. His child motivated him to fight hard to survive. Over time, he and his wife wanted to grow their family. In addition to losing both legs, his testicles were severely damaged. The U.S. Army covered intrauterine insemination for his family and in 2016 they welcomed their second child. In 2017, the Captain retired. He and his wife hoped for a third child, and went to the Veteran's Hospital where they were told it would be covered. However, the referral for in vitro fertilization was denied. The hospital assumed it was denied in error and resubmitted it, but it was denied again. The hospital discovered a flaw in policy: it states that any veteran that has been rendered sterile by combat action is not eligible for fertility treatment. **Captain Anderson** shared that, of all the things he has had to cope with, not being able to give his wife a family was heartbreaking. Infertility treatment can cost hundreds of thousands of dollars and is out of the scope of most veterans that are 100 percent disabled.

Captain Anderson stated that this memorial is to let the U.S. Congress know that Idaho supports its veterans and families and there should be no reason why being injured in combat should prevent you from being able to have a family. He wondered what good was left in life for a 19 year-old who, after being seriously injured, is then told he cannot have a family. There are hundreds of veterans in the same position, but because of the personal nature of their injuries, they not speak about it. **Captain Anderson** stated that the reason he is here today is because most won't talk about this injury. He is bringing forward this discussion so the rest of them don't have to.

DISCUSSION: **Senator Heider** shared that he was a medic in the military and thanked Captain Anderson for his willingness to testify in front of the Committee.

Senator Jordan thanked Captain Anderson for his courage in bringing this issue forward and asked if there were any ways beside this joint memorial in which the Legislature could help; perhaps by contacting individuals. **Captain Anderson** explained that in his experience, bills related to this issue die in committee. He emphasized that all he is asking for is that medical benefits that cover some veterans, cover all veterans.

MOTION: **Senator Bayer** moved to send **HJM 7** to the floor with a **do pass** recommendation. **Senator Harris** seconded the motion. The motion carried by **voice vote**.

ADJOURNED: There being no further business at this time, **Chairman Martin** adjourned the meeting at 3:15 p.m.

Senator Martin
Chair

Margaret Major
Secretary

AGENDA
SENATE HEALTH & WELFARE COMMITTEE
2:00 P.M.
Room WW54
Monday, March 11, 2019

SUBJECT	DESCRIPTION	PRESENTER
H 180	To Establish Provisions Regarding a Syringe and Needle Exchange Program	Representative Blanksma

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Martin	Sen Burtenshaw
Vice Chairman Souza	Sen Bayer
Sen Heider	Sen Jordan
Sen Lee	Sen Nelson
Sen Harris	

COMMITTEE SECRETARY

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MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Monday, March 11, 2019

TIME: 2:00 P.M.

PLACE: Room WW54

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

ABSENT/ EXCUSED: Senator Burtenshaw

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 Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 2:05 p.m.

H 180 **Representative Blanksma** introduced **H 180**, establishing a syringe and needle exchange program, and asked for a do pass recommendation. She emphasized that it was not a needle giveaway, only an exchange program.

DISCUSSION: **Vice Chairman Souza** inquired why a private program needs legislation. **Representative Blanksma** explained that it was to protect exchange program participants from possible criminal charges.

TESTIMONY: **Rachele Klein**, Business Development Manager, Republic Services, testified in support of this bill, which would help reduce the risk of needle stick injuries to waste handlers.

MOTION: **Vice Chairman Souza** moved to send **H 180** to the floor with a do pass recommendation. **Senator Jordan** seconded the motion. The motion carried by **voice vote**.

DISCUSSION: **Senator Jordan** stated that the program will help make our neighborhoods safer for children.

ADJOURNED: There being no further business at this time, **Chairman Martin** adjourned the meeting at 2:10 p.m.

Senator Martin
Chair

Margaret Major
Secretary

AGENDA
SENATE HEALTH & WELFARE COMMITTEE
2:00 P.M.
Room WW54
Tuesday, March 12, 2019

SUBJECT DESCRIPTION	PRESENTER
H 244 Regarding Licensure of Naturopathic Medical Doctors	Representative Gestrin Kris Ellis American Assoc Naturopathic Physicians, Idaho Chapter

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Martin	Sen Burtenshaw
Vice Chairman Souza	Sen Bayer
Sen Heider	Sen Jordan
Sen Lee	Sen Nelson
Sen Harris	

COMMITTEE SECRETARY

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MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, March 12, 2019

TIME: 2:00 P.M.

PLACE: Room WW54

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

ABSENT/ EXCUSED: Senators Harris and Burtenshaw

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 Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 2:08 p.m.

H 244 **Representative Gestrin** presented **H 244**, regarding licensure of naturopathic medical doctors. This outcome is 20 years in development. Licensure requirements consist of four years of undergraduate studies, four years of training in an accredited naturopathic school, and successful passage of the national board examination. The creation of the Board of Naturopathic Medical Doctors goes into effect this year, under the Board of Medicine. Most of the bill does not go into effect until July 1, 2020. That incremental effective date allows the newly-formed board time to promulgate rules, and allows naturopathic practitioners currently not under this same umbrella to continue to practice while pursuing a path forward. This is the third iteration of the bill this session and represents a point of collaboration where differing views have come together.

TESTIMONY: **Kris Ellis**, on behalf of the Idaho Chapter of the American Association of Naturopathic Physicians, testified in support of **H 244**. She thanked the Board of Medicine for their assistance in drafting this legislation. The crux of this legislation is to grant prescriptive, imaging, and laboratory authority to this group of practitioners, following the same standards and scope of practice found in other states with licensure for naturopathic physicians. The bill provides for increased healthcare access and cost savings to Idahoans and offers consumers another option. The Idaho Medical Association position is neutral, the Retail Pharmacy Association supports the bill, the Idaho Freedom Foundation gave it a zero rating, and Health Freedom Idaho has not opposed the bill.

DISCUSSION: **Senator Bayer** inquired what percent of the total number of practicing naturopaths are eligible for licensure. **Ms. Ellis** explained that in 1955, the Idaho Supreme Court ruled that anyone in Idaho can call themselves a naturopathic doctor. Idaho has a myriad of practitioners who call themselves naturopathic doctors, performing a myriad of activities. The total number of naturopathic practitioners in Idaho is not known. There are approximately 25 that are qualified to be licensed under this criteria for primary care, at this time. In follow up, **Senator Bayer** asked how many accredited schools offer this training. **Ms. Ellis** reported that there are eight schools in North America. Further, **Senator Bayer** asked about those who have received alternative training overseas, such as those who practice acupuncture and ayurvedic medicine. **Ms. Ellis** explained that much discussion ensued about those who choose not to be included in this group under the Board of Medicine. Members in the House of Representatives are working with those other groups;

some elements of this bill are delayed in implementation to allow them time to develop a path forward.

Chairman Martin clarified that there are three groups: this legislation addresses one group, the second group is working with House membership to move forward on different licensure, and the third group chooses not to pursue licensure.

Senator Lee asked for confirmation that this legislation will afford her constituents the opportunity to apply health benefits for qualifying naturopathic treatment. **Ms. Ellis** confirmed that she believes that it does.

Chairman Martin requested more detail regarding coverage under insurance, and state and federal programs. **Ms. Ellis** responded that this legislation does not mandate coverage and it is a business decision by insurers to decide what to cover in their policies. She went on to state that there are some insurers in Idaho that do cover care provided by naturopathic medical doctors.

Senator Lee commented that in the past, many naturopathic doctors expressed interest in not accepting insurance and she wondered if those practitioners continue to be exempt under this legislation. **Ms. Ellis** outlined the sections of the bill confirming that exemption.

TESTIMONY: **Dr. Joan Haynes**, a naturopathic physician practicing in Boise for over 20 years, testified in support of the bill. **Dr. Haynes** walked the Committee through a description of her practice: there are four naturopathic physicians that manage common conditions typically seen in any family practice, including colds and influenza, but also complex issues like autoimmune disease and cancer. In Idaho, she has not been able to practice her full scope of training. She was approached by Dr. Zuckerman, Director of the Mountain State Tumor Institute (MSTI), to work with MITI's Integrative Medicine Center, but was unable to pursue that opportunity without licensure. Other states employ naturopathic physicians in highly reputable organizations like the Kaiser Permanente Hospitals, Cedar Sinai Hospital in Los Angeles, Columbia University, and the National Institute for Health. She expressed the need for this legislation to allow her profession to accommodate Idaho's growing population.

DISCUSSION: **Vice Chairman Souza** applauded the collaboration between stakeholders. **Chairman Martin** echoed her sentiments and welcomed further testimony.

TESTIMONY: **Dr. Sara Rogers**, a naturopathic doctor and certified acupuncturist, testified in support of this bill. **Dr. Rogers** informed the Committee that she is the owner of Idaho Naturopathic Medicine, providing care through two offices, one in Boise and one in Ontario, Oregon. She provides physical exams, blood work, and treatment plans that rely heavily on lifestyle changes. She is able to provide a higher level of care in her Ontario office because under Oregon law, she has prescriptive authority. Approximately one half of her patients in that Oregon office come from the surrounding Idaho communities. Licensure in Idaho would allow Idahoans not living close to a licensed state to receive the same level of care.

DISCUSSION: **Representative Gestrin** closed by stating it is a pleasure to have reached this agreement and recommended the Committee send it to the floor with a do pass recommendation.

Chairman Martin acknowledged Senators Heider and Lodge, both former Health and Welfare Chairmen, for their efforts over the years regarding this issue.

MOTION: **Senator Heider** moved to send **H 244** to the floor with a **do pass** recommendation. **Senator Lee** seconded the motion. The motion carried by **voice vote**.

ADJOURNED: There being no further business at this time, **Chairman Martin** adjourned the meeting at 2:30 p.m.

Senator Martin
Chair

Margaret Major
Secretary

AGENDA
SENATE HEALTH & WELFARE COMMITTEE
2:00 P.M.
Room WW54
Wednesday, March 13, 2019

SUBJECT	DESCRIPTION	PRESENTER
Gubernatorial Appointment: Hearing	Re-appointment of Britt Raubenheimer Idaho Commission for the Blind & Visually Impaired	Britt Raubenheimer

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Martin	Sen Burtenshaw
Vice Chairman Souza	Sen Bayer
Sen Heider	Sen Jordan
Sen Lee	Sen Nelson
Sen Harris	

COMMITTEE SECRETARY

Margaret Major
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MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, March 13, 2019

TIME: 2:00 P.M.

PLACE: Room WW54

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

ABSENT/ EXCUSED: None

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 Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 2:25 p.m.

GUBERNATORIAL REAPPOINTMENT HEARING: **Chairman Martin** welcomed Britt Raubenheimer from Sandpoint, Idaho, under consideration for reappointment to the Idaho Commission for the Blind and Visually Impaired (Commission). **Ms. Raubenheimer** expressed her gratitude to the Commission for their support in helping her regain independence after her vision loss 20 years ago. The Commission sent a counselor to her home that helped her with basic livings skills like cooking, and provided training to use a computer and phone that "talk" to her, and to navigate around her community with confidence. Now she travels widely, including air travel, as she continues her career as an oceanographer. She hopes to continue to work with the Commission to ensure all Idahoans have the same training to remain independent and gain or retain employment. The Commission currently faces several challenges, including changes to the Workforce Investment Act (Act), which mandates a larger percentage of funding going to training for visually impaired youth transitioning from high school to higher education or into the workforce. While worthwhile, it comes with challenges in making sure funds are spent properly to avoid financial penalty and it also brings a reduction in funding for adult services. The Commission has been brainstorming efficiencies so that adults like her can continue to receive needed support and training as well. She hopes to continue to work with the Commission to turn challenges into opportunities.

DISCUSSION: **Vice Chairman Souza** asked Ms. Raubenheimer to elaborate on the allocation of funds for youth. **Ms. Raubenheimer** explained that the Act requires that 15 percent of the budget for vocational rehabilitation services be spent on pre-transition services, which is a significant spending increase. Complications arise in the restrictions placed on how that money can be spent. As an example, it covers adaptive software, but not the hardware to run it. Positive developments included youth leadership training along with expanded summer employment training and outreach to schools and employers.

Senator Lee commented that Ms. Raubenheimer's story is so impressive, that she remains fascinated by her professional background and asked her to share her story for the newer members of the Committee. **Ms. Raubenheimer** shared that she still remembers how scary it was to even walk to her mailbox. The Commission gave her the support to continue her work as an oceanographer. She goes into the field to collect observations and then completes the analysis on a computer. The Commission provided the skills training to do the analysis, to make presentations and to travel. She just returned from Boston; she has been recruiting for the Massachusetts Institute of Technology (MIT) doctorate program. Significant to her continued success is her ability to navigate space, to walk here from her hotel, to move through an airport, and to travel across the country. She depends on hearing. She scuba dives for work and has some advantage to fully sighted divers who trained in high visibility. She is able to construct frames under water and attach instrumentation in low visibility, murky water. Once she surfaces, she again relies on hearing and a diving buddy to locate the boat.

Senator Bayer asked Ms. Raubenheimer how many clients come through the Commission and how many facilities there are in Idaho. **Ms. Raubenheimer** reported that there is a residential facility, an additional training facility, a vocational rehabilitation program, an independent living program, and an adaptive equipment store. Some clients receive individual attention in their communities. There are roughly 800 clients annually that come through the independent living program, another 100 being put back to work through the vocational rehabilitation program, about 50 receiving sight restoration assistance, about 20 students in the summer program and up to 75 students receiving transition services support. There are currently 12 clients in the school.

Senator Heider asked Ms. Raubenheimer to provide some information about the American Geophysical Union (Union). **Ms. Raubenheimer** explained that it is an organization made up of scientists, and federal and state agencies, who are members interested in geophysics: oceanography, planetary physics, and meteorology. The Union meets annually in San Francisco and about 20,000 members attend that meeting. The Union endeavors to ensure good communication between the public, agencies, and academics. She works closely with members that include the Army Corps of Engineers and Geological Survey.

Senator Heider thanked her for continuing to support the Commission and complimented her for being so proactive.

Chairman Martin noticed that Ms. Raubenheimer was accompanied by a service dog and inquired about him. **Ms. Raubenheimer** introduced her dog, Hugger. Hugger is critical to Ms. Raubenheimer's ability to navigate an airport or new city. **Chairman Martin** shared with her that the Committee was smiling in admiration, thanked her for her willingness to continue to serve, and commended her ability to conduct herself and overcome obstacles.

ADJOURNED: There being no further business at this time, **Chairman Martin** adjourned the meeting at 2:50 p.m.

Senator Martin
Chair

Margaret Major
Secretary

AGENDA
SENATE HEALTH & WELFARE COMMITTEE
2:00 P.M.
Room WW54
Thursday, March 14, 2019

SUBJECT	DESCRIPTION	PRESENTER
Gubernatorial Appointment: VOTE	Re-appointment of Britt Raubenheimer Idaho Commission for the Blind & Visually Impaired	Chairman Martin
Presentation	U.S. Ecology	Jeff Feeler President, CEO, Chairman US Ecology

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Martin	Sen Burtenshaw
Vice Chairman Souza	Sen Bayer
Sen Heider	Sen Jordan
Sen Lee	Sen Nelson
Sen Harris	

COMMITTEE SECRETARY

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MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Thursday, March 14, 2019

TIME: 2:00 P.M.

PLACE: Room WW54

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

ABSENT/ EXCUSED: Senators Lee, Harris, and Burtenshaw

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 Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 2:00 p.m.

GUBERNATORIAL APPOINTMENT VOTE: **Senator Heider** moved to send the Gubernatorial re-appointment of Britt Raubenheimer to the Idaho Commission for the Blind and Visually Impaired to the floor with the recommendation that he be confirmed by the Senate. **Senator Jordan** seconded the motion. The motion carried by **voice vote**.

PRESENTATION: Roy Eiguren, Attorney representing US Ecology, opened the presentation by explaining that the company makes a presentation to the Legislature every year, and introduced Mr. Jeff Feeler, President, Chief Executive Officer and Chairman, US Ecology. **Mr. Feeler** led a panel discussion, along with Simon Bell, Executive Vice President and Chief Operating Officer; Terry Geiss, Vice President, Western Region Operations; and Jason Evens, General Manager, US Ecology. **Mr. Feeler** provided an overview of the company that included their commitment to protect human health and the environment. It is a multinational company traded on the NASDAQ; one of the few companies in Idaho that is publicly traded. The company has 15 treatment facilities nationwide, with one radioactive landfill site in Washington, and also provides a range of field and community services. They have experienced tremendous revenue growth, from \$169 to \$620 million between 2012 and 2019. Boise is the company headquarters, with 164 staff in Boise and 1,671 globally.

Mr. Geiss gave an overview of the two Idaho facilities: their treatment storage disposal facility near Grand View, and the rail transfer facility, which together employ a staff of 42. The Grand View facility received Occupational Safety and Health Administration (OSHA) recognition as a "Star worksite." They have contributed approximately \$2 million over 11 years to the General Fund.

Mr. Bell touched briefly on the explosion incident that occurred on November 17, 2018. They immediately enlisted the foremost experts to investigate the incident, and the company is working to safely restore operations. The incident resulted in the only fatality in the company's 66 year history and in significant damage to the facility. While the investigation continues, preliminary findings show the receipt of magnesium fines (that may have been contaminated or commingled with other unexpected waste elements), may have caused a chemical reaction and resulted in the explosion. Moving forward, the primary focus has been to support the affected employees and their families while the investigation continues. They continue to support the regulatory investigations from OSHA, the Environmental

Protection Agency (EPA), and the Department of Environmental Quality (DEQ), and are working closely with DEQ to safely restart operations. Federal government revenues have been declining: Idaho facilities are disadvantaged since they are geographically far from major cleanup projects on both coasts, and competitors have replicated some of their capabilities. Efforts are underway to grow retail and recycling enterprises.

DISCUSSION:

Senator Heider had questions about providing consumer recycling guidance. **Mr. Bell** responded that it presents a real challenge and is an issue handled more at the municipal level that requires education and funding. Another issue is that much of our recycling infrastructure came from China and is no longer accessible. **Senator Bayer** asked for more information regarding recent restrictions placed on plastics recycling, and wondered if US Ecology had tremendous competition from China. **Mr. Bell** replied that the company's primary focus was not in plastics recycling, but shared that competition is really about technology: many companies are working to develop sorting technology that can detect differences in materials.

Senator Nelson commented that he used to be in the refining business where the culture of safety is key, and wondered if they found anything in their root cause analysis that led to changes in operations. **Mr. Bell** responded that he was not in the position to share details at this time, but reported that the materials they believe were involved are not being accepted while the investigation continues.

Senator Heider expressed admiration for their organization and appreciation for the way they were handling the investigation. **Senator Jordan** expressed empathy for their loss. She wondered if having to close down a section of their facility presented any storage hardship. **Mr. Feeler** replied that the company is large and was able to redirect materials to other sites. **Mr. Evens** commented that US Ecology continues to be a strong company and he is amazed at the level of commitment to their team members and to the environment. He has been given full authority to take care of team members to get them through this incident. The company has provided counseling, retraining opportunities and more, with no loss of pay to staff.

Chairman Martin asked for more context regarding the decline in revenue at the Grand View facility, compared to the growth seen in the company overall.

Mr. Feeler explained that the facility is geographically far from industry and transportation cost is high. Other sites see growth because they are located near industry, but emphasized that this facility is still critical to their network. They continue to look for growth opportunities for this site. **Mr. Feeler** invited Committee members to tour the facility.

ADJOURNED:

There being no further business at this time, **Chairman Martin** adjourned the meeting at 2:40 p.m.

Senator Martin
Chair

Margaret Major
Secretary



Idaho Legislative Update

March 14, 2019

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1

Introductions



JEFF FEELER

- *President, Chief Executive Officer & Chairman*
- Joined US Ecology in 2006
- Boise State University



SIMON BELL

- *Executive Vice President and Chief Operating Officer*
- Joined US Ecology in 2001
- Colorado State University



TERRY GEIS

- *Vice President, Western Region Operations*
- Joined US Ecology in 2001
- Indiana University of Pennsylvania



JASON EVENS

- *General Manager, US Ecology Idaho*
- Joined US Ecology in 2012

2

US Ecology Overview

Vision: To be the premier provider of comprehensive environmental services.

- Multi-national company with over 1,600 employees
- Fully integrated North American Environmental Services provider
- Diverse, blue chip customer base across a broad range of industries with over 7,000 customers
- 65+ year Commitment to Health, Safety and the Environment
- Financially strong
- Publicly traded on NASDAQ ('ECOL')



- ★ Headquarters
- Disposal Sites 5 Haz, 1 Radioactive (Class A, B, C)
- ◆ Treatment & Recycling (22)
- ◆ Service Centers (15)
- Retail Satellites (13)

3

Our Guiding Principles

Why We Exist

To provide safe and compliant solutions to protect human health and the environment

Our Vision

To be the premier provider of comprehensive environmental services

Permission to Play

- Safety and Compliance
- Protecting the Environment
- Doing the Right Thing, the Right Way
- Living the Humble, Hungry and Smart Virtues

Shared Values

- Service Excellence
- Being a Trusted Partner
- Innovative Solutions
- Being "One Team"

4

Coast-to-Coast Disposal Network

- Facilities Positioned throughout North America
 - 5 Haz / Non-Haz Landfills (All Co-Located with Treatment)
 - 1 Radioactive Waste Landfill (Class A, B, C)
- Located near Industrial Centers in the West, Northeast, Midwest and Gulf Regions
- Broad Range of Permits and Acceptance Criteria
- Infrastructure to Support High Volume Transfer
- Rail and Truck Access



Idaho (Grand View)



Michigan (Belleville)



Nevada (Beatty)



Stablex (Quebec - Blainville)



Texas (Robstown)



**Washington (Richland)
Radioactive Landfill**

5

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5

Large Treatment Network

- Facilities throughout the Northeast, Midwest, West, South and Gulf regions
- Five co-located with disposal facilities
- Ability to manage a wide range of liquid and solid waste streams
- Broad range of de-characterization and de-listing capabilities
- State-of-the-art air handling

15 Treatment Facilities

- | Located at Landfills | Standalone |
|----------------------|----------------|
| • Idaho | • Michigan (2) |
| • Michigan | • Ohio |
| • Nevada | • Penn. |
| • Quebec | • Illinois |
| • Texas | • Alabama |
| | • Oklahoma |
| | • Florida |
| | • Ontario |
| | • California |

Michigan (Detroit)
Treatment / Stabilization and WWT



Ohio, Penn. and Illinois
Liquid and Solid Waste Treatment



Nevada (Beatty)
Treatment / Stabilization



6

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6

Field Services

Small Quantity Generator Services

Retail

End-to-end management of retail hazardous waste programs



Lab Pack

Small quantity chemical management services



LTL / HHW

Household hazardous waste collection and Less-than-truckload container management



Other Field Services

Managed Services

Outsourced management, tracking and reporting all waste streams for generators



Transportation & Logistics

Transport of waste from point of generation to ultimate disposal



Remediation

Management of remedial construction projects from start to finish



7



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7

Recycling

- Seven recovery / recycling operations in the Gulf, Midwest, Northeast and Southern Regions

- Market Oriented Solutions:

- Thermal Desorption – Oil / Catalyst Recovery
- Solvent Distillation – Airline De-icing, Other Solvents
- Mobile Distillation – On-site Solvent Recovery for Manufacturing facilities in the South and Midwest
- Selective Precipitation – Valuable Metals Recovery

Resource Recovery

Glycol & NMP Solvent Recycling (MI)
Two Airport Recovery Sites (MN & PA)



Texas (Robstown)

Thermal Recycling



North Carolina (Mt. Airy)

Mobile Solvent Recovery – South & Midwest



Pennsylvania (York) Ohio (Canton)

Selective Precipitation Metals Recovery

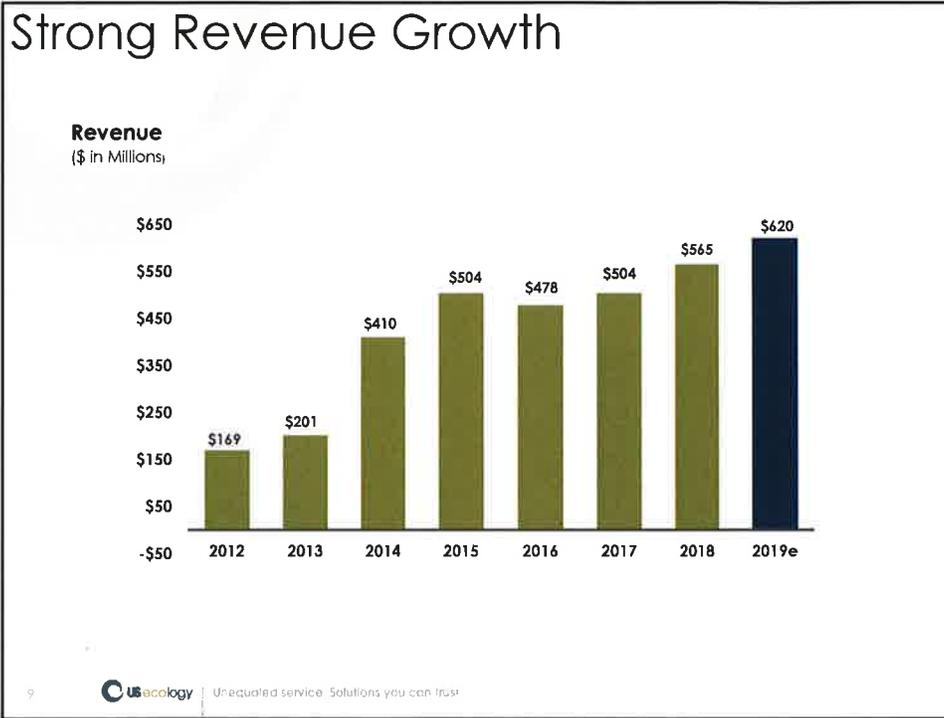


8



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8



9



10

US Ecology is a Growing Idaho Company

- Boise is the headquarters for US Ecology, Inc.
- Globally, US Ecology currently employs 1,671 team members, an increase from 1,577 in 2018.
- In Idaho alone, we employ 164 team members.
- Our Boise office size has grown rapidly along with the overall growth of the Company.

glassdoor



4.1 ★★★★★



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11

We're Involved In The Boise Community



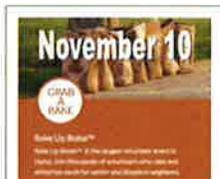
2018 Fundsy Gala



Junior League of Boise



Our US Ecology Team
Ronald McDonald House Charity Event



Rake Up Boise



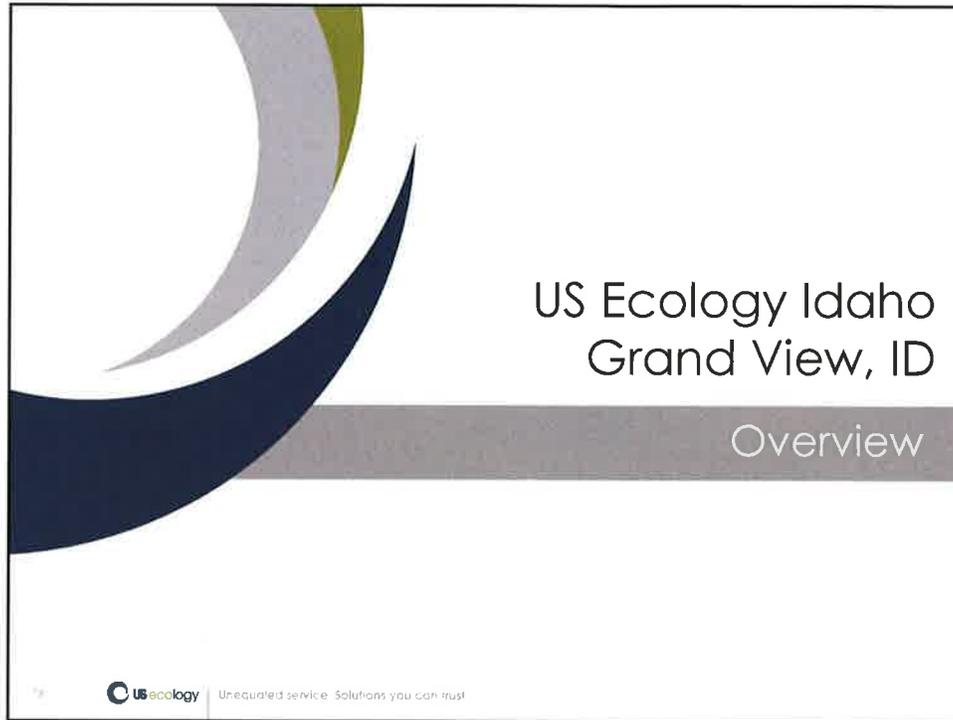
Army Pays Event
Recruiting our Veterans



Metro
Meals on Wheels
Treasure Valley

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12



US Ecology Idaho Grand View, ID

Overview

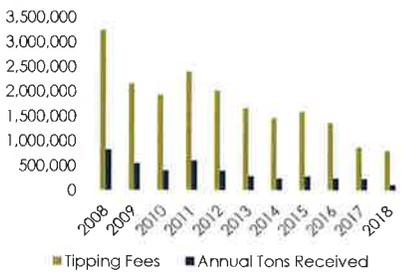
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13

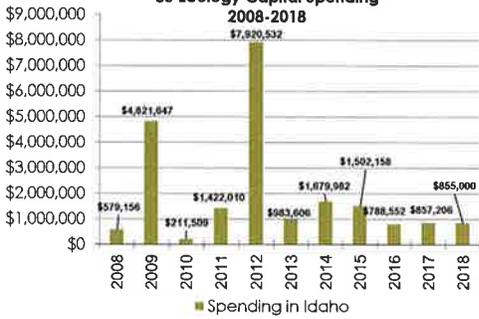
US Ecology Idaho: Grand View Facility

- Hazardous, PCB and low-activity (exempt) radioactive disposal
- Employs over 40 people in Grand View & Mayfield
- USEI recently celebrated a 10-year anniversary with OSHA VPP Star Status
- Significant generator of state revenue:
 - \$1.8M avg. annual tipping fee (past 11 years)
 - ~\$750K State income taxes annually
- No outstanding compliance concerns





Year	Tipping Fees	Annual Tons Received
2008	~3,200,000	~800,000
2009	~2,200,000	~600,000
2010	~1,800,000	~500,000
2011	~2,300,000	~600,000
2012	~2,000,000	~500,000
2013	~1,600,000	~400,000
2014	~1,400,000	~350,000
2015	~1,500,000	~400,000
2016	~1,300,000	~350,000
2017	~1,100,000	~300,000
2018	~1,000,000	~250,000



Year	Spending in Idaho
2008	\$579,156
2009	\$4,821,847
2010	\$211,509
2011	\$1,422,010
2012	\$7,940,532
2013	\$983,606
2014	\$1,879,982
2015	\$1,502,158
2016	\$788,552
2017	\$857,206
2018	\$855,000

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14



15

Community Involvement and Outreach Extends to Owyhee and Elmore Counties

- OSHA Voluntary Protection Program Participants Association
- Grand View Annual Homecoming Days
- Grand View Volunteer Fire Department and Ambulance Service
- Grand View Food Bank
- Grand View Chamber of Commerce
- Mountain Home Chamber of Commerce
- Western Alliance for Economic Development
- Idaho Rural Partnership – Community Review
- Mountain Home Highway District
- Mountain Home Parks and Recreation
- Grand View/ Bruneau Little League & Rimrock High School Sports
- Glens Ferry High School Sports

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Local Initiatives

- Mountain Home – Household Hazardous Waste Collection and Community Recycling Event
 - Annual Event
 - Enhance safety of local municipal landfill
 - Contribution-in-kind of approximately \$20,000

- Helping Hands Community Grant Program
 - Annual Award Distribution
 - Owyhee County Non-Profit Organizations
 - Examples include school programs, senior centers, town libraries and cultural/historical centers
 - Contribution-in-kind of approximately \$15,000

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US Ecology Idaho, Inc. Grand View Incident

November 17, 2018 Incident

- Unexpected incident occurred resulting in significant damage to the facility and temporary site closure.
- US Ecology enlisted the foremost experts to lead the internal investigation. The investigation team has made significant progress; however, their work continues.
- The facility received waste magnesium fines from a third-party generator that may have been contaminated or co-mingled with other waste elements not specified in the waste profile provided by the generator.
- An explosion occurred during the treatment of the first of four batches of the subject waste. Based on the preliminary findings of the investigation, it appears that the explosion was caused by an accelerated chemical reaction occasioned by the presence of unexpected waste elements.
- 1 fatality and 3 other employees injured – resulting in the toughest day in our 66-year history.

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US Ecology Idaho, Inc. Grand View Incident

Following the Incident

Our primary focus:

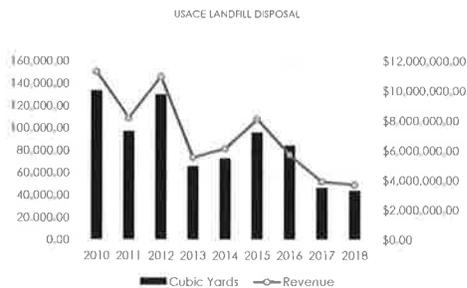
- Supporting the affected employees, their families, and all of our team members and working with the community as we move forward.
- Conducting a thorough investigation on the root cause.
- Supporting regulatory investigations from IDEQ, EPA and OSHA.
- Working with IDEQ to safely and compliantly restart facility operations.
- To learn why and how this happened to ensure it does not happen again.
- Keeping all lines of communication open with key stakeholders.

Current status:

- Focused on the safety and compliance of the site, we are phasing back into operations.
- Reopening operations supports our remote work force, the community, the state, and our customers.
- Substantial cleanup and repairs of equipment and facilities have been completed and others continue.
- Reopened bulk landfill operations recently and the phased approach includes next the receiving of containers and treating waste at the outdoor stabilization.
 - Worked cooperatively with IDEQ and EPA to maintain permit compliance.
 - Safety measures in place for on site personnel.

Looking Forward

- Idaho rebuild and recovery is imperative to our continued success.
- Operate in a competitive business.
 - Federal Government revenues have been declining (see graph.)
 - Idaho is disadvantaged to East Coast cleanup projects due to geography.
- Exploring ways to diversify our Federal Government services business including expanded radiological services.
- Also servicing new lines of business through our field services network i.e. retail market.
- Continuing to identify recycling and reuse opportunities for our customers.
- And others,





21

AGENDA
SENATE HEALTH & WELFARE COMMITTEE
2:00 P.M.
Room WW54
Tuesday, March 19, 2019

SUBJECT	DESCRIPTION	PRESENTER
Gubernatorial Appointment: Hearing and Vote	Appointment of B.J. Stinger Idaho Commission for the Blind and Visually Impaired	B.J. Stinger
Presentation	Southwest Idaho Treatment Center Status Report	Director Jeppesen Dept of Health and Welfare

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Martin	Sen Burtenshaw
Vice Chairman Souza	Sen Bayer
Sen Heider	Sen Jordan
Sen Lee	Sen Nelson
Sen Harris	

COMMITTEE SECRETARY

Margaret Major
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, March 19, 2019

TIME: 2:00 P.M.

PLACE: Room WW54

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

ABSENT/ EXCUSED: Senators Lee and Burtenshaw

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 Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 2:05 p.m.

GUBERNATORIAL APPOINTMENT HEARING: **Chairman Martin** welcomed B.J. Stinger, under consideration for appointment to the Idaho Commission for the Blind and Visually Impaired (Commission). **Mr. Stinger** is from Pocatello, Idaho, and is currently pursuing a master's degree at Idaho State University. He suffers a rare, genetic degenerative ocular disease. His family has a long relationship with the Commission, going back to 1969 when his grandfather attended the Commission's Assessment and Training program. **Mr. Stinger** shared that he attended the program six years ago and would now like to help other Idahoans who are blind and visually impaired.

DISCUSSION: **Senator Jordan** inquired how Mr. Stinger's perception of the Commission might have been influenced after attending their training program. **Mr. Stinger** stated he found it extremely beneficial and was inspired to join the Commission after attending the program.

Chairman Martin asked Mr. Stinger what he felt he would bring to the Commission. **Mr. Stinger** responded that he has been told that he is very personable, willing to do whatever he can to help, and he is very diligent in his pursuit of an objective.

Senator Heider wondered how Mr. Stinger might help an Idaho employer understand that candidates with visual impairment are productive and dependable, and how he would approach them to bring these candidates on board. **Mr. Stinger** explained that the Commission has regional offices that approach potential employers and offer to provide a presentation. Employers can also reach out to the Commission for information, which includes information about adaptive equipment.

Chairman Martin thanked Mr. Stinger and notified the Committee that the vote to recommend confirmation would occur as the last order of business in today's meeting.

PRESENTATION: **Director David Jeppesen**, Department of Health and Welfare (Department), presented a status update on the improvement plan for the Southwest Idaho Treatment Center (SWITC). **Director Jeppesen** assured the Committee that this issue continues to be a top priority and he has begun weekly status meetings to review progress. The advisory group has met twice since the Department's first presentation to this Committee in early February.

Director Jeppesen presented his update in three categories: the facility, long-term systemic issues, and the land that the facility sits on. The current facility is stable and improving. The plan is constantly being updated as they consult with experts. There has been some progress in staffing with pay increases and the implementation of a workweek that consists of four, 10-hour shifts, and improvement in staffing ratios. Increased staffing has allowed them to keep clients engaged in sports and enrichment activities. Clients engaged in structured activity are less likely to engage in maladaptive behavior and more likely to learn behaviors that would allow them to move back into a community setting. A recreational therapist will be hired to define and lead those activities. Investigations into potential abuse or neglect are improving. The investigator recently received certification and a new, senior investigator will be hired. The Department meets monthly with Adult Protective Services. There is one board-certified behavioral analyst and one other on staff that is pursuing board certification. **Director Jeppesen** emphasized that client treatment and safety is the highest priority and the Department will continue to evaluate the facility itself to make necessary changes.

Director Jeppesen discussed system level issues that are much broader than just the facility issues, stating that previously the Department had been trying to solve the problem with the wrong solution. The issues require a step back to take a broad, wholistic look at how the Department manages these clients. Questions under consideration by the advisory board include: what is the purpose of SWITC; what is the Department's role, responsibility and authority; what is the right treatment model for this population that does not fit the community placement model; and what is the appropriate facility design and licensing, and should it be run by the State or privately run. The advisory board includes families of SWITC clients, law enforcement, the courts, community partners, legislators, and others. Senator Nelson visited the facility and is now a member of the advisory board. **Director Jeppesen** reported that he expects to see recommendations from the advisory board to be submitted to him for consideration by June, 2019, so that when the Legislature reconvenes next year, the Department will be prepared to introduce recommended statute changes, policy improvements, and budget recommendations, to transform the model of care that serves this vulnerable population.

Director Jeppesen reported that the facility sits on 600 acres owned by the Department. It houses SWITC, a community re-entry center under the Department of Corrections, a Department of Juvenile Corrections facility, a Job Corps facility, and is the future site of an adolescent behavioral health facility. The city of Nampa also has two golf courses on the property. Since his first report to this Committee, Director Jeppesen has met with the Mayor of Nampa, engaged a professional firm to conduct a re-valuation of the property, met with developers to discuss potential use of the property, and met with Senator Jordan to share ideas. **Director Jeppesen** stated that he intends to pull together the current valuation along with options, and will meet with the Governor's Office near the end of April to discuss those options.

DISCUSSION:

Senator Jordan expressed concern over the current SWITC clients given the potential to transition the property, since these clients reside there because there are no community placement options for them. **Director Jeppesen** assured Senator Jordan that the client's best interest is paramount in any decision. The short-term plan is to use the current model that allows them to be reintroduced into community options, while ensuring that long-term, they will have a place for treatment. Many of these clients sit between community services and the correctional system. The current model is not working, but changes will not be made at the expense of the clients.

Senator Harris inquired if the advisory committee was considering improvements to the buildings themselves. **Director Jeppesen** stated that the plan is to design a new facility around whatever treatment model they develop. The current facility was built for a different purpose, in a different time, and significantly contributes to the problems encountered

Chairman Martin asked the Director to address staff safety. **Director Jeppesen** stated that the inadequate facility is a big part of the issue. He reported that improvements include training, and a key-card system for room access to provide a level of staff safety. Having higher staffing levels contributes to safety as well. He is waiting for statistics still being compiled, but emphasized that reducing injury risk will be challenging until the move into a new facility. **Chairman Martin** requested the annual budget for the current population of 17 clients. **Director Jeppesen** reported that it is approximately \$11.5 million annually. The majority of the program is federally funded, with some state funding from the General Fund.

**GUBERNATORIAL
APPOINTMENT
MOTION:**

Senator Nelson moved to send the Gubernatorial appointment of B.J. Stinger to the Idaho Commission for the Blind and Visually Impaired to the floor with recommendation that he be confirmed by the Senate. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

ADJOURNED:

There being no further business at this time, **Chairman Martin** adjourned the meeting at 2:25 p.m.

Senator Martin
Chair

Margaret Major
Secretary

Southwest Idaho Treatment Center

Improvement Plan



Background: As directed by the 2009 Idaho State School and Hospital (ISSH) Transition Project, the facility now known as Southwest Idaho Treatment Center (SWITC), downsized rapidly from a population of 75 clients in 2008 to 17 clients in 2018. The purpose for this transition was to support individuals with developmental disabilities in their communities whenever possible. Although the state has been effective in reducing placements at SWITC, we have not adjusted to the changing behavioral and treatment needs of our clients. SWITC is licensed as an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID). The ICF/ID license is designed for the general population of people with developmental disabilities. There are over 60 ICF-ID's privately owned and operated in our communities today. Although this licensure is very effective in treating the general population with development disabilities, SWITC has "out grown" this licensure, as this type of license is not designed to effectively deal with mental illness, aggressive behaviors, or significant self-abusive behaviors.

Transition of Mission and Goals: The clients who remain at SWITC are there because there are no community options or placements available to them. SWITC clients have significant developmental disabilities, mental illness, and aggressive and/or self-abusive behaviors to the extent that no community provider has been able to support them for an extended period. The current mission and vision at SWITC has transitioned from a long-term home for clients to a stabilization and treatment center for individuals in crisis with the most complex and aggressive behaviors.

History of Facility Issues: In 2015, the Department of Health and Welfare (Department) acknowledged the facility was no longer able to adequately serve the population and attempted to sell the land and rebuild the facility in another location, but the land sale was unable to be completed and the project was abandoned.

In 2017 SWITC administration found that a small group of SWITC staff were abusive to clients and subsequent investigations resulted in six staff either being terminated for cause or resigning from the facility. The investigations brought scrutiny to the facility in the form of several licensure investigations and significant findings over the next year and a half.

Disability Rights Idaho (DRI) and the Office of Performance Evaluations (OPE) released reports and recommendations (in October 2018 and January 2019, respectively) to address issues at the facility.

Facility Issues Identified: The Department takes seriously the issues identified through internal investigations, licensing surveys, and reports and analysis conducted by others. DHW is fully engaged in improving the problems at SWITC.

After investigations and analysis at SWITC, three main facility issues were identified:

1. Active Treatment plans were insufficient and not updated regularly, making treatment for some clients ineffective.
2. The facility lacked critical expertise to address the complex behaviors at SWITC.
3. Staff turnover made it impossible to provide daily, active, and effective treatment and staff training was insufficient.

Facility Focus and Improvements in 2018: The focus in the last year has been to directly address these failures and issues at the facility to ensure effective treatment of clients, reduce turnover, and improve critical staffing at the facility. There has also been a focus on improved management and quality assurance practices. Following is a summary of the critical problems addressed and strategies implemented to make immediate improvements at the facility.

Priority Issue #1: Active Treatment plans were not updated regularly to address emerging behaviors and health issues. The Department lacked expertise and professional staff to lead these efforts and develop effective treatment plans on an ongoing basis and provide direction to direct care staff in how to adequately treat and assist patients on a regular basis.

Strategies Implemented to Resolve Issue:

1. *Hired a Board Certified Behavioral Analyst (BCBA):* The BCBA is a national certification that includes a master's level education as well as supervised training, testing, and continuing education. It is the cornerstone of Applied Behavior Analysis, an evidenced based practice for serving individuals who have developmental disabilities and behavioral issues. This individual immediately took lead on active treatment plans and coordination of regular professional treatment meetings to ensure all client files and plans are reviewed and updated regularly.
2. *Hired a Counselor:* The Department hired a Licensed Clinical Social Worker with experience in dual-diagnosis (mental health and developmental disabilities) as well as trauma informed therapy to assist SWITC clients, all of whom have experienced trauma throughout their lives. This individual meets regularly with clients to enhance treatment planning and engaging in Trauma Informed Care approaches for ongoing needs.
3. *Hired a Speech and Language Pathologist (SLP):* In addition to the other significant issues, many SWITC clients have difficulties in communicating their needs. In the spring of 2018 a SLP was hired and all SWITC clients now have communication assessments and programs have been developed to address this need.

4. *Structured new Treatment Teams:* With a new team of experts, the treatment teams meet weekly to assess and determine active treatment plans for each individual at SWITC, continuing to address behaviors with the goal of stabilizing individuals, so they can move to community placements when possible.
5. *Coordination with Crisis Team:* Members of the Crisis Prevention Team meet twice monthly with the SWITC treatment team regarding the court committed clients they oversee. Most of the clients at SWITC are under court commitment. Crisis Team members provide input regarding treatment with an emphasis on stabilization and eventual safe placement in the community.

Results: SWITC has seen significant improvements in active treatment of clients with the addition of additional professional expertise and coordination of treatment teams. The BCBA now directly supervises all direct care staff which provides both insight and accountability to day to day operations and client treatment. Professional services aimed at addressing trauma and behavior related to trauma has now fully engaged in treatment plans.

Priority Issue #2: Ongoing Safety of Clients. After investigations and surveys during the 2017 incident, it was paramount that the safety of clients was SWITC's top priority. In addition to improvements in active treatment plans and improved expertise to help address risky behaviors, the Department implemented strategies to ensure all allegations of abuse or neglect were immediately reviewed, put safety precautions in place to better monitor clients, and improved policies and procedures related to allegations and investigations.

Strategies Implemented to Resolve Issue:

1. *Focus on Quality Assurance:* Management reorganized and assigned a Quality Commitment Supervisor to fully investigate allegations of abuse as well as provide regular feedback to management for areas of concern or risk.
2. *Installation of Security Cameras:* New security cameras were installed throughout campus to provide constant monitoring of client to client and staff to client interactions for review and immediate resolution.
3. *Improved Investigation Practices:* Policies were rewritten following input from DRI and OPE reports as well as in response to 2018 licensure surveys. Policies were reviewed and approved by the November 2018 licensure survey. SWITC investigators were re-trained and certified by an independent provider recommended by Licensing and Certification.
4. *Improved Coordination with Adult Protection:* SWITC Staff meet with Adult Protection staff every four to six weeks to review any reports and to improve investigations and safety at SWITC.

Results: SWITC has experienced significant improvements in the safety of clients with careful attention to any incidents of abuse or neglect with staff now in the habit of self-reporting any issues. Investigations are more

complete and less time-consuming with improved cameras, software, and clarity of imaging. Oversight of allegations and investigations by advocates has improved with frequent meetings between SWITC and Adult Protection.

Priority Issue #3: Staff Development and Retention. One of the biggest challenges we have faced at SWITC has been our turnover. In 2017, voluntary turnover was approximately 29% and 40% in 2018. Keeping well trained, competent staff employed at SWITC is critical to improving day to day operations. SWITC developed new training for staff and implemented a career ladder and salary increases in efforts to improve in this area.

Strategies implemented to resolve issue:

1. *Development of New Worker Training:* In January 2018, SWITC new employee training added two weeks of classroom time and one week of job shadowing prior to staff independently overseeing a client to improve direct care and treatment of clients.
2. *Implemented a Career Ladder for Direct Care Staff:* New training has become available for existing staff as well as a career ladder that includes the required oversight and supervision for staff to become nationally certified as Registered Behavioral Technicians.
3. *Salary Increases:* In the fall of 2018 direct care staff starting salaries were increased from \$15.53 per hour to \$16.56, with existing direct care staff and nursing salaries also seeing a substantial increase.
4. *Improved Scheduling:* In the fall of 2018, in response to a staff survey direct care staff schedules were changed from five eight-hour days to four ten-hour days.

Results: Upon implementation of the 2018 improvement strategies, SWITC passed its annual licensure survey in October 2018, a successful annual licensure survey found only one citation related to a dental visit. This was the best survey results at SWITC in over ten years.

Facility Improvements for 2019:

Although we celebrate the facility improvements that have been made over the past year, there are still critical issues that must be addressed. The 6-month road map at SWITC will address the following areas:

Priority Issue #1: Improve Staff Safety at the Facility: We continue to struggle with staff injuries and staff assaults. We must implement some safety measures to ensure we can protect the safety of our staff.

Strategies to address issues:

1. *Building Improvements:* SWITC has a list of building modifications including modifications to individual rooms around their specific challenges, development of sensory rooms to allow clients an area to calm, and key card access, that will help control where individuals can go on campus reducing risk for both clients and staff.

2. *Engage a Safety Workgroup:* SWITC has formed a safety workgroup that includes direct care staff to review staff injuries and safety issues in order to analyze and reduce injuries and threats at the facility.
3. *Continue to Pursue Strategies to Address Turnover:* Direct Care staff are critical at SWITC and further work in retention and recruitment efforts will be addressed.
4. *Additional Training for Staff:* Additional training from the National Association of Dual Diagnosis around providing trauma informed services; and training, supervision, and national certification of direct care staff as Registered Behavioral Technicians.

Priority Issue #2: Explore additional facility improvements through outside consultation.

Strategies to address issues:

1. *Explore Additional Models Based on What Other States Are Doing:* The Department is currently researching models used in other states to address this very complex and unique population. Options and models will be used to inform longer term strategic plans for the future of SWITC.
2. *Identify Possible Consulting Services:* SWITC is engaged in discussion with several national organizations that consult with SWITC-like facilities working with this level of clients. SWITC will work on options to engage expertise in areas of staff and client safety, quality assurance, and staff retention as well as other issues to ensure facility risks and issues are addressed and sustainable improvements are made.

Priority Issue #3: Continue to improve management and professional development

1. *Improve Day to Day Client Activities and Learning:* The Department is looking to hire a Recreational Therapist to improve activities that allow them to be engaged and learn socializing behaviors.
2. *Improve Expertise and Informed Care Models for Active Treatment Planning:* The Department will hire an additional Board Certified Applied Behavioral Analyst to improve therapy and treatment and oversee direct care staff and quality outcomes. Efforts to secure this expertise last year has been tremendously successful, but the workload is too much for one individual to be effective on a continuous basis with changing clients and needs.
3. *Improve Therapeutic Treatment to Improve Quality of Life in Daily Activities:* The Department would like to hire an Occupational Therapist to help clients develop, recover, improve, and maintain skills needed for daily living.
4. *Improve Process to Investigate Allegations of Abuse or Neglect:* The Department will improve the quality assurance and investigation processes to ensure that allegations or incidence of injury, abuse, or

violence is immediately investigated and causes of incidents are reviewed and addressed by management.

5. *Improve Management Engagement of Crisis Management:* The management team has formed specialized workgroups with crisis teams and treatment teams to conduct individualized analysis of client population and coordination with crisis team to identify best placement options for individuals so that community placements and options are identified once clients are stabilized.

Long Term Strategy and Problem Solving: As reported in the OPE report, the cause of these issues at SWITC are systemic in nature and ultimately come down to finding an appropriate treatment model for this very small subset of our developmentally disabled population. Today 99.3% of developmentally disabled clients are effectively and successfully served in community placements or in their own homes with resources and services through Home and Community Based Services (HCBS). Under 1% of the population has not and likely will not be successful in a long-term community setting because of the complex and difficult behaviors and trauma they have faced. The Department is committed to working with stakeholders, experts, and community partners to identify a long-term solution to the population currently served at SWITC.

The 17 clients in the facility, as well as several clients who are at risk in the community, touch multiple state systems from the courts; to corrections; the mental health system; developmental disability community providers; advocates; and families of past, current, and future clients. SWITC, as well as the Developmental Disability System and the larger systems, have been unable to meet the needs of these clients. In response to this larger issue the Department of Health and Welfare convened the SWITC Advisory Board in November 2018. The Advisory Board includes membership from the Governor's Office; the Legislature; the courts; Canyon County Sheriff's office; Idaho Department of Corrections; Adult Protection; a private provider; parents of a SWITC client; and a member of Idaho's Branch of NAMI (National Alliance on Mentally Illness).

The Advisory Board will be tasked with making recommendations and exploring options for the right treatment model to serve this unique population. It will explore what systems can best address the needs of this population, what types of facilities and treatment models are appropriate, where the treatment should take place, and funding options. As the OPE Report notes, SWITC in its current facility and under its current license are not a long-term solution for these uniquely challenged clients.

Questions to Address for a Long Term Strategic Plan: Below are questions that must be answered to inform a long term strategic plan. Some of these questions must be addressed by the partners engaged in serving this population, other questions will be addressed through policy decisions, but they must all be clearly determined before effective long-term strategies can be determined.

- What population falls within the responsibility of the Department to provide treatment? (DHW recognizes that we provide services to a broader population through Medicaid payments, but when does the Department become the service "provider") Should the Department only provide treatment to individuals who are committed to the Department or also take voluntary placements? (compare to Child Welfare model)

Decisions/Time Frames: This question will be reviewed by the Advisory Committee based on information and options provided by DHW and other inputs. Recommendations will be provided by June to inform decisions that must be made by July.

- What is the right treatment model for the population we have defined? How does the current SWITC and crisis model fit into that, if at all? Is the ICF-ID the correct licensure and treatment model for these individuals? If not, what is more appropriate?

Decisions/Time Frames: This question will be addressed by the Advisory Committee based on information and options provided by DHW. Recommendations from the Advisory Committee will be provided by June to inform decisions that must be made by July.

- If these individuals are to be treated in a facility and cannot be successful in current community placements, should the facility be State ran or privately ran? If the Department is not responsible for voluntary placements, who is?

Decisions/Time Frames: Once the decisions about population and treatment models have been determined, the Advisory Committee will make a recommendation as to whether DHW is still the best agency to support this population or if the identified needs are best met through a different agency or model. This decision must be made by July to inform planning on facility issues. Final decisions will be made by policymakers.

- If the State is going to operate the facility to treat these individuals, is the current facility an appropriate building and location? If the current facility is not conducive to treat the defined population, what is the appropriate model and facility?

Decisions/Time Frames: Once decisions have been made about who will be served and who will serve them, the Department of Health and Welfare will have to determine if the current facility is effective to serve the population. This is a DHW decision in coordination with policymakers and the Governor's office. Recommendations for moving forward should be expected by early fall.

- What will the Department of Health and Welfare do with the land (600 acres) where the current SWITC campus sits? Should the State sell that land? Should we create an endowment fund? What will be done with the Job Corps, Work Release Center, and Juvenile Corrections Center?

Decisions/Time Frames: The Lease Agreement with the city for the Golf Courses expires December 2019. Decisions on a long-term plan of land sell or lease agreements will be made by the Department of Health and Welfare in coordination with policy makers and the Governor's office. These decisions need to be made summer 2019.

- Based on the treatment model that is determined to be best for this population, what funding options are available? What type of license is appropriate? What is the oversight for the treatment or facility that will be used?

Decisions/Time Frames: Funding and licensure options will be researched by the Department of Health and Welfare and reviewed with federal agencies, policy makers, and the Governor's office to determine the most cost effective and appropriate model to serve the identified population ongoing. Funding requests, policy changes, and waiver options will vary based on decisions made above. The Department will continue to provide information to policy makers and the Advisory Board as appropriate to guide decisions.

Facility Specific Recommendations: Between October 2018 and March 2019, SWITC had three different sets of recommendations submitted for improving services at the current facility as it is licensed as an ICF/ID. The October DRI report listed issues from the period of 2017 through February of 2018. Many of those issues were at least partially addressed during 2018. The OPE report was completed in January 2019 and covered dates from February of 2018 through fall 2018. Some of the issues mentioned by the OPE report were addressed early in 2019 as the Department received the recommendations. A significant amount of the recommendations from the OPE report are beyond the scope of the internal workings of the facility under its current licensure, and those recommendations are addressed in the Southwest Idaho Treatment Plan, rather than in the following table. Finally, the Department received verbal recommendations from a Disability Rights of Idaho consultant on March 7, 2019. SWITC received dozens of recommendations from these reports some of which are outside the scope of this section, addressing plans surrounding recommendations around running the facility as an ICF/ID. Suggestions regarding systemic, licensure, or treatment model changes are addressed in the main report.

Table 1: Facility Specific Recommendations

Investigation and Prevention of Abuse and Neglect		
Recommendation	Plan	Timeline
Clients, Staff, and families of clients at SWITC can identify and report abuse, neglect, and maltreatment.	New staff training on abuse increased. Clients retrained on identification. Client abuse documents reformatted to increase comprehension. Families sent information on identifying and reporting on abuse. Current staff retrained on identifying abuse and neglect.	Complete
Investigators appropriately identify and investigate abuse including identifying ancillary or related issues in investigations.	Investigators received Labor Relations Certification in Investigations. Specific Investigator Position is being created increased qualifications and training. Quality Assurance/Process Improvement program is being developed to better identify related issues surrounding investigations.	May-July 2019
Pre-investigation processes reviewed with child and adult protection to assure they meet requirements of the Law.	SWITC administration and stakeholders met and all pre-investigations will now be submitted to adult and child protection.	Complete
Allegations should all be investigated in the same manner. Pre-investigations should not be performed.	Pre-investigations reviewed. Found pre-investigations were to establish if an allegation were credible according to law. Practice will be re-reviewed.	May 2019.
Administrator to meet with guardians and clients regarding the result of investigations.	Administrator contacts both guardians and clients regarding investigation results.	Complete
Record all interviews of investigations as was previously practiced.	This practice was discontinued at the advice of DHW Deputy Attorney General. The practice will be re-reviewed.	May 2019
If an employee resigns while under investigation for abuse and neglect personnel documentation should note that they "resigned while under investigation."	This recommendation was given on March 7, 2019. It will be considered by DWH personnel for legality and if possible implemented.	April 2019
Treatment at SWITC		
Recommendation	Plan	Timeline
All SWITC Clients should have a communication Evaluation.	A Speech and Language Pathologist was hired in 2018 to provide speech therapy and to develop a communication evaluation for each client. As of 2019 each client had a communication evaluation.	Complete
Review treatment plans on an ongoing basis.	Treatment plans are reviewed according to regulation and were not criticized in the October full survey of SWITC. The new Quality Assurance	June 2019

	Performance Improvement plan will involve checks to assure that plans are being updated as needed. SWITC treatment teams meet weekly to update plans.	
Improve discharge planning by determining discharge goals at admission and more involvement of the Community Crisis Team.	The Community Crisis Team meets bi-monthly with SWITC staff regarding each client and discharge is reviewed. All clients have been assigned a team member who is to explore discharge. Planning will be updated to include discharge from the meeting.	June 2019
Hire a consultant to eliminate non-approved restraints and reduce or eliminate physical restraints.	SWITC has a history of attempting to limit restraints and most significant restraints are no longer employed or are rarely used such as mechanical restraints. Non-violent crisis intervention is employed and utilized by all staff which is the standard set for restraint that is as limited in nature as possible. Restraint must be used occasionally to prevent injury to staff and clients. SWITC will explore a consultant to further reduce restraint in a safe manner. Restraints will be part of the Quality Assurance Process Improvement program with efforts to limit as much as possible.	July 2019
SWITC should be a trauma informed facility.	SWITC policy has been rewritten to incorporate trauma informed principles. SWITC staff have been trained by a national expert in trauma informed services. Direct care staff will take the National Association of Dual Diagnosis (NADD) trauma-informed course for direct care staff. Administration will continue to pursue trauma informed principles.	Ongoing
SWITC Policy Changes		
Recommendation	Plan	Timeline
SWITC should make zero tolerance of abuse and neglect part of policy.	SWITC practice has been to terminate employees upon substantiated abuse, neglect, or mistreatment. The policy was updated to reflect a zero-tolerance standard.	Complete
Nondisclosure Forms prevent SWITC clients from talking to their parents and advocates about abuse investigations.	The forms were intended to prevent investigations from being contaminated by discussion with staff who may be accused. The verbiage of not speaking to anyone about the abuse was wrong and is taken off the form. Clients are now encouraged to talk to family and advocates.	Complete
Documents should not be altered after events have occurred. Policy should reflect that documents should not be falsified.	The document in question has been reformatted to allow completion of incomplete documentation to occur without appearing to be falsifying documents. Policy will be reviewed and changed if needed to assure falsification is forbidden.	June 2019

Hire a consultant to review policies, practices and procedures for resident care treatment and safety.	Policies have been reviewed by SWITC staff, Licensing and Certification Surveyors. Policies have been approved by licensure surveys.	Complete
SWITC Management Practices		
Recommendation	Plan	Timeline
SWITC should adopt a Quality Assurance program that allows decisions to be data driven.	A formal Quality Assurance Process Improvement Plan (QAPI) is being developed specific to SWITC and ICF/ID requirements. The plan and materials will be developed in Spring of 2019 to be implemented in Summer of 2019. The QAPI Plan will cover investigations, treatment, documentation, and other parts of the SWITC.	July 2019
Qualified Intellectual Disability Professional (QIDP) needs to have additional training in the role.	This recommendation was received on March 7, 2019. Training will be sought both locally and resources will be sought outside of Idaho. Training for this position will be sought as it relates to clients similar to those served at SWITC.	April-June 2019
Suggestion boxes should be made available for both staff and clients.	This recommendation was received on March 7, 2019. Boxes have been ordered. Suggestions will be collected weekly, reviewed by management team and a response to suggestions will be delivered via email to staff and during Home meetings to clients on a weekly basis.	April 2019
A strategic plan should be developed for SWITC.	This document will serve as the initial strategic plan for SWITC. A further plan will be developed after the SWITC Advisory Board completes its work as defined in the SWITC Improvement Plan.	March 2019, Fall 2019
Address organizational and staff trauma at SWITC.	Staff buy in will be sought through addressing staff needs through: <ul style="list-style-type: none"> • Weekly self-care and Employee Assistance Provider promotion and information (January 2019). • Creation of a staff safety committee (February 2019). • Inclusion of direct care staff representation at leadership team (February 2019). • Exploration of a contract for a mental health counselor to be available at SWITC in a routine basis for staff (April 2019). Staff safety will be improved through: <ul style="list-style-type: none"> • Increased staffing at SWITC (November 2018-current SWITC minimum staffing policy has been met). • Retraining staff utilizing New Employee Training curriculum annually for all staff. 	Ongoing

	<ul style="list-style-type: none"> Continued use of Non-violent Crisis Intervention Training and restraint for all staff at SWITC. 	
Clinical Staff and Administration should do "rounds" at SWITC Residences. Rounds should consist of two types. Informal rounds will involve being present on at the residences and "chatting" with staff and clients. Checklist rounds will consist of specific reviews of actions on the floor as part of Quality Assurance.	This recommendation was received on March 7, 2019. DD Program Manager and other administrative staff currently visit the floor daily. This good practice will be built upon with rounds becoming part of clinical and administrative job descriptions, rounds being recorded, and formal checklists acquired or developed to support rounds and the Quality Assurance Process Improvement Program.	June 2019
SWITC should fully implement the data program Therap.	SWITC has partially utilized the data system Therap for several years. Full implementation has been delayed first by technical difficulties then by crisis response to the many surveys, reports, and other issues at SWITC. A plan for full implementation will be developed in April of 2019 with a target for implementation in the fall of 2019. Utilization of Therap will streamline SWITC processes and provide data for the Quality Assurance Process Improvement Program.	November 2019
Staffing at SWITC		
Recommendation	Plan	Timeline
Improve staff turnover	<p>Efforts to impact staff turnover have been ongoing:</p> <ul style="list-style-type: none"> New staff orientation training increased to 2 weeks of class time followed by a full week of job shadowing. (February 2018). Nursing and direct care staff salaries increased (October 2018). Career ladder implemented (Fall 2018). Employee requested weekly schedule of four 10-hour days implemented (Fall 2018). Employee suggested staggered daily schedules implemented (Fall 2018). Employee safety committee initiated (February 2019) <p>Future Steps:</p> <ul style="list-style-type: none"> Employee suggestion process to be implemented (April 2019). Institution of annual training for established staff (May 2019). <p>Efforts have proven fruitful with SWITC staffing meeting policy levels consistently since November 2018. Ideal staffing levels are being met over 80% of the time during the first weeks of March 2018. Direct care staff to</p>	Ongoing

	client ratios are averaging between 1 staff to 1.6 clients and 1 staff to 1.8 clients routinely. More direct care staff are needed but the number of staff entering SWITC is promising with seven new staff in February and five new staff in March.	
Increase new worker training and re-train current staff.	New staff orientation training increased to 2 weeks of class time followed by a full week of job shadowing. (February 2018). Annual training for established staff is being developed. Established staff will begin annual training in May of 2019 to be completed by October of 2019. Annual training will be a modified version of the initial training provided to new staff. Established direct care staff will have the opportunity to become Registered Behavioral Technicians (RBT). RBT training consists of oversight by a Board Certified Behavioral Analyst, coursework, and passing a nationally standardized test. SWITC currently has one Board Certified Behavioral Analyst but is training a second and will seek to hire two more to direct clinical programs and support direct care staff.	Ongoing
Every SWITC employee should have clear job description and performance management.	All employees at SWITC will have completed job descriptions by May 2019. All employees at SWITC will have a completed performance evaluation by June 2019.	June 2019
SWITC should buy and utilize a staff scheduling program.	As shift changes were changed from three shifts to staggered shifts in the fall of 2018 a review of scheduling software was performed. No software that would accommodate the new scheduling was found. Utilization of a software program to develop the complex schedules would likely create efficiencies. Another review of available scheduling software will be performed.	July 2019
Communication between workers at shift change should be improved to better prepare to workers starting their shifts.	This recommendation was received on March 7, 2019. SWITC leadership will explore methods to better communicate between workers changing shifts. Leadership will explore utilizing Therap features, adding another lead worker to overlap between lead worker shifts, scheduling staff for brief double coverage to enhance communication, and sending shift reports to all staff.	April 2019
Promoting Client Engagement		
Recommendation	Plan	Timeline
Client and each residence should have schedules that create a structured and busy	This recommendation was received on March 7, 2019. Clients have individual schedules to promote active treatment. Clients have a right to refuse scheduled items and often do. It is hoped through this	April 2019

environment that creates a natural flow for the day.	recommendation that clients will react to group scheduling with enthusiasm and will be more active in pursuing skill building and therapeutic outcomes. It is also recommended that client behaviors will decrease with increased commitment and activities. As staffing has reached levels where this is possible SWITC began campus wide activities in March of 2019. Structured residence wide schedules are being implemented with full scheduling to be implemented with the hiring of a Therapeutic Recreational Specialist.	
Hold "house meetings" for the different residences on the SWITC campus where clients will jointly determine activities and discuss rules and issues for each residence.	This recommendation was received on March 7, 2019. Some of this type of discussion has happened with the newly established "coffee hour" during March of 2019. House meetings will be formally introduced and held weekly.	April 2019
Add a current or former client to the SWITC advisory board.	This recommendation was received on March 7, 2019. The advisory board has wide ranging membership and all positions are currently filled. Adding a client to the board will be discussed and outreach efforts for client attendance will be pursued.	September 2019
Clients should personalize their rooms at SWITC.	This recommendation was received on March 7, 2019. Clients are currently able to decorate their rooms as they desire, and many do. Efforts to help clients personalize their rooms will be increased, such as allowing clients to choose colors and participate in the painting of their rooms. Other ways to safely personalize rooms will be discussed with clients as part of their programming.	June 2019

Stakeholder Outreach: Family and Community and SWITC Administration have reached out to many stakeholders to develop plans for the system of services as well as to support the improvement of services at SWITC.

Table 2: Stakeholder Outreach

Stakeholder	Date	Discussion
SWITC Advisory Board	11/16/2019	Introductory meeting of SWITC Advisory Board
Medicaid	11/26/2019	Introduced discussion on exploring new residential options for people with complex needs or who are in crisis.
Idaho Council on Developmental Disabilities	12/10/2019	Discussed potential work related to the exploration of new residential options for people with complex needs.
Medicaid/Licensing and Certification/Court Prevention and Crisis Services	12/14/2019	Brainstorm on possible residential options for people with complex needs.
Medicaid	12/18/2019	Monthly strategy meeting with Medicaid that includes progress updates on SWITC related initiatives including new residential options.
Disability Rights Idaho (DRI)	12/19/2019	Discussed potential work related to the exploration of new residential options for people with complex.
SWITC Staff	1/7/2019	Discussed potential work related to the exploration of new residential options for people with complex needs.
Medicaid	1/15/2019	Monthly strategy meeting with Medicaid that includes progress updates on SWITC related initiatives including new residential options.
SWITC Staff	1/17/2019	Discussed potential work related to the exploration of new residential options for people with complex needs.
State Independent Living Council	1/28/2019	Discussed potential work related to the exploration of new residential options for people with complex needs.
Court Prevention and Crisis Service Supervisors	1/29/2019	Discussed improvements to admit and discharge process at SWITC and how the state can improve coordination.
Disability Rights Idaho (DRI)	2/6/2019	Discussed recommendations identified in the DRI Report
Idaho Council on Developmental Disabilities	2/8/2019	Discussed potential work related to the exploration of new residential options for people with complex. Facilitated a small group discussion on qualities of new options.

Stakeholder	Date	Discussion
SWITC Advisory Board	2/8/2019	Standing SWITC Advisory Board meeting
Idaho State Senate	3/15/2019	Provided tour of SWITC facility to interested Idaho State Senators
Medicaid Coordination Meeting	2/19/2019	Monthly strategy meeting with Medicaid that includes progress updates on SWITC related initiatives including new residential options.
Idaho Council on Developmental Disabilities	2/21/2019	Provided presentation on Department's response to Office of Performance Evaluation and DRI reports
Disability Rights Idaho	3/7/2019	Discussed recommendations identified by DRI consultant
SWITC Advisory Board	3/11/2019	Standing SWITC Advisory Board meeting
Centers on Disabilities and Human Development	3/12/2019	Discussed potential work around the exploration of new Residential Options for people with complex needs.
Medicaid	3/19/2019	Monthly strategy meeting with Medicaid that includes progress updates on SWITC related initiatives including new residential options.
National Association of State Directors of Developmental Disability Services	3/20/2019	Meeting to discuss treatment models and Medicaid authorities used by other states to support individuals with complex needs or who are in crisis
SWITC Advisory Board	4/16/2019	Standing SWITC Advisory Board meeting

AGENDA
SENATE HEALTH & WELFARE COMMITTEE
2:00 P.M.
Room WW54
Thursday, March 21, 2019

SUBJECT	DESCRIPTION	PRESENTER
S 1204	Relating to Medicaid	Chairman Martin
Honor our Page	Thank You Jakob Alt	Chairman Martin

COMMITTEE MEMBERS

Chairman Martin
Vice Chairman Souza
Sen Heider
Sen Lee
Sen Harris

Sen Burtenshaw
Sen Bayer
Sen Jordan
Sen Nelson

COMMITTEE SECRETARY

Margaret Major
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Thursday, March 21, 2019

TIME: 2:00 P.M.

PLACE: Room WW54

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

ABSENT/ EXCUSED: Senator Harris

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 Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 2:00 p.m.

PASSED THE GAVEL: Chairman Martin turned over the meeting to Senator Heider.

HONOR THE PAGE: **Chairman Martin** and the Committee members expressed their gratitude for the service of Jakob Alt who served as page for the second half of the legislative session.

S 1204 **Chairman Martin** presented **S 1204**, relating to Medicaid expansion sideboards. Chairman Martin walked the Committee through the most relevant sections of the bill. Section II presents an optional work training program, and allows access to work services which provide opportunities for participants to create a pathway to employment, including access to job search, career coaching, job training, and educational opportunities. Section III provides that the implementation of Proposition 2 will not be delayed due to action or inaction of the federal government. Section V is extremely important in that it introduces the potential for individuals to be moved into the Medicaid program. There is a question about the effect that it will have upon the Indigent and the Catastrophic Healthcare Programs that needs to be answered.

Approximately \$40 million in these programs could be moved to fund Medicaid expansion. Section V directs the Legislative Council to appoint a bipartisan task force to undertake and complete a study of the impact of the Medicaid eligibility expansion on the financial obligations of the counties and the state to provide indigent medical assistance.

DISCUSSION: **Senator Nelson** had a technical question regarding whether new sections should be identified in drafting. **Senator Heider** responded that he believed the draft legislation met all requirements.

Senator Jordan asked for assurance that, under the health risk assessment language, there is certainty that the assessment will be within the parameters of the Health Insurance Portability and Accountability Act (HIPAA) and that the information will be retained in the proper manner. **Chairman Martin** explained that there is a small addition to an already existing and implemented program. In follow up, **Senator Jordan** asked if this particular health risk assessment, geared toward identifying and assisting people with substance use disorders, will go to all Medicaid eligible recipients or just to the expansion population, and expressed concern that it establishes two different criteria. **Chairman Martin** stated his intent was not to create two classifications of Medicaid recipients, either for patient care or program administration. **Senator Jordan** cautioned that care would need to be taken in the rulemaking process to avoid that outcome.

Vice Chairman Souza commented that there are different qualification requirements for those on full Medicaid versus those on the Medicaid expansion, so there will also be a corresponding difference in program administration. **Chairman Martin** replied that how a recipient comes onto the program would, in fact, be a different classification because the expansion pertains to a certain percentage of the federal poverty level. The expansion population would be coming in through a different window, but once in the program there would not be a classification distinction.

PASSED THE GAVEL: Senator Heider returned the gavel to Chairman Martin.

DISCUSSION: **Chairman Martin** addressed those in attendance, stating the Committee had already heard testimony from many of them on this subject during hearings for **H 249** and **H 277**. He stated that **S 1204** is a compromise bill and reviewed the process for legislation as it advances through both chambers. **Senator Lee** concurred that the Committee has had a lot of discussion on this issue, has held public hearings, and has listened to lengthy and thorough debate from the House.

MOTION: **Senator Lee** moved to send **S 1204** to the floor **without** recommendation. **Senator Heider** seconded the motion.

DISCUSSION: **Senator Jordan** called for an opportunity to hear new testimony, stating that Idaho citizens sent an initiative to the Legislature at a substantial margin expecting that it would be observed, and have instead watched it altered repeatedly. **S 1204** might be an acceptable compromise, but from a process standpoint she feels it is incumbent upon the Committee to at least hear from some of those who are here today for that purpose. **Chairman Martin** replied that while he will always entertain a motion, it is his intent to hear testimony from as many individuals as possible within time constraints, before action on any motions. Discussion ensued about the volume of testimony heard and email received, with some agreement that they did not want to leave an impression that they were not willing to continue to listen. **Chairman Martin** then invited testimony, especially testimony providing any new information.

TESTIMONY: **Brian Whitlock**, President, Idaho Hospital Association (IHA), testified in favor of **S 1204**. **Mr. Whitlock** expressed support for this bill that implements the will of the people with the lightest touch of government possible. It allows Idaho to use Medicaid dollars to address Idaho's rising mental health crisis with minimal state investment. The bill gives a hand up to those Medicaid recipients who are able to improve their lot in life through employment or other training. The IHA appreciates the inclusion of Section 5, to create a task force to address questions about indigent and catastrophic healthcare programs. It is common sense to ask questions first, and then find the right solutions; we often find ourselves crafting the solution and then wondering why the questions do not fit that solution. **Mr. Whitlock** urged the Committee to send **S 1204** to the floor with a do pass recommendation.

Jim Baugh, Executive Director, Disability Rights Idaho, spoke in favor of the bill, commending the voluntary vocational assistance and job promotion sections. Mr. Baugh considered it an excellent response to the governor's call for putting some spring in the safety net. Montana implemented a similar program which is already showing success in bringing people back into employment and independence. He also voiced strong support for the section of the bill directing the formation of a legislative task force to continue the work from seven years of task force review through the Governor's Office.

Lupé Wissel, State Director, AARP Idaho, testified in support of the bill. She concurs with the previous two speakers and added that this bill addresses those issues that affect Idahoans between the ages of 50 and 64. It is harder for this age group to get back into employment and this bill really helps a population that needs help. It provides an opportunity to access training to enhance their skills to be competitive in the a new workplace.

Rebecca Schroeder, Executive Director, Reclaim Idaho, testified in support of the bill. Reclaim Idaho worked tirelessly to expand Medicaid access in Idaho and represents 61 percent of Idahoans who voted yes on Proposition 2. While Reclaim Idaho will continue to support a clean Medicaid expansion, this compromise bill does not construct barriers to coverage, wcreate a secondary gap, and waste millions of taxpayer dollars, which is why they are taking the extraordinary step of supporting this legislation. Encouraging is the move from the mandatory work requirement to the Montana style, voluntary work and training program. Nonpartisan studies of the Montana program show that it provides high quality workforce employment services and real opportunities to advance careers and earning potential without the threat of losing coverage. Because this is a true compromise bill, Reclaim Idaho finds no reason to delay moving forward with this legislation.

Mary Ann Reuter, Executive Director, Idaho Rural Health Association, testified in support of the bill on behalf of the organization's 200 members. Health disparities hit rural communities hard where residents often live sicker and die sooner than their urban neighbors from unnecessary and costly barriers to coverage, such as the mandatory work reporting requirements of **H 277**. Work requirements ignore the reasons people are not in the workforce, such as credit history, lack of transportation, or poor physical health. On the other hand, linking rural residents to services such as career counseling, training, and educational opportunities, can help them overcome those barriers to employment. Montana's Help Link participants are employed at a higher rate and are earning better wages than those not in the program, with an average wage increase of \$8,712 annually. Almost 80 percent of Idaho's legislative districts have voted to give Idahoans a helping hand by reducing barriers to unemployment and health care, instead of adding more.

Dr. Lee Binion, Medical Doctor (MD), representing the Idaho College of Emergency Physicians, spoke on their behalf in support of the bill. **Dr. Binion** has been a practicing emergency physician for 27 years in Idaho and Oregon. Hospital emergency departments are safety nets that care for every patient who comes through their doors. Emergency physicians see patients evenings, nights, weekends, and holidays, even when they don't have insurance, but emergency departments do not substitute for primary care. The adage of "an ounce of prevention" is still true today: early detection of prostate, breast, colon, and cervical cancer clearly ensures longer and healthier lives. Research proves that long-term treatment and stabilization of diabetes and hypertension, and the control of weight and regular exercise, decrease the risk of stroke and heart attack, cancer, and trauma. Providing access to healthcare is essential for healthy Idahoans from birth to old age. It is important that this healthcare not be contingent on anything. Good health leads to good education, that leads to good job opportunities, which in turn leads to good, long lives. The Idaho College of Emergency Physicians is

available to help develop a Medicaid expansion program that is sustainable and evidence-based without political bias. Their membership is made up of conservative and progressive individuals, but as a whole comes together to support access to healthcare across Idaho. The membership supports this bill with one suggestion: instead of making substance use screening mandatory at the level of applying for Medicaid, it should be the job of our primary care providers. Primary care providers could then refer a patient to a treatment center just as they would refer them to a cardiologist, or an orthopedic surgeon.

DISCUSSION: **Vice Chairman Souza** thanked Dr. Binion for her expert testimony as an emergency room doctor and inquired about the frequency of substance abuse as the base-level problem for patients seen in the emergency room. **Dr. Binion** reported that they see these cases every day. **Vice Chairman Souza** asked whether Idaho has enough treatment available for those that need it, and how to get those people that are in the expansion group and not working because of substance abuse issues, able to work. **Dr. Binion** replied that the question is hard to answer because Idaho has no statistical basis on which to build. What they do know is that patients don't have the ability to get into treatment to begin with.

TESTIMONY: **Sam Sandmire** testified on her own behalf in support of the bill. Being involved in the Medicaid expansion campaign and the citizens initiative, engaging with voters face-to-face in every corner of the state, both urban and rural, has renewed her faith in Idaho. During this legislative session, she observed and engaged with elected officials, more volunteers, and both paid and unpaid lobbyists. She observed politics taking precedence over people. **S 1204** is not one of those bills. This compromise bill will not cost taxpayers millions of dollars, and will not create a second gap. While this legislative session has provided her with many lows, the few highs have occurred when elected officials did what they were elected to do: govern.

Don Kemper, retired CEO, Healthwise, spoke in support of the bill. The mission of Healthwise is to help people make better health decisions. **Mr. Kemper** spoke to the importance of having healthcare coverage for the viability of an individual or family. Voters voted for a clean Medicaid expansion bill and it was clear the intention was to close the gap. **Mr. Kemper** noted four things after careful review of **S 1204**: 1.) the addition of substance use questions for the health risk assessment more appropriately belongs in primary care; 2.) The addition of voluntary job hunting and training opportunities is also smart and cost effective; 3.) The way the bill protects our state in case federal funding commitment drops below 90 percent was done in a smart way; and 4.) This is intelligent legislation that represents the intent of the voters, even as it adds protections for the state and extra help for those in need.

Kay Hummel, Boise native, spoke in favor of the bill. **Ms. Hummel** reported that just two days ago, Kentucky and Arkansas were embroiled in expensive litigation over work requirements imposed on Medicaid. Yesterday, New Hampshire entered litigation. The fiscal irresponsibility of going down the inadvisable hole of work requirements would add significant expense to cover a morass of bureaucracy.

Alicia Abbott, Reclaim Idaho Volunteers of Bonner County, spoke in favor of the bill on behalf of her team and community. While they would prefer unaltered expansion, they recognize that this legislation does not have the harmful work requirements as highlighted in other sideboard bills presented this year, and instead promotes an opt-in worker training program already proven successful in Montana. Reporting technicalities on work requirements restrict coverage and create a new gap. **S 1204** removes the possibility of those challenges in favor of a solution proven to increase success through workforce training programs. While well-paying, skilled positions are left empty, training programs like these are vital to promoting a more robust workforce and pulling people out of poverty. Montana reports that an average of 69 percent of the Medicaid gap population has been lifted into better paying jobs

through their opt-in Help Link. Not creating wasteful bureaucracy, or a new gap, and closing the gap, was Reclaim Idaho's main objective and this bill does that.

Seth Grigg, Executive Director, Association of Counties, testified in support of the bill and spoke specifically to two sections of the bill. **Mr. Grigg** was able to answer Senator Nelson's question raised earlier regarding Section V: it is part of the session law, not part of the law itself, and therefore does not bear statutory framework. He then spoke to the Institutes for Mental Diseases (IMD) waiver, stating it is absolutely critical to county indigent payments. Of the roughly \$40 million spent annually in Idaho on indigent healthcare, half of that comes from counties. Counties have spent roughly \$8.5 million in mental health indigent healthcare over the past five years. Much of that comes from two high population counties: Ada County and Canyon County at \$7.5 million, to cover involuntary mental health commitments to secure psychiatric facilities for their safety. Treasure Valley has two standalone psychiatric hospitals. Because of their IMD status, they are precluded by federal law from accepting Medicaid payments, so the counties bear the full expense for those patients. The IMD waiver is critical to save counties and taxpayers that expense. **Mr. Grigg** added that the intent to create a task force is critical in order to fully understand the overall impact of expansion on this population and how potential savings will be directed at the county and state level.

Christine Pisani, Executive Director, Idaho Council on Developmental Disability (Council), spoke on the Council's behalf in support of the bill. The Council is authorized by federal and state law to monitor services, systems, and policies, and to advocate for improved services that enable Idahoans with intellectual and developmental disabilities to live meaningful lives. The Council supports **S 1024** for four main reasons: 1.) this thoughtfully-crafted legislation provides a positive approach to assisting Idaho residents in finding and keeping a job; 2.) the approach helps people who are able to work by assisting them with individual employment barriers; 3.) it does not punish people by taking their healthcare coverage away for inability to work (there are approximately 20,000 Idahoans who experience severe and persistent mental illness who could lose coverage under a work requirement); and 4.) it affords Idahoans who experience serious and persistent mental illness access to comprehensive healthcare coverage that is not available through private health insurance. **Ms. Pisani** recommended that the legislative task force that will evaluate the effectiveness of Medicaid expansion and its financial impact, might also study health outcomes achieved as a result of Medicaid expansion.

Sylvia Chariton, American Association of University Women of Idaho, spoke on their behalf in support of the bill, calling it "the best of show" after multiple iterations. **Ms. Chariton** urged the Committee to not spend more Idaho money than necessary to administer this program, instead using state money to leverage federal funds to provide needed care to keep Idahoans working, or to help them become healthy enough to work.

Fred Birnbaum, Idaho Freedom Foundation (IFF), testified in opposition to the bill stating the spending trajectory for Medicaid is not sustainable and he predicted a six-fold growth in Medicaid spending under expansion. IFF recommends work requirements and that those in or above the 100-138 percentile should be enrolled in private insurance and utilize the advanced premium tax credits. **Vice Chairman Souza** asked Mr. Birnbaum to provide clarity regarding his statement that this bill will not change the upward trajectory in Medicaid spending. She asked if he felt that the House Medicaid bill would do a better job than this one, or if it too, would not affect the spending trajectory. **Mr. Birnbaum** expressed his opinion that the House bill appears more fiscally responsible, but added that since there is no projection, there is no projected savings in the fiscal note. He referred to a study that estimates the state spending at least \$20 million more in Medicaid per year. He speculated

that with sideboards, the offset savings to the Catastrophic and Substance Abuse programs would drop costs closer to \$5-6 million in state spending.

Dr. Patrice Burgess spoke on behalf of the Idaho Medical Association (IMA) in support of the bill. The IMA's 3,000 members represent about 80 percent of Idaho's physicians. The IMA offered unprecedented support for Medicaid expansion for three reasons: 1.) emergency physicians see firsthand the effects of lack of insurance coverage on the working poor;. 2.) the Medicaid program actually runs quite well: Medicaid program in the Department of Health and Welfare is easy to communicate with. It is very easy to know what is covered and what is not and how to appeal a decision if needed; and 3.) many physicians run their own businesses and leveraging the federal tax dollars makes sense. A lot of those dollars are Idaho tax dollars that we send to the federal government, and we would like them to be used to help our fellow Idahoans. The IMA Board determined three criteria for bills that would not be acceptable: 1.) removing coverage from people in the gap; 2.) added administrative burden and increased cost to the state; and 3.) delay in implementation of Medicaid expansion. The IMA found that this bill does not do any of those things, is very happy with this bill, and urges a do pass recommendation.

Emily McClure testified in support of the bill on behalf of Idaho Voices for Children. The organization considers Medicaid expansion from the perspective of impact to children and families, and believes that healthy parents lead to stronger families and stronger children. **S 1204** is a really good compromise that respects the will of the voters and provides good stewardship of taxpayer dollars. **Vice Chairman Souza** commented that it was her understanding that the House bill allowed for exemptions to the mandatory work requirement for any parent with a child in the home under 18 years of age, and asked Ms. McClure if that would not also work to create healthy families. **Ms. McClure** responded that there are some elements of the House bill that would help to create healthy families, but there are other elements of that bill which this organization believes would actually work in contradiction to that end goal. There is more than one way to reach that end goal and **S 1204** does it better.

Luke Cavenar, Director of Government Affairs, The American Cancer Society Cancer Action Network (ACS-CAN), spoke in support of the bill on behalf of cancer patients, caregivers, and survivors in Idaho. **Mr. Cavenar** commended the Committee for their due diligence, civility, and thoughtfulness, specifically related to this bill. While the Committee has heard testimony in support of an unmodified implementation, **Mr. Cavenar** believes that this bill actually improves upon what the voters supported with Proposition 2. The approach to employment and training is both responsible and compassionate, and will have a huge impact on Idahoans, especially caregivers. When many caregivers are ready to return to work, they find that their position no longer exists. Providing a pathway for employment and helping our working poor to grow in their careers is truly the Idaho way. He voiced ACS-CAN's support for the provision that would allow the Legislature to consider nullifying the bill should federal match funding be modified, calling it prudent policy making. ACS-CAN supports the task force, encouraging engagement of healthcare professionals in that review. **Mr. Cavenar** reflected that this process taught him that when we bring together thoughtful, caring, and civic-minded individuals, the best ideas win.

SUBSTITUTE MOTION:

Senator Heider moved to send **S 1204** to the floor with a **do pass** recommendation. **Senator Jordan** seconded the motion.

DISCUSSION:

Senator Heider commented that the fact that all testimony today was in favor of the bill, with the exception of the Freedom Foundation, is a tremendous recommendation that this bill was well-drafted.

Senator Jordan apologized for any confusion at the beginning of the meeting; her impression was that when a motion was on the floor, it must be acted upon at that time. She expressed gratitude that the Committee proceeded to take testimony, adding that she believes it is one of their most important responsibilities.

Chairman Martin thanked everyone for their attendance and apologized for not being able to hear everyone who signed up to testify today. Over the last several weeks, the Committee has heard from many of these same individuals on numerous occasions. The Committee endeavors to be respectful of the process while also honoring other commitments that Committee members have before them.

Senator Lee spoke to the original motion, stating her goal was to expedite moving this bill out of Committee today. She stated that it is important to get these ideas, and good policy, moving through the process in whatever manner the Committee supports, and reserved her right to reconsider her position. She added that there are elements of the bill that she supports, and others that she would prefer were different, and that her constituents wish were different, but she will support whatever motion that moves the bill to the floor.

Senator Harris echoed the opinion of Senator Lee, stating there are good elements in the bill, but others that he is less comfortable with, but he will support whatever motion that will move the bill to the floor.

Vice Chairman Souza concurred with the need to move the bill out of Committee, but believes that the best strategy is to pass it without recommendation. The House is currently debating their version of this bill and if they hear that the Senate Committee just recommended a bill that will compete with theirs, it may cause friction and negatively influence the outcome. It is her opinion that we must present an adequate sideboards bill that meets the needs of both sides of the rotunda, so that it can pass both chambers. The Senate passed the appropriation bill for Medicaid expansion; the House still has not done that. The House passed their Medicaid expansion sideboard bill out of Committee without recommendation yesterday and it is her opinion that this Committee should mirror their action.

**ROLL CALL
VOTE ON
SUBSTITUTE
MOTION:**

At the request of Senator Heider, Chairman Martin called for a roll call vote. **Chairman Martin** and **Senators Heider, Burtenshaw, Jordan, and Nelson** voted aye. **Vice Chairman Souza** and **Senators Lee, Harris and Bayer** voted nay. The substitute motion carried.

ADJOURNED:

There being no further business at this time, **Chairman Martin** adjourned the meeting at 3:15 p.m.

Senator Martin
Chair

Margaret Major
Secretary

Chairman Martin, members of the Health & Welfare committee:

My name is Mary Ann Reuter, director of the Idaho Rural Health Association, comprised of rural healthcare providers and facilities - professionals, students and educators. Our nearly 200 members support Senate Bill 1204.

Medicaid Expansion gives our state the chance to improve the lives of RURAL Idahoans, many of whom are working or unable to work. In Idaho and across the country, health disparities hit rural communities hard, where residents often live sicker and die sooner than their urban neighbors.

Unnecessary and costly barriers to coverage, such as the mandatory work reporting requirements in House Bill 277, will do nothing to help rural residents get or keep a job – or their health care. In contrast, a voluntary workforce promotion program, such as the one in Montana for Medicaid enrollees, can help those who are looking for work or who are seeking better jobs. And it is much less expensive for the state.

Work requirements ignore the reasons people are not in the workforce, such as personal finances, lack of transportation or poor physical health. On the other hand, linking rural residents to services such as career counseling, on-the-job training and educational opportunities can help them overcome these barriers to employment.

Montana's *Health and Economic Livelihood Partnership (HELP)* program has had many economic, health and employment benefits for the state in just three years. HELP-Link participants are employed at a higher rate and are earning better wages than those not in the program. In fact, the average wage increase was \$8,712 a year.

If we are serious about helping our fellow Idahoans out of poverty and able to afford their own private health insurance, this is the way to go. Rather than spending state money on enforcing work requirements that are ineffective - or facing the possibility of expensive litigation - our tax dollars could be better spent on *reducing barriers to work* for low-income residents. This is a real benefit to rural economies and healthcare providers as well.

Please give our rural communities a chance at better health by implementing Medicaid Expansion without mandatory work reporting requirements. Give rural Idahoans a helping hand by reducing barriers to employment and health care, instead of increasing burden and blame.

Thank you for your time.

Mary Ann Reuter
Idaho Rural Health Association
March 27, 2019



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 JRW Building
 First Floor West
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Brad Little
 Governor

James Steed
 Chair

Christine Pisani
 Executive Director

March 21, 2019

Chairman Fred Martin
 Senate Health & Welfare
 Statehouse
 Boise, ID 83720

Dear Chairman Martin and Members of the Committee:

The Council on Developmental Disabilities is authorized by federal and state law to monitor service systems and policies and to advocate for improved services that enable Idahoans with developmental disabilities to live meaningful lives, included in their home communities.

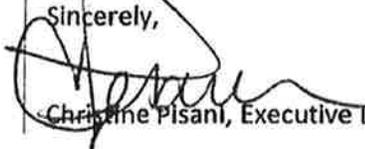
The Council supports Senate Bill 1204 for four main reasons:

- 1) The Council applauds this thoughtfully crafted proposed legislation. SB1204 provides a positive approach to assisting Idaho residents to find and keep a job with career coaching, job training, and education opportunities. The approach outlined in this bill provides a real solution to helping people who can and want to work by assisting people to overcome their individual employment barriers. Keeping people healthy, keeps people working.
- 2) This proposed legislation does not punish people by taking their health care coverage away for inability to work. There are approximately 25,000 Idahoans who experience a severe and persistent mental illness who would likely lose their coverage should a work requirement be imposed. This proposed legislation affords Idahoans who experience a serious and persistent mental illness a real chance at access to comprehensive mental health treatment that is not found through private health insurance.
- 3) *4,570 direct care workers who currently do not have access to affordable health insurance. Of that total number, about 3,980, of all direct care workers in Idaho earn less than an annual income of 138% of the poverty level. By allowing individuals between 100-138% of federal poverty level access to the comprehensive coverage provided through Medicaid instead of forcing them to the private health insurance plans on the Healthcare exchange, they will avoid high annual deductibles, thus preventing a secondary coverage gap. Through this proposal this segment of our workforce will have a real chance at seeing their doctors without threat of financial bankruptcy.
- 4) The Council appreciates the implementation of section 5. This section demonstrates a vision toward continuous quality improvement and intentional efforts to measure health outcomes for beneficiaries.

This legislation presents actual solutions that demonstrates a real sense of being in touch with the lives of Idahoans who are currently in the coverage gap.

Thank you for considering the Council's comments.

Sincerely,


 Christine Pisani, Executive Director



March 20, 2019

RE: Support of Senate Bill 1204

Dear Chairman Martin and members of the Senate Health & Welfare Committee,

Thank you for your support of Medicaid expansion in Idaho, which will extend coverage to tens of thousands of low-income Idaho residents, including many people with lung disease. The American Lung Association in Idaho supports Senate Bill 1204 to create a voluntary program that connects Medicaid enrollees to jobs.

Medicaid expansion helps lung disease patients access the comprehensive healthcare coverage they need to breathe. This coverage includes essential health benefits like emergency care and hospitalizations. For example, for patients with asthma, coverage means access to prescription drugs and visits with their doctor, both necessary to stay healthy and avoid a costly visit to the emergency department. Access to preventive services also ensures people have access to services like tobacco cessation support and lung cancer screening at no cost.

The evidence is clear that Medicaid expansion has important health benefits for lung disease patients. For example, one study found an association between Medicaid expansion and early stage cancer diagnosis.ⁱ Lung cancer five-year survival is only 5 percent for those diagnosed at a late (distant) stage after the tumor has spread, but increases to 56 percent for those diagnosed at an early (local) stage before the tumor has spread.ⁱⁱ For patients with asthma, another study found that Medicaid expansion was associated with improvements in quality measures related to asthma management at federally qualified health centers, helping patients to breathe easier.ⁱⁱⁱ

Most people on Medicaid who can work already do so.^{iv} A report looking at the impact of Medicaid expansion in Ohio found that the majority of enrollees report that Medicaid enrollment makes it easier to work or look for work (83.5 percent and 60 percent, respectively).^v The Lung Association in Idaho supports your proposal to build upon these gains by creating a work promotion program modeled after the Montana HELP-Link. This program has been successful in connecting low-income Montana residents to work. After three years data show that participants are employed at a higher rate and are earning higher wages.³ In fact, 81 percent of the people that participated in HELP-Link were employed in 2017. A similar program in Idaho could help Medicaid enrollees find employment and increase their earnings.

The American Lung Association in Idaho supports Senate Bill 1204 to expand Medicaid and create a voluntary work program to connect Medicaid enrollee to jobs. These efforts to expand Medicaid will provide quality and affordable health coverage to thousands of low-income Idaho residents, including many with lung disease.

Thank you,

Heather Kimmel
Director of Health Promotions, Western Division
Boise, Idaho

1412 W Idaho Street, Suite 100 | Boise, ID 83702
(208) 345-5864 | www.lung.org/idaho

Please remember the American Lung Association in your will and trust

1-800-LUNGUSA | LUNG.org

ⁱ Aparna Soni, Kosali Simon, John Cawley, Lindsay Sabik, "Effect of Medicaid Expansions of 2014 on Overall and Early-Stage Cancer Diagnoses", American Journal of Public Health 108, no. 2 (February 1, 2018): pp. 216-218. Available at <http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2017.304166>.

ⁱⁱ [SEER Cancer Statistics Review, 1975-2015](#)

ⁱⁱⁱ Megan B. Cole, Omar Galárraga, Ira B. Wilson, Brad Wright, and Amal N. Trivedi. "At Federally Funded Health Centers, Medicaid Expansion Was Associated With Improved Quality Of Care," Health Affairs 36, no. 1 (January 2017): pp. 40-48. Available at <https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2016.0804>.

^{iv} Rachel Garfield, Robin Rudowitz, and Anthony Damico, "Understanding the Intersection of Medicaid and Work," Kaiser Family Foundation, February 2017, <http://kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/>.

^v Ohio Department of Medicaid, 2018 Ohio Medicaid Group VII Assessment: Follow-Up to the 2016 Ohio Medicaid Group VIII Assessment, August 2018. Accessed at: <http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Final-Report.pdf>.



March 21, 2019

Senator Fred Martin, Chairman
Senate Health and Welfare Committee
Idaho Statehouse
Boise, Idaho 83702

Dear Chairman Martin and Committee Members:

The Idaho Caregiver Alliance is a coalition of more than 30 organizations and 400 individuals who come together to advocate for support of unpaid family caregivers across the lifespan in Idaho. We work to advance the well-being of family caregivers by promoting collaboration that improves their access to quality support and the resources they need to fulfill their caregiving responsibilities.

Idaho's unpaid family caregivers play a critical role in ensuring not only the wellbeing of their loved ones but also in reducing the overall cost of health care through both services and reduction in the need for long-term care. The approximately 300,000 Idaho family caregivers provide 201 million hours of care annually at an estimated value of \$2 billion. Family caregivers also spend much of their own money providing support, impacting their own retirement, healthcare, and employment. 70% of Idaho caregivers work full or part time and juggle work and caregiving for a child or adult with disabilities or a senior. This balancing of work and caregiving shows up in a variety of ways that impact both employee and employer: 52% have had to work fewer hours; 41% lost vacation or sick time; 35% had repeated work absences; 26% missed career opportunities; and 24% were repeatedly late for work. These caregivers need support. They do not need the added burden of work requirements in order to fulfill their responsibilities.

Instead, SB1204 implements Medicaid expansion with work promotion that assists those individuals who can and want to work with the tools to do so. And it includes a waiver to permit Medicaid payment for treatment in free-standing psychiatric facilities, a much needed part of the care continuum for individuals with mental illness and their families.

Medicaid expansion will help many hardworking Idahoans, including families, single moms, and those nearing retirement. Work promotion can help the small share of Medicaid enrollees who can work, but aren't working find and hold jobs, without the harmful and often counterproductive effects of a work reporting requirement. Please support SB1204. It will strengthen Idaho's workforce, save taxpayer money, and result in better health outcomes and quality of life for Idahoans.

On behalf of Idaho family caregivers,

A handwritten signature in black ink, appearing to read "Marilyn B. Sword".

Marilyn B. Sword
Idaho Caregiver Alliance



STATE OF IDAHO
OFFICE OF THE ATTORNEY GENERAL
LAWRENCE G. WASDEN

March 11, 2019

TRANSMITTED VIA HAND DELIVERY

Sara Stover
Senior Policy Advisor
Office of the Governor
Statehouse

Re: Our File No. 19-64914 – Request for Legislation Review of DREL437 Relating to Medicaid

Dear Ms. Stover:

This letter is in response to your inquiry regarding the proposed legislation DREL437. Specifically, you have asked: 1) whether proposed Idaho Code § 56-253(3) violates a Medicaid participant's right to free choice of provider; and 2) whether the overall bill meets legal standards. As explained in greater detail below, while the legislation appears to be legally defensible, certain provisions may be difficult to implement, and approval of waivers by CMS is legally uncertain. Based upon the legal uncertainty of CMS granting the State a waiver, it is possible that implementation of these provisions could generate litigation. This office is uncertain of the outcome of any litigation challenging implementation of DREL437.

1. Does proposed Idaho Code § 56-253(3) in DREL437 violate a Medicaid participant's right to free choice of provider?

Subsection (3) requires any Medicaid participant who is enrolled in a medical home in a Medicaid managed care plan to receive a referral to seek family planning services with a provider outside of the medical home provider. It also authorizes the Department of Health and Welfare to seek federal waivers necessary to implement this section. As explained below, payment to providers of family planning services cannot be restricted without federal waiver of the requirements of the Social Security Act.

Section 1902(a)(23)(A) of the Social Security Act (SSA) requires a state plan to provide that any Medicaid participant “may obtain such assistance from any institution, agency, community pharmacy, or person, qualified to perform the service or services required (including an organization which provides such services, or arranges for their availability, on a prepayment basis), who undertakes to provide him such services....” This is commonly referred to as “free choice of provider.” That subsection further states that services received pursuant to section 1905(a)(4)(C), which governs family planning services and supplies, cannot be restricted by virtue of a participant’s enrollment in a managed care plan or primary care case management. Section 1902(a)(23)(B).¹

Currently, Idaho’s medical home program is run under the authority of section 1932 of the SSA, which governs managed care entities. There is no definition of a managed care plan in Idaho law, but federal law defines managed care entities for purposes of the Medicaid program. According to section 1932(a)(1)(B) of the SSA, a managed care entity includes: (i) a Medicaid managed care organization (MCO), as defined in section 1903(m)(1)(A), that provides or arranges for services for enrollees under a contract pursuant to section 1903(m); and (ii) a primary care case manager (PCCM), as defined in section 1905(t)(2). Under Idaho law, the definition of a medical home is found at Idaho Code § 56-252(10), which states that a medical home “means a primary care case manager designated by the participant or the department to coordinate the participant’s care.” A “primary care case manager” is further defined at subsection (14) as “a primary care physician who contracts with medicaid to coordinate the care of certain participants.” Because the medical home program is considered a PCCM, an enrolled participant must be allowed choice of their family planning service provider. Furthermore, MCOs cannot require a referral to a family planning service provider. 42 CFR § 438.10

In order to implement the proposed referral requirement on participants in the Idaho medical home program, a federal waiver is required. Under section 1115 of the SSA, CMS may waive a section 1902 requirement at a state’s request for a pilot or demonstration project if “in the judgment of the Secretary, [the project] is likely to assist in promoting the objectives of title I, X, XIV, XVI, or XIX, or part A or D of title IV, in a State.” Thus, CMS can allow for the state to waive any of the requirements under section 1902, including the freedom to choose a provider. It is unclear, however, whether CMS would grant Idaho’s request to implement the referral requirement for the PCCM medical home program because CMS has never granted a state’s request to waive the freedom to choose a family planning provider under the 1115 authority.² The requirement to allow

¹ Section 1902(a)(23)(B) states in relevant part: an enrollment of an individual eligible for medical assistance in a primary care case-management system (described in section 1915(b)(1)), a medicaid managed care organization, or a similar entity shall not restrict the choice of the qualified person from whom the individual may receive services under section 1905(a)(4)(C), except as provided in subsection (g), in section 1915, and in section 1932(a).

² Various states have made requests for a waiver in different ways but have been denied. Three states have pending requests for demonstration projects before CMS that ask to waive the freedom of choice of family planning provider.

freedom of choice for family planning services is found throughout Title XIX of the SSA,³ and it is probable that CMS would find that a project would not assist in promoting the objectives of Title XIX if it requested such a waiver. Furthermore, there exists the potential for litigation if the Medicaid program objectives are not followed by the state and CMS.

2. Is the proposed legislation legally sound?

A. The Legislation Appears Constitutionally Defensible.

There are two types of constitutional challenges that a litigant can make to a statute: “facial challenges” and “as-applied” challenges. Facial challenges seek to have a statute declared unconstitutional “on its face.” This standard presents an extremely high bar because a plaintiff must show that the statute is unconstitutional *in all* possible applications and situations. Does 1-134 v. Wasden, No. 1:16-CV-00429-DCN, 2018 WL 2275220, at *4 (D. Idaho May 17, 2018) (citing Diaz v. Paterson, 547 F.3d 88, 101 (2d Cir. 2008) (finding “a facial challenge to a legislative Act is ... the most difficult challenge to mount successfully, since the challenger must establish that no set of circumstances exists under which the Act would be valid.”)). As-applied challenges, on the other hand, do not look at the text, or face, of the statute, but rather argue that even if a law is valid on its face, it may nonetheless—as the name suggests—be unconstitutionally applied. The question in an as-applied challenge is whether the statute is unconstitutional when applied in a particular case. *Id.* (citing Tsirelman v. Daines, 19 F. Supp. 3d 438, 447–48 (E.D.N.Y. 2014), *aff'd*, 794 F.3d 310 (2d Cir. 2015)). With respect to the proposed legislation, the provisions on page 4, lines 15-20 and 37-41, do not appear to raise a facial constitutional concern at this time. Any potential as applied challenge to these provisions would need to be analyzed under specific facts in the future, once the statute is applied.

³ For example, 42 CFR § 431.51 regarding free choice of providers states in relevant part:

(a) *Statutory basis.* This section is based on sections 1902(a)(23), 1902(e)(2), and 1915(a) and (b) and 1932(a)(3) of the Act. ...

(3) Section 1915(b) of the Act authorizes waiver of the section 1902(a)(23) freedom of choice of providers requirement in certain specified circumstances, but not with respect to providers of family planning services.

(4) Section 1902(a)(23) of the Act provides that a beneficiary enrolled in a primary care case management system or Medicaid managed care organization (MCO) may not be denied freedom of choice of qualified providers of family planning services.

(5) Section 1902(e)(2) of the Act provides that an enrollee who, while completing a minimum enrollment period, is deemed eligible only for services furnished by or through the MCO or PCCM, may, as an exception to the deemed limitation, seek family planning services from any qualified provider.

(6) Section 1932(a) of the Act permits a State to restrict the freedom of choice required by section 1902(a)(23), under specified circumstances, for all services except family planning services.

B. The Legislation Could Be Confusing To Implement.

Overall, there were no obvious constitutional impairments in DRELB437, however, there are a few areas of concern relating to the construction of the proposed legislation that could lead to confusion or difficulty in its implementation.

First, the addition of Idaho Code § 56-253(8) relates to the Medicaid expansion population as described in Idaho Code § 56-267. While subsection (8) directs the Director to apply for several federal waivers, all actions are related to the expansion population in section 56-267, and that section is more germane to the subject matter than the overall duties of the Director in administering the entire Medicaid program. Furthermore, section 56-253(8)(b) requires the Director of IDHW and the Director of the Idaho Department of Insurance to work together if necessary to apply for a waiver to allow individuals who are above 100% of the federal poverty level to apply for the Advanced Premium Tax Credit (APTC). However, the title of section 56-253 relates to the powers and duties of the IDHW Director as related to the Medicaid program. The inclusion of subsection (8) in section 56-253 could later create confusion over whether the subject matter would not be more appropriately addressed in the statute related to the expansion population at section 56-267.

In addition, there are several terms or phrases that are ambiguous and vague in proposed section 56-253(8) as well as in the proposed changes to section 56-267 that make it difficult to construe the intent of the legislature.

The literal words of a statute are the best guide to determining legislative intent. Only where the language is ambiguous will this Court look to rules of construction for guidance and consider the reasonableness of proposed interpretations. Statutory language is not ambiguous merely because the parties present differing interpretations to the court. Rather, statutory language is ambiguous where reasonable minds might differ or be uncertain as to its meaning. Marquez v. Pierce Painting, Inc., 164 Idaho 59, 63–64, 423 P.3d 1011, 1015–16 (2018).

Matter of Adoption of Doe, 164 Idaho 482, 432 P.3d 31, 33 (2018)

For example, in section 56-263(c)(i)(3) the word “volunteering” could have several meanings in practice. The dictionary definition of “volunteering” means to “freely offer to do something.” Because “something” could be subject to several different interpretations by reasonable minds, further clarification should be provided to the Department.

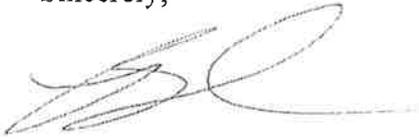
Next, the phrase “physically or intellectually unfit for employment” in section 56-263(c)(ii)(3) is difficult to implement without some requirement that a doctor or other professional certification that the individual is unfit for employment. Without adding this language, the Department could easily be challenged in its implementation of the work requirements.

Furthermore, proposed section 56-267(4) requires that if section 1905(y) is amended, then the Legislature must repeal the entirety of section 56-267. However, there is no description of what kind of amendment would lead to this action, which restricts the legislature's discretion. If the amendment were to increase the federal match to Idaho's advantage, the legislature would still be required to repeal the act.

Finally, as stated above, CMS can grant requests for 1115 demonstration projects regarding the work requirements in subsection (8) if it finds that the request is in line with the objectives of the Medicaid program. CMS issued guidance to the states in a State Medicaid Director letter, SMD#18-002, in January 2018 where it changed its long-standing policy that eligibility for Medicaid should not be predicated on work and community engagement programs. Instead, CMS now invites states to submit waiver requests for work and community engagement programs as a condition of eligibility. However, the states that have enacted work and community engagement requirements pursuant to the new CMS policy have been subjected to litigation on the basis that the programs do not meet the objectives of Title XIX, and Idaho or CMS would likely see that occur here as well.

I hope that you find this analysis helpful.

Sincerely,

A handwritten signature in black ink, appearing to read 'BK', with a long horizontal flourish extending to the right.

Brian Kane
Assistant Chief Deputy

BK:kw

Margaret Major

From: judy schmidt <sjudy11@yahoo.com>
Sent: Thursday, March 21, 2019 12:16 PM
To: Margaret Major
Cc: Senator Dean Mortimer; Senator Mark Harris; Senator Brent Hill
Subject: Public Testimony, Mar 21, Sen. Health & Welfare, S1204

Dear Chairman Martin and members of the committee:

Thank you for the opportunity to testify IN SUPPORT of Senate Bill 1204 on Medicaid Expansion.

This bill is fiscally conservative and true to what 360,000 plus Idaho voters intended when they voted for expanding Medicaid: providing affordable health care for those the system left behind in the most efficient, cost-effective, and comprehensive form possible.

I support this bill over others for three specific reasons:

One, it (Medicaid) is the most cost effective plan for taxpayers - and for individuals, particularly those with lower incomes, as it provides greater coverage than so-called "affordable" private plans on the exchange and no insurance deductibles.

Two, it offers access to a voluntary rather than compulsory work program, which means that those who are in a position to take advantage of programs to improve their job prospects or economic circumstances and move off Medicaid can have that opportunity, but those who are not will not lose their health care benefit. This proposal allows the state to avoid the complicated, cumbersome, and cost-prohibitive process of sorting out who should be exempt and under what circumstances.

Three, it creates no second gap.

Governor Little has said a "good bill" will be one that will not overcomplicate implementation, run up excessive new and unneeded costs to taxpayers, and will not leave a continued large gap population. I think this bill meets those criteria.

I want to thank the authors of this bill for the thought and research they applied in crafting SB 1204. You have listened to the voters, and I respect and appreciate your hard work on our behalf. And I especially want to thank all the legislators who will prudently vote YES on SB1204! Let's move Medicaid Expansion forward into implementation as the voters intended.

Respectfully and sincerely,

Judy Schmidt
215 Pevero Drive
Idaho Falls, ID 83401

Margaret Major

From: Julie Braun Williams <juliebraunwilliams@gmail.com>
Sent: Thursday, March 21, 2019 11:09 AM
To: Margaret Major
Cc: Senator Dean Mortimer
Subject: Public Testimony, Mar 21, Sen. Health & Welfare, S1204

Dear Chairman Martin and members of the committee:

Thank you for the opportunity to testify IN SUPPORT of Senate Bill 1204 on Medicaid Expansion. This is a good bill that respects the will of the voters of Idaho. A voluntary work program like Montana's is a proven way to help people access better employment and training without adding excessive, unnecessary costs and bureaucracy. Implementing this bill will close far more of the gap than any other bill proposed in the House or Senate this session. I appreciate the thought and research that has gone into this bill, and applaud the fiscal conservatism of its approach.

Thank you,

Julie Williams, Constituent of Sen. Dean Mortimer
Ammon, Idaho

Margaret Major

From: Cay and Ron Marquart <mnimages@hotmail.com>
Sent: Thursday, March 21, 2019 11:03 AM
To: Margaret Major
Subject: Written Testimony to Place Before the Committee, SB 1204

Dear Senators,

Although my husband and I would prefer a clean Medicaid Expansion bill, we are in support of SB 1204. It is a much more reasonable bill than HB277. As I testified yesterday at that hearing, our main concern was about the requirement of verifying monthly job information. Our son was diagnosed with schizophrenia 30 years ago. Over those 30 years, with our support, he has been working. However; my husband and I have to help him fill out very lengthy and difficult to understand forms from Health and Welfare. There is no way, without our support, that he could have done that on his own. This very bad bill (HB277), among other things, did not take into consideration the thousands of Idahoans who would have the same difficulties. SB1204 would not have this concern, (not to mention the fact that HB277 would cost the state taxpayers millions of extra dollars to implement!) Please vote for SB1204.

Margaret Major

From: Judy DeRoche <jmderoche@hotmail.com>
Sent: Thursday, March 21, 2019 10:47 AM
To: Margaret Major
Cc: Senator Dave Lent
Subject: Public Testimony, Mar. 21, Sen. Health & Welfare, S 1204

Dear Chairman Martin & Committee Members:

Thank you for the opportunity to testify IN SUPPORT of SB 1204 on Medicaid Expansion. I appreciate that this bill respects the will of Idaho voters. The voluntary work program is a proven way to help people access better employment and training without adding unnecessary costs and bureaucracy.

Implementing this bill will close far more of the gap than any other bill proposed this session. I appreciate the thought and research that has gone into this bill and applaud the fiscal conservatism of this approach.

Thank you!

Judy DeRoche
1165 SE Bonneville Dr.
Idaho Falls, ID 83404

Sent from my iPad

Margaret Major

From: Brenda <rentamuse@yahoo.com>
Sent: Wednesday, March 20, 2019 10:48 PM
To: Margaret Major
Cc: Senator Steve Bair; Representative Neil A. Anderson; Representative Julianne Young
Subject: Public Testimony, Mar 21, Sen. Health & Welfare, S1204

Dear Chairman Martin and members of the committee:

I would like to offer my SUPPORT of Senate Bill 1204 on Medicaid Expansion. Any time you can create a system change that will save people's lives and save money, that is an obvious win for Idaho. We will see cost savings in many systems through expanding Medicaid. A clean Medicaid expansion bill will enable positive changes and NOT create unnecessary bureaucracy. Please acknowledge the will of your constituents.

Thank you so much,

Brenda Price
Bingham County resident
820 S. Milton Ave.
Shelley, ID 83274

Margaret Major

From: stanleyjudee@gmail.com
Sent: Thursday, March 21, 2019 11:24 AM
To: Margaret Major
Subject: Dear Members of the committee

To my legislators,

S1205 is a stab at something bearable. Of course, I hoped for the clean passage of Prop 2.

It will be an uproar if something good doesn't pass. Please get it done quickly.

And do not make it harder to pass a voter petition. That is crazy, and I want to believe that wise republicans will see that a democratic voice is important in our state.

Thank you, Judee Stanley
Idaho Falls
208-523-2637

Margaret Major

From: BOBBE CRAPO <brees@cableone.net>
Sent: Thursday, March 21, 2019 12:30 PM
To: Margaret Major
Cc: Senator Dave Lent
Subject: Public Testimony, Mar 21, Sen. Health & Welfare, S1204

To Members of the Senate Health & Welfare Committee and Senator Lent:

My name is Bobbe Crapo. I live in Idaho Falls. I voted for Proposition 2, the Medicaid Expansion initiative in last November's election.

I am writing to urge you to support Senate Bill 1204. This proposed legislation would make some reasonable and rational amendments to the initiative passed so overwhelmingly by the voters. It appears to be well-researched and well-intentioned, and it would meet Governor Little's criteria for signing such a bill. It would not add overly restrictive requirements that would be costly and complicated for implementing Medicaid expansion in Idaho. In my mind, it fulfills the responsibility of the legislature to respect the will of the voters by crafting a statute that achieves the goal of providing access to healthcare for citizens that are currently not able to afford it, and at the same time considering important budgetary issues.

Senate Bill 1204 meets my expectations as a voter and citizen of the State of Idaho. Thank you for your consideration of this important proposal.

Bobbe Crapo

Margaret Major

From: Ted Epperly MD <Ted.Epperly@FMRIdaho.org>
Sent: Thursday, March 21, 2019 11:28 AM
To: Margaret Major
Cc: Ted Epperly MD
Subject: Written Testimony to Place Before the Committee, SB 1204

Dear Senate Health and Welfare Committee Members

I am very much in favor of the proposed SB1204. Senate Bill 1204 offers a more reasonable alternative in terms of Medicaid Expansion sideboards. I specifically like :

1. Eligibility for notification and opportunities for employment program as outlined in section 2 paragraph 5.

Voluntary work promotion has been proven to assist Medicaid enrollees in increasing their work hours and compensation

Conversely, House Bill 277 includes mandatory work requirements that will add significant administrative burden and will result in a significant portion of the gap population losing coverage. Mandatory work requirements have resulted in costly lawsuits in several states and have not been proven to achieve the goals of improving work outcomes.

Additionally the work requirement in HB277 for the waiver for 100-138% FPL would result in a secondary coverage gap that will require continued use of county and state indigent funds to cover uncompensated care.

SB1204 maintains consistency with the intent of the voters in passing Proposition 2.

2. The Health Risk Assessment question around substance use disorder is a good question to ask. The only problem I see with it is do we have the resources to handle the problem as it now exists. However this is a step in the right direction. The provision to seek a waiver to develop resources and infrastructure to treat these patients would help with this.
3. I agree totally with Section 4 paragraph 3 that there should be no delay in starting this program on 1 January 2020 if CMS fails to approve any proposed waivers to this plan. This meets the spirit of Proposition 2 as passed by Idaho's citizens.

In summary, I would ask for favorable consideration of SB 1204 if Medicaid Expansion sideboards are believed to be necessary .

Please feel free to contact me if I can be of further help on this issue.

Ted

TED EPPERLY, MD | President and CEO
Family Medicine Residency of Idaho
777 N. Raymond | Boise, ID 83704
Phone: (208) 954-8745 | Fax: (208) 947-1761
ted.epperly@fmridaho.org | www.fmridaho.org

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Margaret Major

From: idahoafp@aol.com
Sent: Thursday, March 21, 2019 1:02 PM
To: Margaret Major
Subject: Senate Bill 1204

March 21, 2019

Senator Fred Martin
Chair, Senate Health and Welfare Committee
Senate Health and Welfare Committee Members

Dear Chairman Martin and Members of the Senate Health and Welfare Committee;

On behalf of the 800 members of Idaho Academy of Family Physicians (IAFP) and the IAFP Board of Directors, I would like to express support for Senate Bill 1204.

Not only have more than 61% of Idahoans supported Medicaid expansion on Prop 2 but a recent poll reveals 74% want an unmodified Medicaid expansion, including 93% of family doctors here in Idaho.

Senate Bill 1204 is consistent with the will of Prop 2 voters. Idahoans want a clean law with less bureaucratic overreach. Voluntary work promotion has been proven to assist Medicaid recipients in increasing their work status. The Montana model of work promotion, HELP-Link, has been shown to help those looking for work or better jobs a mechanism to services such as career training, educational opportunities and career counseling. Eighty-one percent of HELP-Link participants were employed in 2017 and 71% of participants have increased wage earnings after completion of their training.

The HELP-Link program helps Medicaid recipients improve their long-term employability and thus reducing their reliance on financial assistance. A program similar to the Montana model can work here in Idaho too.

Thank you for your consideration and the work you do to keep our citizens healthy.

Sincerely,

Neva Santos, CAE
Executive Director
Idaho Academy of Family Physicians
(208) 323-1156 (208) 407-1854 (Cell)
www.Idahofamilyphysicians.org

Margaret Major

From: Lori Burelle (lburelle) <lburelle@micron.com>
Sent: Thursday, March 21, 2019 11:52 AM
To: Margaret Major
Subject: For distribution to the Committee re. SB1204

Good afternoon, Chairman Martin, members of the committee. My name is Lori Burelle, and I am the Legislative Chair for the Southwest Idaho Chapter of the National Organization for Women. I am writing today in support of Senate Bill 1204.

All the previous attempts to present "sideboards" for Medicaid Expansion in the legislature this session have involved expensive mandates and complicated bureaucracy. The Idaho solution offered in Senator Martin's bill, however, is reasonably priced and is designed to give people a hand up without creating burdensome paperwork for Idaho citizens.

Our members worked very hard to make Medicaid Expansion a reality in this great State, and we are gratified that this bill will handle the Expansion in a way that works for Idaho and Idahoans. Our chapter urges this committee to please send Senate bill 1204 to the floor with a Do Pass Recommendation.

Thank you for your time. If you have any questions, I can be reached at (208) 859-5464.

Sincerely,

Lori Burelle
Legislative Chair
SW ID NOW

Our mailing address is:
NOW SW Idaho Chapter
c/o Lori Burelle
658 N Driscoll Lane
Boise, IDAHO 83702

Margaret Major

From: Lori Burelle (lburelle) <lburelle@micron.com>
Sent: Thursday, March 21, 2019 11:52 AM
To: Margaret Major
Subject: For distribution to the Committee re. SB1204

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Our members worked very hard to make Medicaid Expansion a reality in this great State, and we are gratified that this bill will handle the Expansion in a way that works for Idaho and Idahoans. Our chapter urges this committee to please send Senate bill 1204 to the floor with a Do Pass Recommendation.

Thank you for your time. If you have any questions, I can be reached at (208) 859-5464.

Sincerely,

Lori Burelle
Legislative Chair
SW ID NOW

Our mailing address is:
NOW SW Idaho Chapter
c/o Lori Burelle
658 N Driscoll Lane
Boise, IDAHO 83702

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, March 27, 2019

TIME: 1:00 P.M.

PLACE: Room WW54

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

ABSENT/ EXCUSED: None

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 Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 1:00 p.m.

H 277 **Representative Vander Woude** presented **H 277**, relating to Medicaid expansion sidebars, and highlighted key differences between **S 1204** and this bill. **H 277** has a mandatory work requirement and the Senate bill has a voluntary work requirement. The House bill requires the recipient to work 20 hours per week at minimum wage. If pay is above minimum wage, the hours requirement drops accordingly. To satisfy the work requirement, a recipient must earn approximately \$600 per month. If one does not meet the work requirement, they are directed to a training program to help secure that employment requirement. There has been some discussion about introducing a trailer bill to change this bill's monthly reporting to every six months to align with the Supplemental Nutrition Assistance Program (SNAP). The bill includes similar exemptions found in SNAP; for example, those caring for a child under the age of six are exempt from the work requirement and one spouse remains exempt until the child is 18. If one does not meet the work requirement, does not enter the training program, and is subsequently dropped off Medicaid, one can reapply to receive Medicaid after two months. The other major difference between the two bills that this one seeks a waiver to allow those from 100 to 138 percent of the poverty rate to stay on the health exchange. Currently, there are about 19,000 to 20,000 Idahoans in that range that are on the exchange while receiving a government subsidy. This bill hopes to keep them on the exchange to save the State a substantial amount of money by having the federal government subsidize their insurance. It is understood that it will prove difficult to secure that waiver, but he believes this is a good piece of legislation.

DISCUSSION: **Vice Chairman Souza** asked for details about Maximus, the company that will provide oversight to this work requirement. **Representative Vander Woude** reported that it is the company used by the Department of Health and Welfare (Department) to monitor work requirements for SNAP.

Vice Chairman Souza shared her own understanding of the company. Maximus is a nationwide employment agency that contracts with the Department. They charge for very basic administrative costs only. Profits are realized when they demonstrate positive outcomes for their clients. Maximus assesses an individual's skills, their background and experience, what they are good at, and what they like to do. They assist in developing soft skills, such as how to interview and present themselves to a potential employer. Further, they provide specific job training and Maximus does not receive their commission until that individual is successful in completing a job training program, education program, or has successfully secured employment.

Senator Jordan raised concerns about the waiver plan to keep those in the 100-138 percentile on the health exchange. That waiver has never been approved for another state. If that waiver is somehow approved for Idaho, this bill limits the choice of plans on the exchange for that population, and in subsequently removing them from the Medicaid expansion group, Idaho will drop from its 90/10 percent match rate down to a 70/30 rate. **Representative Vander Woude** replied that it does not increase cost for those below 100 percent of the federal poverty level and all policies are in compliance with the Affordable Care Act (ACA).

Senator Jordan asked for clarification on language that will purportedly defund Planned Parenthood, in response to an outpouring of constituent contact. She stated the language appears to impose undue bureaucracy in accessing family planning services. **Representative Vander Woude** deferred to Representative Blanksma. **Representative Blanksma** stated that the intent of the language is to create cost savings through managed care by keeping people in their patient-centered medical home. In follow up, **Senator Jordan** queried if a person's patient-centered medical home happens to be a Planned Parenthood clinic, would they have to leave their patient-centered medical home to go to another doctor, to get a referral back to their clinic. **Representative Blanksma** explained that the Department determines the qualification for a patient-centered medical home. It is intended to be part of the managed care program to realize cost savings and most family planning services can be found within a patient-centered medical home. This is basically a test to see if a referral system can continue to show cost savings for Idaho by maintaining managed care and the patient-centered medical home.

Senator Jordan asked, regarding the waiver to limit retroactive eligibility from 90 days to 30 days, if there were estimates on how many people would be impacted and potentially pushed into significant financial difficulty. **Representative Vander Woude** stated that the bill includes the 30-day limit to encourage quick enrollment to avoid a catastrophic event, and instead beginning primary care to potentially avoid that outcome.

Senator Jordan cited text in the bill that states, "the Director of the Department of Insurance (DOI) shall limit the choices of qualified health plans to ensure cost effective coverage" and asked what that refers to. **Representative Vander Woude** responded that it is to limit liability to the federal government on the tax credit.

Senator Jordan inquired why the bill specifically references Native Americans. **Representative Vander Woude** explained that the tribal nations are exempt from certain state requirements. Further discussion ensued regarding match rates, effective dates, definitions, parameters for hours worked, and hourly wages to meet the work requirement.

Senator Nelson noted in regard to the waiver limiting enrollment to 30 days, that the population has proven difficult to communicate with in other states. In Arkansas, many fell off Medicaid because of the work requirements due to communication failures, and he wondered if this bill dedicated any funds to enhance communication with those enrollees toward the goal of getting them into preventive care earlier. **Representative Vander Woude** stated that this legislation assumes that everyone is eligible and if someone signs up, they will be informed of any guidelines that apply when they sign up.

Senator Nelson expressed concern regarding the reduced match rate risk associated with the waiver application, noting that the authority to grant a waiver appears to be inconsistent with federal statute and that no state with a waiver has retained its 90/10 match rate. **Representative Vander Woude** stated that it is worth asking, although the Department has confirmed that obtaining the waiver would be difficult.

Senator Jordan asked, regarding the exemption for the tribes, if anyone involved in drafting this legislation reached out to the tribes. **Representative Vander Woude** replied that he was not aware of that happening.

Senator Jordan asked Representative Vander Woude for the cost to administer the work requirements. **Representative Vander Woude** reported that the cost is estimated at \$2.6 million.

Chairman Martin requested a Department opinion on limiting health plan choices to ensure cost effective coverage.

Lori Wolff, Deputy Director, Department of Health and Welfare, interpreted the bill as asking to expand Medicaid to 100 percent of the federal poverty level, with individuals over 100 percent then eligible to receive a tax credit and purchase insurance on the exchange. If Idaho is approved for that waiver, those individuals could stay on their current insurance plan. Her understanding of the language referencing limiting health plan choices is that it refers to the DOI and their role in approving plans as those rates are submitted to the DOI. The ACA states that those who are not eligible for Medicaid are eligible for a tax credit, and those tax credits can only be used to purchase private, qualified health plans.

Senator Nelson revisited the 30-day retroactive waiver that creates two different Medicaid populations with different waiver links: our existing population at 90 days, and a new population with 30 days. He asked if that cost has been calculated into the cost of administering two different limits. **Lisa Hettinger**, Deputy Director, Department of Health and Welfare, responded that the retroactive eligibility change would apply to the entire Medicaid population. However, to change what is currently in federal code would include costs for the Department to draft the waiver and come to an understanding with the federal government around budget neutrality, administer the waiver, and report back to them. Those costs were not incorporated into the fiscal note for this bill.

Chairman Martin recommended the Committee review materials provided electronically and in print, specifically from the Idaho Center for Fiscal Policy, the Idaho Medical Association, and an opinion from the Attorney General's Office. He then invited testimony.

TESTIMONY:

Alex Lebeau, President, Idaho Association of Commerce and Industry (IACI), testified in opposition to **H 277**. Regardless of whether people are covered by Medicaid or if they are somehow left out, costs are borne by the state taxpayers through the indigent and catastrophic funds while Idahoans pay federal taxes specifically designed to go to this particular program. Taxpayers pay for this program multiple times without getting a return on that investment and IACI does not consider that an efficient way to manage. A top priority for IACI is workforce enhancement, however those that choose not to work are still going to require healthcare. They are still going to get into accidents, get diseases, and go to the hospital and with the current system, those costs are not reimbursed. IACI opposes this particular bill because it creates a secondary gap and there are other, better ideas proposed that will help people more effectively.

Fred Birnbaum, Idaho Freedom Foundation, testified in support of the bill, stating Proposition 2 passed, but there is an ancillary piece that goes back to the fiduciary duty of this Legislature to fund this program appropriately. **H 277** is the first step in a needed reform package.

Frank Monasterio, Society of St. Vincent de Paul, testified in opposition to the bill. **Mr. Monasterio** reported that the United States is the only industrialized democracy that allows its citizens to die or go bankrupt over medical treatment. On November 6, 2018, Idaho voters did something about it. They passed Proposition 2 to expand Medicaid coverage as allowed by federal law. **H 277** is expensive, bureaucratic, and litigious. It undermines the will of the voters with the likely result that the gap will remain with many uncovered, and Idahoans will continue to be double taxed to sustain indigent and catastrophic care funds (see Attachment 1).

Christine Pisani, Executive Director, the Council on Developmental Disabilities (Council), testified in opposition to this bill. There are currently about 5,000 direct care workers who do not have access to affordable health insurance. About 4,000 of all direct care workers in Idaho earn less than an annual income of 138 percent of federal poverty level for an individual, which equates to about \$12,000 annually. Given this income level, they are forced to make decisions to pay for rent, food and utilities, and forgo healthcare coverage. Even with the subsidy, high deductibles weigh into their decision to see a doctor for preventive care. Excluding this segment of our workforce from Medicaid coverage will only add to a secondary coverage gap. A healthy direct care workforce matters for all of us, not just the staff in this category. Each of us may have a family member who benefits from their services. This important workforce makes so little in wages, and their work is so undervalued that we currently have a direct care worker shortage. This segment of our workforce are often the unsung heroes who assist individuals to stay in their homes, with their families, and avoid costly institutional living options (see Attachment 2).

Christa Rowland, Director of Community Impact for United Way of Treasure Valley (United Way), spoke in opposition to the bill. The fiscal impact to taxpayers exceeds \$30 million to set up and manage new bureaucracy. United Way has on-the-ground experience in many states that have included mandatory work reporting requirements that triggered a secondary gap, especially in rural communities and areas where seasonal agriculture and tourism are dominant industries. Volunteer programs have not provided the viable option state legislatures anticipated. Nonprofit organizations do not have the infrastructure to manage, coordinate, track, and report volunteer hours as demanded by the Medicaid reporting requirements. The idea may look good on paper, but does not lead to success in reality.

Joseph Schueler spoke in opposition to the bill on behalf of the low income families he has worked with for over 16 years in Canyon County. **H 277** undermines what Idaho voters sought to create while burdening our state with unnecessary cost. He asked the Committee to consider the tertiary savings of a fully-implemented Medicaid expansion to fill the gap that is currently wreaking havoc on communities and individuals stuck in situations not of their own choosing. Those in a difficult position are rarely the perpetrators of the acts that placed them there. The vulnerable in our communities suffer the most for decisions made outside their control, like disability or catastrophic accident. **Vice Chairman Souza** asked Mr. Schueler if he reviewed the bill and its long list of exemptions, including care of a disabled relative or child. **Mr. Schueler** explained that when a family is in crisis, they often lose some ability to function normally. Adding another layer of bureaucracy will make it that much harder for them to access care and this should be carefully considered since this demographic is already fragile.

Kay Hummel spoke in opposition to the bill, stating there is no precedent for success in this approach. **H 277** will remove about 32,000 Idahoans in the gap and will cost \$32 million more than unmodified implementation. Three states are in litigation over their work requirements and Idaho should not go down that expensive lawsuit path. The expected savings from unmodified expansion would reduce the use of indigent and catastrophic funds. Instead, those funds will be called upon again and again, when sick, uninsured citizens end up in hospitals, with uncompensated care, especially stressing rural hospitals. She expressed consternation that legislators who are conservative on budget matters now endorse **H 277**.

Sasha Pearson, Policy Analyst, Idaho Center for Fiscal Policy, testified in opposition to the bill. One specific provision to deny Medicaid coverage for people with incomes between 100 and 138 percent of federal poverty level has severe fiscal implications for the state, because it jeopardizes the enhanced federal match offered under full Medicaid expansion. There is no precedent for a partial Medicaid expansion with the enhanced match rate. Massachusetts and Arkansas both requested permission to continue to receive the enhanced match and lower eligibility to 100 percent of the federal poverty line, but their requests were denied. In 2018, Wisconsin also submitted a waiver to expand to just 100 percent of federal poverty level and was approved at their regular Medicaid matching rate only. Utah recently submitted a partial expansion waiver at the state's regular rate, rather than the enhanced rate of 90/10. Utah may have hopes about receiving a 90/10 match rate in the future, but took care to budget for the most realistic outcome, while **H 277** reverts to full Medicaid expansion. If Idaho's waiver is rejected, it creates a far worse financial picture for the state that would then pay three times as much per person covered. In addition, the bill would decrease savings brought about by Medicaid expansion because fewer people will be covered, with caps on behavioral health services and substance use disorder services (see Attachment 3).

DISCUSSION: **Vice Chairman Souza** cited language in the bill that states if the waiver is not received prior to January 1, 2020, the population on the exchange would be moved into the full Medicaid expansion and asked Ms. Pearson if she felt it would still threaten the 90/10 match rate. **Ms. Pearson** replied that the language in the bill is not as clear as would be required to uphold that intent.

TESTIMONY: **Hilary Hagen**, Close The Gap Idaho, spoke on behalf of the many Idahoans in the gap, in opposition of **H 277**. There are only four employment and training centers across Idaho, making it impossible for many Idahoans to participate and meet reporting requirements. She shared compelling stories of Idahoans who struggled working inconsistent hours, with untreated health conditions, or who were displaced by sudden loss or crime (see Attachment 4).

Christine Tiddens, Idaho Voices for Children, spoke in opposition to the bill. Not all parents between 100 and 138 percent of the federal poverty level are eligible for financial assistance on the exchange due to what is referred to as the "family glitch." Eligibility to receive financial assistance through tax credits on the exchange is not solely determined by income, it is also based on whether a family has access to affordable employer-sponsored insurance. The definition of affordable as stated in the ACA is based on the cost of coverage for the employee alone and does not take into consideration the higher cost of a family plan. **Ms. Tiddens** used the example of a family of five that makes about \$35,000 annually and falls just above the poverty level. The father works full time and receives employer-sponsored insurance and an affordable premium. While the employer offers coverage for his dependents, that cost is left to the family. The father's coverage makes the entire family eligible for tax credits on the exchange. While his kids can enroll in the Children's Health Insurance Program, the cost of adding his wife to his coverage plan would be hundreds of dollars a month, insurmountable on his low income. Medicaid expansion provides a coverage option for this mother. Under **H 277**, the

mother will have no coverage option due to this glitch. Thousands of Idaho parents could be impacted if Medicaid is capped at 100 percent of the poverty level. When parents lack access to coverage, they live in fear that a medical emergency could financially ruin their family (see Attachment 5).

DISCUSSION: **Vice Chairman Souza** requested that Ms. Tiddens explain how Medicaid expansion for the glitch population solves the problem and how **H 277** does not. **Ms. Tiddens** clarified that Medicaid expansion does not solve the entire family glitch problem: that lies within the ACA. It does allow individuals between 100 and 138 percent of the federal poverty level to enroll in Medicaid to avoid the family glitch. The problem arises when we cap Medicaid at 100 percent of the poverty level, and force those families onto the exchange. If they fall into the family glitch, they would not be eligible for tax credits, would fall into another gap, and not have a coverage option.

TESTIMONY: **Rachel Sjoberg**, master's degree candidate in social work, Boise State University, spoke in opposition to the bill. Highlighted throughout her education is the importance of evidence-based solutions that are efficient and cost effective. There has been much discussion about the increased costs from a work reporting requirement and the volume of complex paperwork warrants concern: the number of employees needed to support the program, the cost in time for public outreach to educate individuals, and the cumbersome reporting process. Idaho and its citizens should not go down a path without demonstrated success.

Maija Baehr spoke in opposition to the bill, stating she is a member of the first American generation predicted to make less money over their lifetime than their parents, who entered adulthood in the middle of the worst financial crisis since the Great Depression. They will likely inherit a bankrupt Social Security system despite paying into it, a crumbling infrastructure, and the costly care-giving needs of the aging "baby boomer" population. They will have significantly fewer children and will delay starting families because they simply cannot afford them. In that context, she evaluated whether her generation could control the cost of this program under **H 277** and does not believe they can. **H 277** does not treat Medicaid like the insurance program that it is. The intent is to provide an option for health insurance for low income Americans who are priced out of purchasing their own private insurance if their job doesn't subsidize their premiums. **Ms. Baehr** offered context regarding Idahoans who choose not to buy health insurance, stating she is one of them. People who live at the high end of the Medicaid gap have incomes just high enough that hospital billing departments don't work with them when they cannot pay their bills and county indigent funds will cover their uncompensated care. She cautioned the Committee to not assume that all uninsured persons create uncompensated care for the state: many pay their own medical bills.

DISCUSSION: **Vice Chairman Souza** thanked her for underscoring her own concern that there are people who cannot afford insurance even when they are fully employed and paying taxes because the cost of healthcare is too exorbitant.

TESTIMONY: **Ceci Thunes**, Idaho Behavioral Health Alliance, testified in opposition to the bill. Having testified repeatedly in support of a clean expansion bill, she has returned to speak in rebuttal to those claiming that the issue has too much representation from Boise and reminded the Committee that Medicaid expansion was made law by 75 percent of all Idaho districts: urban, suburban, and rural. She struggled with how this bill aligns with fiscal conservatism. Analysis shows significant cost to implement sideboards and additional cost as people without insurance continue to access uncompensated healthcare. Idaho faces mounting behavioral health crises and when left untreated, a crisis often extends beyond emergency rooms into the criminal justice system (see Attachment 6).

Dr. Mary Barinaga, Idaho Rural Health Association's immediate past President, testified in opposition to the bill on behalf of the association. An Idaho native and family doctor, **Dr. Barinaga** believes that **H 277** will jeopardize rural healthcare. For someone who lives in Salmon, or Grangeville, it would take about three hours driving in one direction to meet the reporting requirement. About a third of rural Idahoans lack internet. Many jobs in rural areas have variable hours, above average levels of involuntary part-time work, and irregular schedules. She reports having seen too many hardworking rural Idahoans needlessly suffer and sometimes die, because they lacked access to medical care. In Idaho and across the country, rural residents are older, sicker, poorer, and die sooner than urban residents. Medicaid expansion without work reporting requirements will help counter these rural health disparities and strengthen our rural health systems. Idaho has seen the difference expansion has made in other states and Idaho must move forward as voters demanded (see Attachment 7).

Caroline Merritt, Close the Gap Idaho, spoke in opposition to the bill. No state has ever received approval for a waiver request in the enhanced Medicaid match. Kentucky, Arkansas, and now New Hampshire have mandatory Medicaid work programs pending in federal court because work requirements violate the main tenet of the Medicaid program, which is to furnish healthcare to low income Americans. If the Idaho Legislature approves this bill, it is directing the Department of Health and Welfare to implement a program that has just been declared illegal in federal court and putting taxpayers on the hook for costly legal battles that will follow. The testimony the Committee is hearing today represents broad support for unmodified Medicaid expansion from the business community, education groups, nonprofit organizations, and healthcare groups, all united in their view that unmodified expansion is the right solution for Idaho.

David Lehman, Primus Policy Group, representing Bingham Memorial Hospital, testified in opposition to the bill. **Mr. Lehman** state he just received notification that a federal judge in Washington, D.C., has struck down the work requirements in both Arkansas and Kentucky. The issues present in both of those states exist in **H 277** with respect to work requirements. **Mr. Lehman** stated that the new calculus should be what is legal. In considering the different work requirements, mandatory versus opt-in programs, Idaho has before it a policy path that has proven results, that has lowered costs, and that is the lighter hand of government. **H 277** is a policy path with work requirements just deemed illegal by a federal court, that has higher costs, and worse outcomes.

Sam Sandmire spoke in opposition to the bill, reiterating her repeated requests during this legislative session to not burden Idaho taxpayers with significant cost for a program that has not been shown to be effective and creates a secondary gap.

Brian Whitlock, President, Idaho Hospital Association (IHA), confirmed the federal court ruling just moments ago striking down work requirements in Arkansas and Kentucky.

DISCUSSION: **Chairman Martin** asked Mr. Whitlock if he knew specifically how those two state requirements compared to the proposed work requirements in **H 277**. **Mr. Whitlock** received a text and email notification while responding, from Politico in Washington, D.C., that reports that today, "a federal judge blocked new work requirements on Medicaid recipients for a second time.... U.S. District Court Judge James Boasberg ruled that the federal government failed to justify that adding employment conditions and other changes to Medicaid in Arkansas and Kentucky advanced Medicaid's basic purpose of providing health coverage." **Mr. Whitlock** added that while he has not had the opportunity to read this ruling, there are great similarities to **H 277** in the working and reporting requirements.

Chairman Martin apologized for the disruption to the Committee process, stating he did not expect this ruling at this time. **Senator Lee** reported looking at similar information that stated at issue where the rules obligating people to work, volunteer, or take classes as a condition for being allowed to remain in Medicaid. It blocked Arkansas and Kentucky from requiring Medicaid recipients to work, or train for work, as a condition of staying enrolled in the program. She stated that while we are not sure what the implications are, it certainly changes the conversation.

Senator Harris asked Mr. Whitlock how **H 277** would affect the five rural hospitals in his district. **Mr. Whitlock** believed it would affect them in a number of ways. If this bill were to pass, the family glitch would continue and people between 100 and 138 percent of the federal poverty level would be left uninsured. In follow up, **Senator Harris** asked if it is then true that this group would be covered without this bill because of Medicaid expansion, but would not be covered because of this bill. **Mr. Whitlock** confirmed that Senator Harris was correct. Idaho would still have a gap population that currently exists under existing law, and will continue to exist. Under **H 277** they would not be able to afford to buy a policy for a spouse through the family plan or obtain a subsidy through the exchange. Those individuals would likely continue to be uninsured. The work requirement will drive up those figures. Rural communities will be heavily impacted where work opportunities may not be as available as urban areas. Idaho will continue to see high levels of uncompensated care. IHA is also concerned with the retroactive enrollment period: there will be some who are noncompliant or refuse to give the information needed to enroll them in Medicaid. Of the 27 critical access hospitals in the state, 20 are operating at negative margins right now. Some are county hospitals that rely on their county taxpayers to even things up at the end of the year. Whatever can be done to help alleviate some of that uncompensated care will also provide relief to those county taxpayers. **Senator Harris** asked what would happen under this bill to those individuals currently in the exchange. **Mr. Whitlock** explained that as he interpreted the bill, those currently on the exchange when open enrollment comes around November 1, would go through the same process that they go through annually in the open enrollment process based on their income levels. The Department of Health and Welfare would then make a determination that they would still be eligible on the exchange or eligible for Medicaid.

Chairman Martin asked what would happen to larger hospitals. **Mr. Whitlock** referred back to the figures used statewide throughout the campaign for Proposition 2. At that time, Idaho had about \$272 million in uncompensated care for 44 member hospitals. That uncompensated care represents bad debt or charity care that those hospitals provide. Full Medicaid expansion is not a total elimination of the uncompensated care, but it is certainly a reduction that will be helpful to both urban hospitals and rural hospitals with razor thin margins.

Vice Chairman Souza inquired if a 60-day clawback was acceptable to Mr. Whitlock. **Mr. Whitlock** responded that he was not certain why that language was inserted into this bill. The fiscal note indicated that it would generate a \$100,000 savings to the state. The cost to the hospitals will be much greater than that. IHA is not sure what the source of the analysis is on the fiscal note, but it does not seem feasible to have a bifurcated system of 90 days for one, and 30 days for another, and a resulting savings of \$100,000. **Vice Chairman Souza** stated that she hopes to find a place for compromise, adding that everyone listening should understand that the fiscal notes relating to Medicaid expansion cannot be accurate because we have no idea how many people will qualify for Medicaid, how many will choose to apply, how many will want to stay on the exchange, or how many of those that do sign up will fall under the sideboards found in this bill. **Mr. Whitlock** stated that IHA wholeheartedly supports a 30-day window to enroll in Medicaid to start preventive

care and possibly avoid a costly emergency. He closed by stating that **H 277** is in need of major reconstructive surgery.

TESTIMONY: **Jim Baugh**, Disability Rights Idaho, distributed a transcript of a telephone conversation from Jane Perkins, Litigation Director for the National Health Law Project, who is the lead attorney for the plaintiffs in Kentucky and Arkansas. The conversation was regarding whether Idaho's attempts to put work requirements into a bill would result in the National Health Law Project filing for litigation against Idaho. The short answer is yes, it will.

Mr. Baugh then pointed to significant differences between mental health services covered by Medicaid and mental health services covered by insurance policies on the exchange. Under the ACA, exchange policies must cover mental and behavioral health services. Those plans provide limited coverage for psychiatry visits and psychotherapy sessions, prescription medications, and limited hospitalization days. People who have serious and persistent mental illness are only going to be successful in staying in the community if they have access to a broad spectrum of services not covered by private insurance, but that are covered under Medicaid: intensive outpatient therapy, partial hospitalization, case management, peer support and community crisis services. If this bill forces people in the gap with serious mental illness onto the exchange instead of Medicaid, they will not get the support they need (see Attachment 8).

See Attachment 9 for submitted written testimony.

CLOSING REMARKS: **Representative Vander Woude** closed by stating that while he understood that this bill may not go anywhere, and there remained some unanswered questions, there were valuable elements in the bill and the Legislature must responsibly implement Proposition 2.

MOTION: **Senator Heider** moved that **H 277** be held in Committee. **Senator Jordan** seconded the motion.

SUBSTITUTE MOTION: **Vice Chairman Souza** moved to send **H 277** to the 14th Order of Business for possible amendment. **Senator Bayer** seconded the motion. **Chairman Martin** called for a roll call vote.

ROLL CALL VOTE ON SUBSTITUTE MOTION: **Chairman Martin** called for a roll call vote on the substitute motion. **Vice Chairman Souza** and **Senator Bayer** voted aye. **Chairman Martin** and **Senators Heider, Lee, Harris, Burtenshaw, Jordan, and Nelson** voted nay. The motion failed.

ROLL CALL VOTE ON ORIGINAL MOTION: **Chairman Martin** called for a roll call vote on the original motion. **Chairman Martin** and **Senators Heider, Lee, Harris, Burtenshaw, Jordan, and Nelson** voted aye. **Vice Chairman Souza** and **Senator Bayer** voted nay. The motion carried.

ADJOURNED: There being no further business at this time, **Chairman Martin** adjourned the meeting at 3:35 p.m.

Senator Martin
Chair

Margaret Major
Secretary

TESTIMONY presented to the Idaho State Senate Health and Welfare Committee March 26, 2019 concerning House Bill 277.

Chairman Martin and Members of the Committee: I'm Frank Monasterio from Mountain Home. I urge you to vote no on House Bill 277. Thank you for hearing me.

The United States is the only industrialized republic in the world that lets citizens die or go broke when they can't pay for treatment. On November 6, 2018, Idaho voters did something about it. Passed Proposition 2 to expand Medicaid coverage as allowed by Federal law.

Today we meet to consider HB 277. It purports to implement Proposition 2. In fact, it undermines Prop. 2.

HB 277 is expensive, tortured, bureaucratic, and litigious.

HB 277 undermines the will of the voters. Likely results are:

- That a medical insurance coverage gap will remain, with many uninsured;
- That Idahoans will continue to be double-taxed to sustain Indigent Care and Catastrophic Care funds;
- And many families earning between 100% and 138% of poverty will remain without insurance.
- Idaho tax dollars will be wasted on an expanded bureaucracy, and fewer Federal tax dollars will return to Idaho.
- Further, HB 277 will burden Idaho hospitals with uncompensated expenses and guarantee expensive court trials.

It is as if one wanted to drive from Boise to Twin Falls. But instead of simply pulling onto I-84 and heading east, he decided to divert through Canada in mid-winter, with consequent loss of time, and money, at increased risk of accident or of not arriving at all.

Only one thing is needful: treating our sick and injured neighbors efficiently. A clean implementation will do that.

Idahoans voted for that on 6 November 2018. Sadly, HB 277 wastes vast resources and fails to meet Idaho's needs.

I ask your no vote on HB 277.

Thank you.

--Frank Monasterio

430 North 8th East

Mountain Home, Idaho 83647

March 27, 2019

Chairman Fred Martin
Senate Health & Welfare
Statehouse
Boise, ID 83720

Dear Chairman Martin and Members of the Committee:

The Council on Developmental Disabilities is authorized by federal and state law to monitor service systems and policies and to advocate for improved services that enable Idahoans with developmental disabilities to live meaningful lives, included in their home communities. The Council is comprised of 23 volunteers appointed by the Governor.

The Council is opposed to House Bill 277 for the following reasons:

There are currently about *4,570 direct care workers who do not have access to affordable health insurance. About 3,980 of all direct care workers in Idaho earn less than an annual income of 138% of the federal poverty level. For an individual, this is about \$12,000 annually. Given this income, it is easy to see why they would choose to pay their rent, pay for food, gas, and utilities, and forego getting a plan on the health care exchange even with a subsidy. The high deductibles associated with those plans would prevent them from considering going to the doctor for cost saving preventative care. Excluding this segment of our workforce from Medicaid coverage will only add to a secondary coverage gap.

Why does a healthy direct care workforce matter so much for all of us, and not just the people in this category? Each and every one of us may have a family member who benefits from the services of a certified nursing assistant, a home health worker, or a personal care services worker. When my mother needed this level of care, I would have had to quit my job or take an extended leave of absence in order to meet her daily needs if it weren't for the many certified nursing assistants and the home health aids. People with disabilities and seniors rely heavily on the assistance of our direct care workforce for personal care services, meal preparation, housekeeping, and laundry, just to name a few of the many things they do daily. This important workforce makes so little in wages and the work is so undervalued that we currently have a healthcare worker shortage.

This legislation pushes the availability of a healthy direct care workforce even farther away from possibility. This segment of our workforce are often the unsung heroes who assist individuals to be able to age in place in their homes and avoid costly institutional living options.

Thank you for considering the Council's comments.

Sincerely,

Christine Pisani, Executive Director



700 W. State St.
JRW Building
First Floor West
Boise, ID 83702-5868
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1-800-544-2433
Fax: 208-334-3417

Brad Little
Governor

James Steed
Chair

Christine Pisani
Executive Director

*Workforce Data Center: PHI



House Bill 277 Could Cost State \$32.2 Million More Than Unmodified Expansion
March 26, 2019

Ongoing Annualized Costs and Savings of Unmodified Implementation of Medicaid Expansion, Senate Bill 1204, and House Bill 277			
	<u>Unmodified</u> <u>Expansion</u>	<u>Senate Bill</u> <u>1204</u>	<u>House Bill</u> <u>277</u>
State Costs			
Health Care and Administration of Coverage	\$40,200,000	\$40,200,000	\$64,500,000
Optional Work Program	\$0	\$140,000	\$0
Mandatory Work Program with Reporting Requirements	\$0	\$0	\$2,581,102
Other Provisions <i>(limiting retroactive coverage, family planning waiver, and 101-138% FPL waiver)</i>	\$0	\$0	\$170,900
	<hr/> \$40,200,000	<hr/> \$40,340,000	<hr/> \$67,252,002
State Savings to Existing Programs Providing Services to People without Health Coverage <i>(includes savings to the CAT fund, behavioral health services, and certain hospitalizations)</i>			
	<hr/> (\$30,300,000)	<hr/> (\$30,300,000)	<hr/> (\$25,149,000)
Net Cost to Idaho¹	\$9,900,000	\$10,040,000	\$42,103,002

Medicaid expansion will generate savings to the state CAT Fund, behavioral health services, community-based substance use disorder treatment for offenders, and mental health services for the probation and parole population. Senate Bill 1204 would keep these projected savings because it would provide health coverage to the same number of people as unmodified implementation. It would also provide the ability to participate in the state's employment and training program, at an ongoing annual cost of \$140,000 to the state.

House Bill 277 decreases some of the savings anticipated under Senate Bill 1204 and unmodified implementation of Medicaid expansion. The work reporting requirement under House Bill 277 would also require 18 additional employees to administer, cost an additional \$2.6 million, and is expected to result in approximately 10,000 people losing health coverage. The bill also calls for additional provisions that require waiver approval, costing the state \$170,900 annually. One of the provisions called for by House Bill 277 would not allow Medicaid coverage to 32,000 people with incomes between 101-138 percent of Federal Poverty Level (FPL), which jeopardizes the enhanced federal matching rate offered under unmodified implementation of Medicaid expansion.

There is no precedent for a partial Medicaid expansion with the enhanced match rate, in part because these match rates are set in statute and are not under the authority of the Centers for Medicare and

¹ For full line item detail, see appendix table.

Appendix

Ongoing Annualized Costs and Savings of Unmodified Implementation of Medicaid Expansion, Senate Bill 1204, and House Bill 277			
	<u>Unmodified</u> <u>Expansion</u>	<u>Senate Bill 1204</u>	<u>House Bill 277</u>
New people covered through Medicaid	91,000	91,000	49,000
New state employees required to administer program	3	3	22
Federal match	90%	90%	70%
State Costs			
Health Care and Administration of Coverage	\$40,200,000	\$40,200,000	\$64,500,000
Health Risk Assessment	\$0	\$0	\$0
Limiting Retroactive Coverage	\$0	\$0	\$8,500
Exchange Coverage (101-138% FPL)	\$0	\$0	\$81,200
Optional Work Program	\$0	\$140,000	\$0
Mandatory Work Program with Reporting Requirement	\$0	\$0	\$2,581,102
Substance Abuse Treatment - IMD waiver	\$0	\$0	\$0
Family Planning Waiver	\$0	\$0	\$81,200
Total Costs	\$40,200,000	\$40,340,000	\$67,252,002
State Savings			
CAT Program (State)	(\$9,900,000)	(\$9,900,000)	(\$8,217,000)
Substance Use Disorder Services (IDOC)	(\$4,800,000)	(\$4,800,000)	(\$3,984,000)
Behavioral Health (DHW)	(\$8,200,000)	(\$8,200,000)	(\$6,806,000)
Hospitalizations (IDOC)	(\$2,800,000)	(\$2,800,000)	(\$2,324,000)
DHW - DBH - Mental Health Services	(\$4,600,000)	(\$4,600,000)	(\$3,818,000)
Total Savings	(\$30,300,000)	(\$30,300,000)	(\$25,149,000)
Net	\$9,900,000	\$10,040,000	\$42,103,002

RE: Senate Health and Welfare Public Testimony HB 277

Chairman Martin and members of the committee. My name is Hillarie Hagen and I work with Close the Gap Idaho. I have spent the last few year speaking to Idahoans in the gap and I'm here today in opposition to HB 277 because of the negative impacts this bill will have on them if passed.

HB 277 would create barriers to coverage for rural Idahoans. There are only four Employment and Training centers across the state, making it impossible for many to travel to participate if they are unable to meet the reporting requirements. Even if they are allowed to participate through internet, 1/3 of rural Idahoans lack internet access and would not be able to participate. Like Dawn, who lives in rural Kootenai County. Dawn is an older adult who works odd jobs when she can find them but struggles to secure consistent work. She has limited access to the internet and would be unable to participate in work training if one of her temp jobs didn't provide her with enough hours.

HB 277 would also hurt older adults. Like Joyce, a registered Republican who is a constituent from legislative district 22. With untreated arthritis she works temp retail jobs that vary greatly in hours. If her work doesn't provide her with enough hours to meet the reporting requirements one month, the next she could lose her coverage causing a loss in treatment and exacerbating her condition. This ultimately impedes her ability to work the following month even if given enough hours by her employers.

Another Idahoan in the gap that lives in Nampa, Marisse, has pointed out how HB 277 creates undue burdens for victims of crime. Marisse's husband was killed by a drunk driver. After his death, her life was a blur of tying up the estate, working to salvage his business, counseling appointments, meeting with police and prosecutors, not to mention grieving with her family. The police and prosecutors' offices have more pressing issues than filling out paperwork to prove someone has been a victim or is unfit to work through crisis.

The people whose stories I've shared with you today wanted to be here but are busy caring for family members and working, it's challenging for them to repeatedly come to these hearings to share their stories. So I am attaching testimonies from each of them to have as part of my testimony for each committee member. I have seen HB 277's fiscal analysis by the Idaho Center for Fiscal Policy. This is an irresponsible use of tax payer dollars while harming Idahoans in the gap. All it does is waste time, puts in place more bureaucracy and red tape that does nothing to get people the health coverage they need to take care of themselves and their families. And one last thing, no one is exempt from confusion and complexity of government bureaucracy. I urge you to Vote NO on HB 277.



My name is Marisse DeThomas, I live in Nampa, district 13. In 2016, two of my children and husband were victims of crime. Unfortunately, my husband did not survive. After his death, my life was a blur of tying up the estate, working to salvage his business, taking the girls to counseling and medical appointments, meeting with police and prosecutors, and giving the girls extra affection and comfort. At this time in my life, I could not have worked.

In 2017, there were more than 4,000 victims of violent crime; and many more impacted by criminal acts. Work reporting requirements put an undue burden on victims like us; even if a victim exemption exists, who would verify the time it takes to put your life together? The police and prosecutors' offices have more pressing issues than filling out paperwork, and anyway, no one can quantify the importance of giving a scared kid an extra cuddle or of reading, once again, a book on death and loss.

I am currently teaching GED classes at the College of Western Idaho. My hours fluctuate from week to week because I am also now the sole caregiver for my two children with special needs. My supervisor and I can't anticipate how many hours I'll be able to work in advance.

As a teacher, I am often asked to fill out paperwork for students verifying their participation—in theory, it's just a piece of paper, but in reality it is checking attendance records, figuring out how to sign a form when multiple teachers need to verify different parts, trying to get an administrator to verify hours spent in on-line study. It is cumbersome, and takes me away from what I am paid to do: teach.

Finally, I rely on workers in The Gap to provide personal care for my daughter. In just over a year, we had 23 caregivers; much of this turnover is related to domestic violence or lack of health care; some workers are ill much longer than they would be with medical care; others can't work when a flare up of psychiatric illness combines with lack of affordable medication. Some workers have issues like migraines and while they show up and do their best, intense pain affects their job performance.

It is for these reasons and more that I urge you to reject HB 277. Instead, please implement Medicaid expansion as passed by the voters. Thank you.

To: Senate Health and Welfare Committee Members
RE: Public hearing on HB 277



Implications of Kentucky and Arkansas Work Requirements Rulings on Idaho

On March 27th, 2019, U.S. District Judge James Boasberg ruled that work-reporting requirements, limits to retroactive Medicaid eligibility, and other obstacles to coverage in Arkansas and Kentucky violate the central tenet of the Medicaid program and, therefore, are illegal. The ruling against the Centers for Medicare & Medicaid Services (CMS) affirms that the fundamental purpose of Medicaid is to provide health insurance to low-income Americans and that efforts to impose barriers to that coverage are not permissible in the program.

Legislators should take notice: work-reporting requirements in any form violate the fundamental purpose of Medicaid. The same is true of other barriers to coverage, including limiting retroactive eligibility. Provisions that take coverage away from those who are otherwise eligible for Medicaid will not stand up in court.

The work-reporting requirements and changes to retroactive eligibility waivers that have been proposed in H277 and similar legislation would result in coverage losses amongst otherwise eligible, low-income Idahoans. There is not a way to craft a work-reporting requirement that is “immune” to this ruling; any work requirement that causes Idahoans to lose coverage would be subject to the same treatment. Consequently, it is safe to assume Idaho will be mired in the same costly lawsuits if we continue to pursue legislation such as H277, which will result in coverage losses of up to 10,000 people. These challenges would almost certainly be heard by the same judge who decided the Kentucky and Arkansas cases and who will decide the fate of New Hampshire’s work requirements.

What Should Idaho Legislators Do?

Rather than risk costly lawsuits and lengthy legal battles, **legislators should move forward with implementing Medicaid expansion as passed overwhelmingly by voters in 2018 – without expensive barriers that create red tape to ensnare Idahoans in bureaucracy and government oversight.**

The impacts of the recent court decision are clear: No version of a work-reporting requirement complies with federal law if it can potentially limit access to care. Passing Medicaid work requirements, or any waiver requests that restrict access to care, opens Idaho up to litigation and puts the future of the Idaho Medicaid program in the hands of CMS and federal judges. It is a risk we can’t afford to take with over 60,000 Idahoans currently caught in the coverage gap.

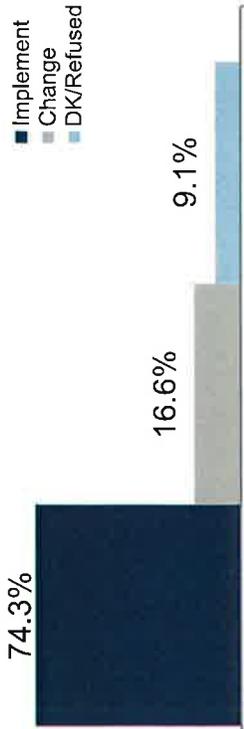
We Urge Representatives and Senators to Reject Work-Reporting Requirements and Other Illegal Barriers to Coverage

N=500 Likely Voters, Statewide in Idaho
 Margin of Error: +/- 4.38%
 Conducted February 21-24, 2019 by GSSG
 Paid for by Close the Gap Idaho

Views on Implementation

The Medicaid expansion measure, or Proposition 2, passed with 61% of the vote and is now law. Knowing this, which of the following comes closer to your opinion?

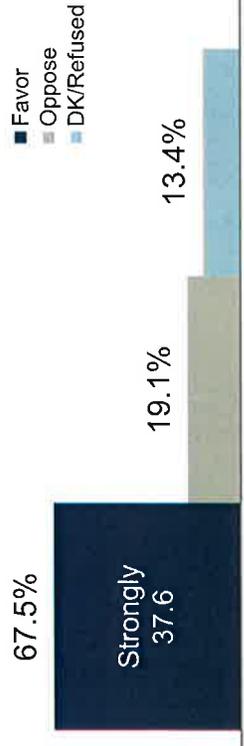
- The legislature should implement the will of the people as passed by the voters
- The legislature should change the law passed by voters



	Party		
	Dem	Indy	GOP
Overall			
Favor	74.3	76.6	66.2
Change	16.6	13.5	22.4
Net	+57.7	+63.0	+43.7

Work Promotion

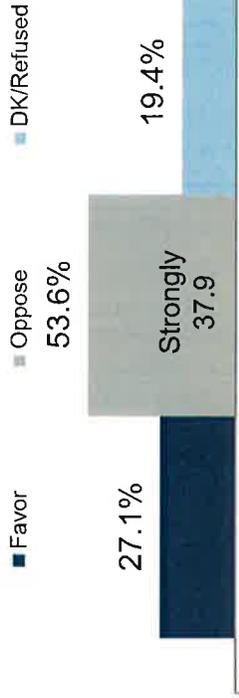
Some states have created successful work promotion programs which provide job training and education to individuals on Medicaid rather than requiring them to document and report a certain number of hours worked to earn coverage. The cost to create a program like this in Idaho would only be \$400,000 rather than an additional \$2 million for work reporting requirements. Knowing this, do you favor or oppose creating a work promotion program?



	Party		
	Dem	Indy	GOP
Overall			
Favor	67.5	72.5	66.6
Oppose	19.1	12.7	18.6
Net	+48.4	+59.7	+48.0

\$2 Million for Administrative Costs

Currently, the Idaho Legislature is considering changing the Medicaid expansion law passed by Idaho voters by adding new rules to determine who can get Medicaid coverage. Knowing that a new rule would cost the state at least \$2 million in administrative costs, do you favor or oppose the Legislature adding new rules to determine who can get Medicaid coverage?

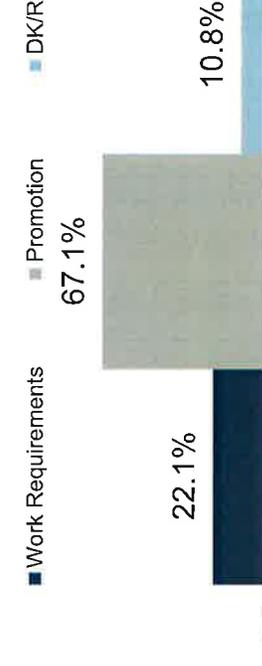


	Party		
	Dem	Indy	GOP
Overall			
Favor	27.1	19.0	35.6
Oppose	53.6	62.6	41.7
Net	-26.5	-43.6	-6.1

Promotion vs. Requirements

Which of the following comes closer to your opinion?

- Idaho should create **new reporting requirements** which will make individuals prove they are working a certain number of hours or trying to find a job in order to qualify for Medicaid coverage, even if it costs Idaho taxpayers millions of dollars per year to track the paperwork
- Idaho should **create a program that connects individuals with job training and education assistance** when they apply for Medicaid, which would cost much less than adding new requirements to Medicaid.



	Party		
	Dem	Indy	GOP
Overall			
Work Reqs.	22.1	26.1	26.3
Promotion	67.1	66.3	61.6
Net	+45.0	+40.2	+35.4

Jobs are Often Unstable

Most Idahoans who will qualify for Medicaid expansion are already employed, but they work low wage jobs that usually don't offer health insurance. These jobs are also often unstable, with frequent layoffs and work hours that can fluctuate sharply from month to month. Would you favor or oppose taking away medical coverage from a person who has not met work reporting requirements, even if that person involuntarily had their hours cut or were laid off?



	Overall	Party		
		Dem	Indy	GOP
Favor	17.5	8.3	19.8	21.5
Oppose	72.0	87.9	78.1	63.0
Net	-54.5	-79.6	-58.3	-41.5

Idahoans Support Less Bureaucracy and Red Tape

Legislators are considering a number of changes to the law that would add red tape and make it harder for people to enroll in Medicaid. Would you favor or oppose taking away health coverage from low-income Idahoans if they are unable to meet the additional requirements or get caught up in bureaucracy through no fault of their own?

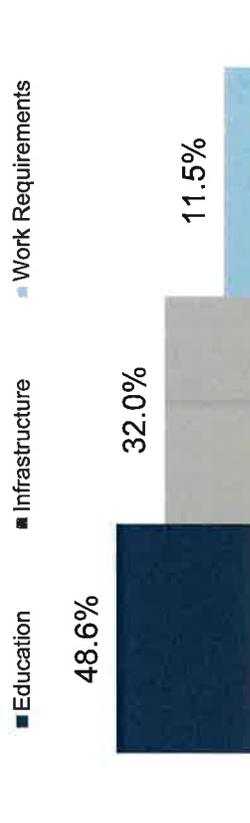


	Overall	Party		
		Dem	Indy	GOP
Favor	16.1	8.5	13.5	20.7
Oppose	69.9	87.4	72.6	60.8
Net	-53.8	-78.9	-59.1	-40.0

Funding Priorities

From the following, which issue would you prefer the Idaho legislature spend additional taxpayer dollars on?

- Putting more money into Idaho's public schools and universities
- Repairing Idaho's roads and bridges
- Enacting work reporting requirements for Medicaid eligibility



	Overall	Party		
		Dem	Indy	GOP
Education	48.6	64.3	49.7	44.5
Infrastructure	32.0	24.5	32.0	32.6
Work Requirements	11.5	6.8	11.5	13.5

Close the Gap Idaho is concerned with ensuring that implementation of Medicaid expansion:

- does not create a secondary gap of people stuck in our costly crisis care systems,
- maximizes the savings available, and
- occurs in a fiscally responsible way, with dollars directed to healthcare rather than bureaucracy

Primary Concerns with House Bill 277

1. HB 277 will create a secondary coverage gap.

- Idahoans who face a job loss, cut hours, or who can't navigate the bureaucracy will fall into a secondary coverage gap. Idahoans between 100% and 138% of the federal poverty level are also at risk of falling into the secondary coverage gap because of the 'family glitch' (see #3 below).
- In Arkansas, a similar monthly reporting requirement led to 87% of people who were subject to the requirement losing coverage. Many were working but could not navigate the rigid online reporting requirements, which were especially challenging for rural residents.
- Idahoans in the secondary coverage gap will continue to be stuck in our costly crisis care systems. This will be an ongoing drain on tax dollars and put pressure on struggling rural hospitals, while also driving up health insurance premiums in the private market.

2. HB 277 is costly and grows government.

- As indicated in the bill's fiscal note, HB 277 will cost the state \$7 million annually to administer a new bureaucracy that includes hiring 22 FTEs at the Department of Health and Welfare. This is largely due to the fact that HB 277 differs significantly from the Idaho's work reporting requirements under SNAP, both in the number of work hours required each month and because HB277 requires work hours to be reported on a monthly basis.
- Clean Medicaid expansion will generate savings to the state Catastrophic Health Care Fund, behavioral health services, community-based substance use disorder treatment for offenders, and mental health services for the probation and parole population. House Bill 277 decreases some of these savings, comes with new administrative costs and has a net negative impact on the state budget.
- House Bill 277's fiscal note also appears to include savings that would be generated without its passage, under full and unmodified implementation of Medicaid expansion and excludes ongoing local costs under HB 277 from increased indigent care services.

3. By partially repealing Medicaid expansion, HB 277 reduces choice for families and will leave some parents who should have been covered by Medicaid with no coverage option.

- If families between 100% and 138% FPL are removed from the Medicaid expansion population, they may not be eligible for a tax credit in the exchange. That's because of the 'family glitch,' which prevents people from accessing a tax credit in the exchange if their spouse's employer provides a health insurance option--*even if* the premium for that insurance is completely unaffordable.

- For example, imagine a family living slightly above the poverty level with a father who can receive health coverage through his employer for himself alone at an affordable premium. The availability of employer-sponsored coverage for the father makes the entire family ineligible for any tax credits on the exchange, due to a glitch in the Affordable Care Act. The cost of adding his wife to his coverage plan could be hundreds of dollars each month, which would be an insurmountable cost for a family at this income level. Clean Medicaid expansion provides a coverage option for the mother. Under HB 277, the mother will fall into a secondary coverage gap.
- The number of Idahoans between 100% and 138% of the federal poverty level impacted by the 'family glitch' is high. According to Milliman, 32,000 Idahoans between 100% and 138% FPL will become eligible for Medicaid expansion under current law, but only 18,000 are currently enrolled in an exchange plan. The difference of 14,000 includes many Idahoans who are currently hit by the 'family glitch' and who would lose the option to enroll in Medicaid under HB 277.

4. HB 277's partial expansion could reduce Idaho's match rate.

- CMS has not approved the enhanced match rate of 90-10 for any waiver that expands Medicaid to just 100% FPL and then uses Advanced Premium Tax Credits (APTC) to cover the costs of premiums on the exchange for those between 100-138% FPL. This provision could put the state on the hook to cover those below 100% FPL with a 70-30 match rate. This would significantly increase costs to the state.
- Utah's waiver for a partial expansion to 100% FPL is currently pending before CMS and explicitly requests a regular match rate of 70-30 for those under 100% FPL.
- While the waiver may not be approved by CMS, House Bill 277's fiscal note appears to include an estimate for state savings from shifting people off of Medicaid but excludes the cost of losing federal funding by dropping the federal match rate from 90% to 70%.
- Arkansas and Massachusetts were denied similar waiver requests by the current CMS. Wisconsin has expanded Medicaid only for those up to 100% FPL, but was denied the enhanced match rate for that population.

5. HB 277 is likely to entangle Idaho in expensive lawsuits and be struck down by the courts.

- Currently, the fate of Kentucky and Arkansas' work programs are pending in federal court. The judge has pledged to rule on these programs by April 1, 2019 and legal experts expect them to be struck down. The judge already ruled against the Kentucky waiver once.
- The judge's ruling would halt the work requirement programs from being implemented in these states and virtually ensure a work reporting requirement waiver in Idaho would be struck down by a federal court.
- Litigation was also filed on against the work requirement program in New Hampshire and is going before the same federal judge.
- If the Idaho Legislature approves work reporting requirements legislation directing the Department to implement a program that has just been declared illegal in federal court, the state will face hundreds of thousands in legal expenses when a suit is filed in Idaho.



Conducted by GS Strategy Group
 Presented by: Robert Jones, Partner
 Project Manager: Tyler Holden
 Project Details: Conducted February 21-24, 2019
 N = 500 Likely Voters
 Margin of Error: +/-4.38%
 Paid for by Close the Gap Idaho

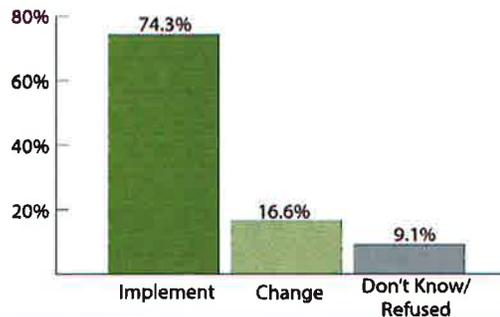
New Poll Shows Idahoans Support Unmodified Implementation of Medicaid Expansion, Oppose High-Stakes Reporting Requirements

Unmodified Implementation, No Barriers to Coverage

A new poll conducted February 21-24, 2019 found that Idahoans overwhelmingly support the unmodified implementation of Medicaid expansion while opposing modifications that increase administrative costs and deny access to care. Following the passage of Proposition 2 in November with 61% of the yes vote, 74% of Idahoans feel the Legislature should implement the law as it was passed by the voters, while 17% say the law should be changed.

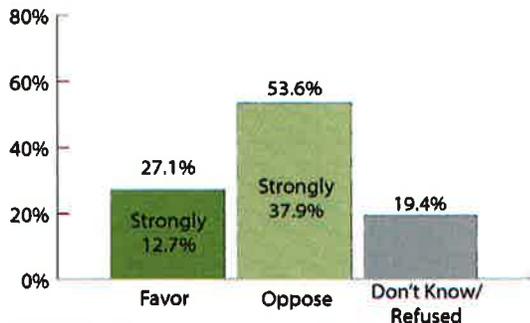
The Medicaid expansion measure, or Proposition 2, passed with 61% of the vote and is now law. Knowing this, which of the following comes closer to your opinion?

- The legislature should implement the will of the people as passed by the voters.
- The legislature should change the law passed by voters.



	Overall	Party		
		Democratic	Independent	Republican
Implement	74.3	92.6	76.6	66.2
Change	16.6	6.6	13.5	22.4
Net	+57.7	+86.0	+63.1	+43.8

Currently, the Idaho Legislature is considering changing the Medicaid expansion law passed by Idaho voters by adding new rules to determine who can get Medicaid coverage. Knowing that a new rule would cost the state at least \$2 million in administrative costs, do you favor or oppose the Legislature adding new rules to determine who can get Medicaid coverage?



	Overall	Party		
		Democratic	Independent	Republican
Favor	27.1	13.9	19.0	35.6
Oppose	53.6	75.7	82.6	41.7
Net	-26.5	-61.8	-43.6	-6.1

Idahoans Oppose Spending \$2 million on Administrative Costs

In the wake of the election, legislators are considering changing the law to include work-reporting requirements, projected to cost \$2 million annually. However, the poll found that 54% of Idahoans oppose spending additional money on administrative costs to change Medicaid expansion passed by the voters.

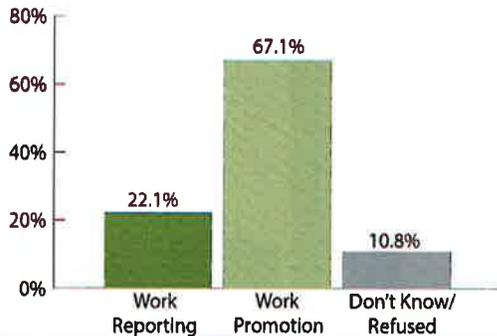
When asked about their budget priorities, Idahoans would prefer the Legislature prioritize spending on education and transportation instead. 81% of Idahoans say that tax dollars would be better invested in education (49%) or repairing Idaho's roads and bridges (32%). Only 11.5% favor increasing administrative costs beyond Governor Little's budget recommendation to fund unmodified Medicaid expansion.



Conducted by GS Strategy Group
 Presented by: Robert Jones, Partner
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 Project Details: Conducted February 21-24, 2019
 N = 500 Likely Voters
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 Paid for by Close the Gap Idaho

Which of the following comes closer to your opinion?

- Idaho should create **new reporting requirements** which will make individuals prove they are working a certain number of hours or trying to find a job in order to qualify for Medicaid coverage, even if it costs Idaho taxpayers millions of dollars per year to track the paperwork
- Idaho should create a **program that connects individuals with job training and education assistance** when they apply for Medicaid, which would cost much less than adding new requirements to Medicaid.



	Overall	Party		
		Democratic	Independent	Republican
Favor	22.1	10.8	26.1	26.3
Oppose	67.1	79.9	66.3	61.6
Net	+45.0	+69.1	+40.2	+35.3

Work Promotion, Not Work Requirements

As an alternative to work reporting requirements, the poll found that 67% of Idahoans favor a less-costly and more effective work promotion program. This program would refer Medicaid participants to job training and education without threatening to take away their healthcare.

Work promotion programs have been proven successful in other states, including Montana, where program data show increased labor force participation rates among low-income households. After completion of their training, 58% of Montana participants increased wage earnings by an average of \$8,712 annually.

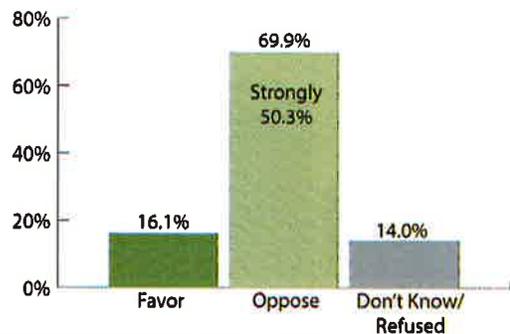
1 Montana Department of Labor & Industry "Help-Link Program 2018 Fiscal Year Report". http://ml.mt.gov/Portals/193/Publications/LMI-Pubs/Special%20Reports%20and%20Studies/HELP-Link_2018Report.pdf

Idahoans Support Less Bureaucracy and Red Tape

70% of Idahoans oppose taking away health coverage from Medicaid participants who do not meet work-reporting requirements.

Idahoans, by wide margins and across political parties, oppose changes to Medicaid that was just passed by the voters. Seven out of ten Idahoans oppose the idea of taking coverage away when an Idahoan experiences a job loss, cannot meet new work reporting requirements, or cannot navigate the bureaucracy.

Legislators are considering a number of changes to the law that would add red tape and make it harder for people to enroll in Medicaid. Would you favor or oppose taking away health coverage from low-income Idahoans if they are unable to meet the additional requirements or get caught up in bureaucracy through no fault of their own?



	Overall	Party		
		Democratic	Independent	Republican
Favor	16.1	8.5	13.5	20.7
Oppose	69.9	87.4	72.6	60.8
Net	+53.8	+78.9	+59.1	+40.1

Work Promotion vs. Conditioning Coverage on Work



Spring 2019

Idahoans Support Proposition 2, Oppose Work-Reporting Requirements

Legislators are currently considering two bills related to Medicaid expansion: one that would impose mandatory work reporting requirements on Idahoans covered under Medicaid expansion and one that would connect newly eligible Idahoans with a voluntary work promotion program. In recent polling conducted by GS Strategies, 74% of Idahoans feel the Legislature should implement the Medicaid expansion law as passed by the voters, while 17% say the law should be changed. Additionally, 67% of Idahoans favor a voluntary work promotion program over costly work reporting requirements.

Mandatory work reporting requirements have been proven in other states to be costly, burdensome, and ineffective. In the first six months of Arkansas' program, only 0.5% of the group subject to work reporting requirements showed "newly reported work hours."¹ Furthermore, Arkansas is stripping coverage from those who are working or would qualify for an exemption, but aren't able to navigate the complex reporting requirements. Polling indicates that 72% of Idahoans oppose taking away health coverage from Medicaid participants who do not meet work reporting requirements.

Work Promotion, Not Work-Reporting Requirements

In contrast, Montana refers its Medicaid expansion enrollees to HELP-Link, a voluntary workforce promotion program for adult Medicaid enrollees. While coverage is not conditioned on participation, Montana's program helps those who are looking for work or better jobs, linking them with services such as career counseling, on-the-job training, and educational opportunities. The goal of the program is to improve the long-term employability of the client, thus reducing their reliance on Medicaid.

Now in its' third year, program data shows that participants are employed at a higher rate and are earning higher wages. Labor force participation rates among low-income households has increased 6 to 9%.² Among those receiving HELP-Link funds for training, 81% of HELP-Link participants were employed in 2017, and 71% of participants have increased wage earnings after completion of their training. The average wage increase was \$8,712 annually.

[1] Center on Budget and Policy Priorities, "Medicaid Work Requirements Can't Be Fixed" January 10, 2019, <https://www.cbpp.org/research/health/medicaid-work-requirements-cant-be-fixed>

[2] Center on Budget and Policy Priorities, "Promising Montana Program Offers Services to Help Medicaid Enrollees Succeed in the Workforce" April 25, 2018, <https://www.cbpp.org/research/health/promising-montana-program-offers-services-to-help-medicaid-enrollees-succeed-in-the>

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Work Promotion vs. Conditioning Coverage on Work

Spring 2019

Montana's HELP-Link: A Model for Idaho

For Medicaid-eligible Idahoans who aren't working, a work reporting requirement would likely be counterproductive. The most common employment barriers identified by Montanans enrolled in HELP-Link include challenges related to personal finances, lack of transportation, and poor physical health. Low-income adults who face one or more of these challenges won't likely overcome them without support. Taking their health coverage away makes it even harder to find or keep a job. Montana's workforce training program demonstrates their interest in overcoming employment barriers, and the state services are resulting in higher rates of Medicaid beneficiaries joining the workforce.

Along with providing needed workforce training and support, HELP-Link avoids the complex and costly administrative systems required to implement work reporting requirements. In fiscal year 2018, Montana allocated just \$885,400 for HELP-Link's outreach, trainings, and linkages to other services. Rather than spending state money on enforcement mechanisms that are largely ineffective, state resources could be directed to reduce barriers to work for low-income Idahoans.

Medicaid expansion will help many hardworking Idahoans, including families, single moms, and those nearing retirement. Work promotion can help the small share of Medicaid enrollees who can work, but aren't working find and hold jobs, without the harmful and often counterproductive effects of a work reporting requirement. Unmodified Medicaid expansion, as passed by the voters, will strengthen Idaho's workforce, save taxpayer money, and result in better health outcomes and quality of life for Idahoans.



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Mandatory Work Reporting Requirements Cost More and Impact Fewer People than Voluntary Work Promotion

HB 277 includes a mandatory work reporting provision. SB 1204 includes a voluntary work promotion program. The table below analyzes the costs and impacts of these provisions.

Mandatory work promotion will cost at least \$2 million to administer, require 19 new employees and ongoing federal approval, but provide work training for less people than a voluntary program.

A mandatory work program could reach as few as 1,500 Idahoans, and create hardships for rural Idahoans, whereas a voluntary work promotion program will reach at least 2,000 people and has been proven to increase wages and result in more gainful, secure employment.

Costs and Implications	Work Promotion in SB 1204	Work Reporting Requirements in HB 277
How much does the policy cost to implement?	Idaho's share of the cost is \$177,500 ¹ ; Total cost is \$515,000.	The fiscal note is ambiguous but an estimate shows the total cost will be \$4.5 million, with the state share being at minimum \$2.5 million in ongoing expenses. ²
How many people would the policy apply to?	All Medicaid recipients are eligible. It's estimated that 2,000 would participate and complete a training program.	Of the 11,500, 10,000 are estimated to drop off the program. This means as few as 1,500 would participate in a mandatory work training program.
Will it cause Idahoans to lose health coverage?	No, SB 1204 contains no punitive measure to take coverage away.	In Arkansas 87% of those subjected to similar bureaucratic requirements were removed from the program. That would amount to 10,000 Idahoans losing coverage and joining a secondary gap. ³
Has the policy resulted in employment or wage gains in other states?	Yes, in Montana the policy has been successful: 81% of participants were employed after the program, and 71% have increased their wages. ⁴	No, only 0.5% of enrollees subject to the rule have newly reported work hours. ⁵
How many new FTE's would be required to administer the policy?	No new full time employees would be required to administer SB 1204.	19 new full time employees would be required to administer the policy in HB 277. ⁶
Does the policy require federal approval and evaluation?	No, the Idaho legislature has the authority to create the program.	Yes, Idaho would need federal approval, would be required to submit annual evaluations, and could have approval revoked.
Is the policy facing federal legal challenges?	No, work promotion programs that include job training, educational opportunities, etc. are not being challenged in court.	The fiscal note is ambiguous but, work reporting requirements are currently facing three separate legal challenges in Kentucky, Arkansas, and New Hampshire. A judge has already ruled Kentucky's to be illegal, and they are once again in federal court with a ruling expected before April 1, 2019.

[1] Fiscal note for SB 1204, Idaho Legislature. 2019.

[2] Idaho Department of Health and Welfare Analysis on HB 277 and SB 1204, 2019.

[3] "February State Data for Medicaid Work Requirements In Arkansas", Kaiser Family Foundation, 2019.

[4] "Medicaid Work Requirements Can't Be Fixed", Center on Budget and Policy Priorities, 2019.

[5] "Help-Link Program 2018 Fiscal Year Report", Montana Department of Labor & Industry, 2018.

[6] Idaho Department of Health and Welfare Analysis on HB 277 and SB 1204, 2019.

Partial Repeal of Medicaid Expansion

House Bill 277 Leaves Parents Without Coverage



March 25, 2019

What is the 'Family Glitch?'

Employers are required to offer health insurance coverage to employees and their dependents, but the employer does not have to pay for dependent coverage. The Your Health Idaho insurance exchange bases eligibility for a family's tax credits on whether available employer-sponsored insurance is affordable for the employee only, even if it is not actually affordable for the whole family. Most children in these families are eligible for the Children's Health Insurance Program (CHIP), but due to a glitch in the Affordable Care Act, spouses are left with no affordable coverage option.

Because of the 'family glitch,' many spouses – for whom the cost of family coverage through an employer is not affordable – are not eligible to access subsidized coverage on the exchange. If House Bill 277 passes and Medicaid expansion is partially repealed, they will not be eligible for Medicaid.



House Bill 277 Reduces Choice for Idaho Families

House Bill 277 partially repeals Medicaid expansion and leaves thousands of Idaho parents stranded with no coverage option. If families between 100 percent and 138 percent of the Federal Poverty Level (FPL) are removed from the Medicaid expansion population, Idaho parents may not be eligible for tax credits on the Your Health Idaho insurance exchange due to what is referred to as a 'family glitch.'

The 'Family Glitch' Strands Parents Caring for Children

By partially repealing Medicaid expansion, House Bill 277 reduces choice for families. Imagine a family living slightly above the poverty level. The father works full-time and receives employer-sponsored insurance at an affordable premium. While the employer offers coverage for his dependents, it does not pay for this



coverage and the full costs are left to the family. The availability of employer-sponsored coverage for the father makes the entire family ineligible for any tax credits on the Your Health Idaho insurance exchange. While his kids are eligible for the Children's Health Insurance Program (CHIP), the cost of adding his wife to his coverage plan could be hundreds of dollars each month – a cost which is insurmountable for a family at this income level. Clean Medicaid expansion provides a coverage option for the mother. Under House Bill 277, the mother will have no coverage option and fall into a secondary gap.

Partial Repeal of Medicaid Expansion Leaves Thousands of Parents in a Secondary Coverage Gap

The number of Idahoans between 100 percent and 138 percent FPL impacted by the 'family glitch' is high. According to Milliman, Inc., 32,000 Idahoans between 100 percent and 138 percent FPL will become eligible for Medicaid expansion under current law, but only 18,000 are currently enrolled in an exchange plan. The difference – which totals **14,000 Idahoans** – includes many parents who are currently hit by the 'family glitch' and who will lose the option to enroll in Medicaid under House Bill 277.



AH. G

March 27, 2019

Good morning, Chairman Martin and members of the committee,

My name is Ceci Thunes, and I represent the Idaho Behavioral Health Alliance. We are a statewide network dedicated to transforming Idaho's behavioral health system through consumer advocacy. I presented testimony at the Joint Health and Welfare session and the subsequent committee hearings related to Medicaid expansion. You've heard all of us as we offered an array of arguments for a clean bill. Like many others, I've spoken on behalf of people with mental health and substance use disorders and why various government intrusions into personal lives, or as some people call them, "sideboards," present extra unnecessary challenges for people who are already trying to manage complex behavioral health conditions.

We've talked a lot, and the message is consistent. People all over the state want a clean bill. I recognize that many of you may be tired of hearing from those who live in or around Boise. However, Idaho Code 56-267, or Medicaid expansion, was made law by citizens of more than 75% of the RURAL counties in Idaho, and they knew what they were voting for. You've seen the recent polling confirming that. People who speak against sideboards absolutely represent the voices of Idahoans in all areas of the state—rural, urban, and suburban. For this reason we are compelled to return to the Statehouse, because of legislation that purports to stand up for common sense, prudent spending, and a light touch of government.

Today we have a new analysis of what this bill will cost the state. \$32 million more a year than a simple implementation. And it will cost much more than that, because people without insurance will still access healthcare when they need it. This is even more so for people facing mounting behavioral health conditions. Crisis treatment often extends beyond emergency rooms and crisis centers into the criminal justice system and the courts. We pay for all of that.

Considering that, I'm struggling to understand how this legislation aligns with fiscal conservatism. HB277 adds 19 additional state employees, substantially growing a government department that is already the state's largest agency, whether we're comparing annual budgets or the number of fulltime employees. As a matter of fact, the additional bureaucracy alone in this bill will cause the state to hire more full time employees than they needed to as a result of the entire Jeff D lawsuit settlement. As you'll recall, that began in the 1980s and brought forth a massive overhaul of the children's mental health program and has a multi-year implementation process. This mechanism to monitor work hour requirements will cost exponentially more than if we offer a lighter hand of government like work promotion.

A voluntary work promotion program has huge returns on investment, because it gets people to work and making more money. Our friends in Montana have modeled that. People will voluntarily pull themselves up by their boot straps, including people with mental health and substance use disorders, but only if they're healthy enough to work and have access to professional opportunities. That should be common sense for all of us.

Please say no to HB 277, and any legislation that doesn't start with those basic assumptions.

Thank you.

Ceci Thunes 208-859-2731



Reporting Requirements Jeopardize Health Care for Rural Idahoans



Many Residents Don't Have Access to Steady Jobs, Particularly in Rural Idaho

Most people eligible for Medicaid expansion work, but the jobs they are able to get in Idaho are often unstable. This is in part because Idaho's job market is tilted towards two of the top three industries offering just part-time work – retail and food services. Retail trade has the second highest share of workers in Idaho – employing more than 85,000 people on average in 2017. The accommodation and food services industry employed more than 64,000 residents with annual wages of just \$16,016 that year and it is in the top three industries for job growth.

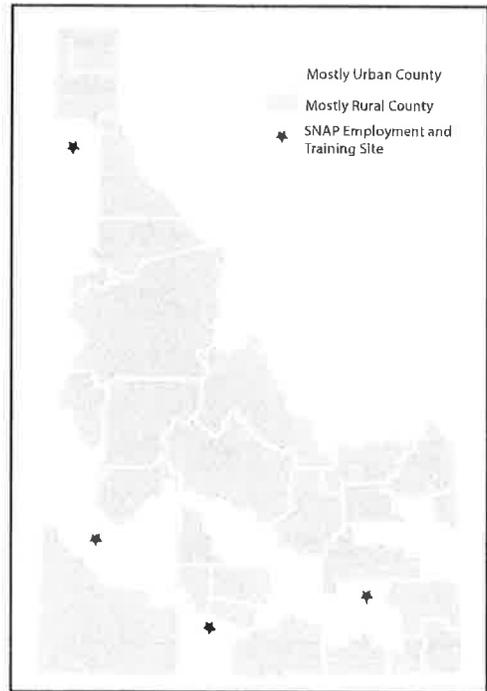
Adding work reporting requirements for health care would especially harm rural workers facing additional hurdles in the labor market. Rural parts of Idaho often have fewer full-time, year-round jobs than the state average. For example, the share of jobs that are full-time in Ada County is 25 percent higher than in Bonner County. Many of Idaho's farmers and ranchers eligible for Medicaid expansion face unstable work conditions through no fault of their own, like price fluctuations, changing tariffs, and weather conditions that impact farm output.

Access to Work Alternatives Varies Greatly in Idaho

To get health care under a work reporting requirement, people relying on Medicaid would have to participate in the employment and training program if they are not working. Idaho has just four employment and training sites across the 83,569 square mile state – none of which are located in rural counties. Someone from Salmon or Grangeville would need to drive more than three hours each way to get to an employment and training site.

Participants in the employment and training program may meet some requirements online, if they have internet access. Across the state, more than one in five Idaho households does not have internet at home and the rate is closer to one in three for rural parts of the state. There are many parts of Idaho that are so mountainous and remote that even phone access is less common. If work reporting requirements were added to Medicaid, many families without access to stable jobs, who live far from employment and training sites, would not have the ability to meet reporting requirements remotely.

Rural Idahoans who are able to get access to online courses are more likely to receive less effective training compared to their peers who are able to participate in person. Students who take online courses are less likely to perform well and have lower completion rates. Findings from the USDA also suggest that online courses may exacerbate existing achievement gaps – adding to the conclusion that work reporting requirements would increase hardship without improving long-term employment outcomes. In addition to facing the barriers already mentioned, research from other states indicates that rural Idahoans likely have caregiving responsibilities, undiagnosed intellectual disabilities, and other limitations that may make meeting a work reporting requirement difficult.



Taking Away Health Coverage Will Not Help Idahoans Access Stable Jobs

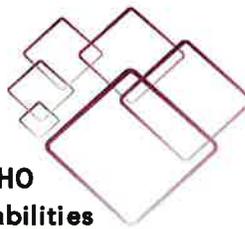
There is minimal evidence linking workforce participation with access to critical public supports. What is certain is that adding a work reporting requirement to Medicaid would increase administrative burden and likely decrease the number of families who are able to get the medical care they need, especially in rural parts of the state. Programs with lower administrative burden reach more eligible people than programs that make participants jump through hoops to get help meeting their basic needs. Decades of research have shown that complicated applications and documentation requirements lead to fewer people getting the help they need for things like food and health care.

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The Idaho Rural Health Association provides leadership on rural health issues through advocacy, communication, education and collaboration.
5712 W. Castle Drive, Boise ID 83703
www.idahorha.org



H277 Will Create Serious Barriers to Coverage for Mental Illness and Other Disabilities

Private Health Insurance policies do not cover essential Mental Health Services

H277 will be much worse for people who have serious mental illness. The difference between Medicaid coverage for mental health services and the insurance exchange policy coverage is huge. While exchange policies will cover physician services and prescription drugs, they do not cover community mental health services like community based rehabilitation services (CBRS), intensive outpatient therapy (IOT), partial hospitalization, mental health case management, peer supports, assertive community treatment (ACT) teams, or mobile crisis services. If people with serious and chronic mental illness are limited to private insurance coverage, they will not have access to these services unless the state provides them from the general fund. We do not know how many of the thousands of Idahoans with serious mental illness will fall into the 100-138% of FPL range, but we believe there will be many. In order to avoid cutting services, some (probably most) of the savings removed from the adult mental health appropriation would need to be restored. Even then, the services would fall far short of those covered by Medicaid. These evidence based services are essential to the treatment of serious and persistent mental illness.

Work and Paperwork requirements will exclude many people with Mental Illness

People with mental illness, or many other health conditions, experience intermittent and episodic symptoms which can limit the number of hours they can work if they can work at all. Some weeks they can work more than 20 hours and some they cannot work at all. This causes them to move in and out of eligibility and always at risk of being found out of compliance for losing a job or failing to provide the proper paperwork.

The paperwork requirements are only imposed on people who are working or seeking employment, or getting training. People who are exempt do not have to file periodic paperwork, and their status is not threatened. This is a powerful incentive to people with disabilities or chronic health conditions to avoid employment which threatens their coverage, especially if that employment often dips below the 20 hour/week threshold.

Subsection (8)(c)(ii) does not include Mental Illness.

Under §56-253(8)(c)(ii), a person with a disability is exempt only if they are “**physically or intellectually unfit for employment**”. The subsection would include some disorders such as

dementias and intellectual disability. However, people with serious and persistent mental illness cannot meet this standard, since most major mental illnesses are neither physical nor intellectual impairments. Some people with, for example, schizophrenia have very high intellectual ability. The same may be true for people with bi-polar disorder, schizoaffective disorder, and most other Axis I diagnoses. Although this language can be found in Idaho SNAP rules, it is very poor language and should not be replicated in Idaho Code.

James R. Baugh, Executive Director

DisAbility Rights Idaho

jbaugh@disabilityrightsidaho.org, Telephone: (208) 336-5353



March 26, 2019

Re: Opposition to HB 277

Dear Chairman Martin and members of the Senate Health & Welfare Committee,

Thank you for the opportunity to provide comments regarding HB 277. The American Lung Association in Idaho opposes this legislation that partially repeals Medicaid expansion as passed by Idaho voters in November. Medicaid and Medicaid expansion are very important for lung disease patients, and HB 277 will create a secondary coverage gap of people that will be mired in our costly crisis care systems. The Lung Association in Idaho urges you to uphold the will of Idaho voters and protect lung disease patients by opposing HB 277.

The evidence is clear that Medicaid expansion has important health benefits for lung disease patients. One study found an association between Medicaid expansion and early stage cancer diagnosis.ⁱ Lung cancer five-year survival is only 5 percent for those diagnosed at a late stage after the tumor has spread, but increases to 56 percent for those diagnosed at an early stage.ⁱⁱ

The proposed Medicaid reporting requirements would limit the impact of Medicaid expansion and the benefits it would bring to patients with lung disease while simultaneously costing \$7 million annually to administer. The Lung Association in Idaho is concerned the proposed work requirement will pose a significant administrative burden on patients. Exemption criteria may not capture all individuals with, or at risk of, serious and chronic health conditions that prevent them from meeting these requirements. Even if patients do qualify for exemptions, the reporting process creates opportunities for administrative errors that jeopardize coverage. No exemption criteria can circumvent this problem and the serious risk to the health of the people we represent.

By partially repealing Medicaid expansion, HB 277 reduces health care choice for families and will leave some parents who should have been covered by Medicaid with no coverage option. If parents with lung disease who are between 100 and 138% FPR are removed from the Medicaid expansion population, they may not be eligible for a tax credit in the exchange because the "family glitch" prevents people from accessing a tax credit on the exchange if their spouse's employer provides a health insurance option—even if the premium for that insurance is unaffordable. This is an unacceptable situation for patients with asthma, COPD, lung cancer, pulmonary fibrosis, and other lung diseases who require affordable, accessible and quality health care in order to maintain their health and their employment in order to care for their family.

The American Lung Association thanks you for supporting the will of Idaho voters by implementing Medicaid expansion, and we urge you to implement this law without adding costs, red tape or secondary coverage gaps.

Thank you,

Heather Kimmel
Director of Health Promotions, Western Division
Boise, Idaho

1412 W Idaho Street, Suite 100 | Boise, ID 83702
(208) 345-5864 | www.lung.org/idaho

Please remember the American Lung Association in your will and trust

1-800-LUNGUSA | LUNG.org

Work requirements for Medicaid elsewhere have not been successful. And, unfortunately, they are mostly written by those who have no worries about where they will sleep at tonight, what they will eat today, how they will get to work today, who they will Facebook or email today, or how they will have to pay for a doctor if they need one. Idaho's free and charitable clinics, Idaho's safety net clinics, see the counterparts to this daily: ***those living with so little and needing so much.***

The majority of Idahoans have spoken: **expand** Medicaid—**without** work requirements or anything else that will act as a **barrier** to the thousands of uninsured, medically needy who deserve to be as healthy as you are.

How can you deny health, ***for any reason,*** to another human? And how can you not want a fellow Idahoan to be ***successful, healthy, and productive?*** Health care, ***without new burdens to shoulder,*** will provide that rare opportunity for thousands of medically needy in Idaho to be successful, healthy, and productive, which can only make Idaho stronger, healthier, and greater.

Most people who would qualify for Medicaid ***already*** work.

Medicaid work requirements do ***not*** work.

Please pass Medicaid without placing new burdens upon the medically needy that many will simply not be able to overcome. Needing health care and not having it is ***already*** far too unfair.

Respectfully Submitted,

Charlotte M. Ash, Director - Snake River Community Clinic, Lewiston, ID -- Member of the Idaho Association of Free & Charitable Clinics

CHAIRMAN MARTIN-MEMBERS OF THE COMMITTEE

THANK YOU FOR THE OPPORTUNITY TO TESTIFY TODAY

MY NAME IS JON GLICK AND I LIVE IN MCCALL

FIRST OF ALL, I VERY MUCH WANT TO THANK THIS COMMITTEE AND THE FULL SENATE FOR PASSING THE JFAC EXPANSION FUNDING BILL AND FOR PASSING SB 1204, THE BILL WITH "A VOLUNTARY EMPLOYMENT AND TRAINING PROGRAM FOR MEDICAID PARTICIPANTS".

I HAVE BEEN CO-CHAIR OF THE VALLEY COUNTY MEDICAID EXPANSION INITIATIVE SINCE JANUARY OF 2018, AND HB 277 IS NOT WHAT IDAHO SIGNED UP FOR WHEN IT PASSED PROP 2 ON NOV. 6

THIS IS MY 4TH TRIP TO BOISE IN 2 WEEKS TO TESTIFY IN FAVOR OF A CLEAN EXPANSION BILL.

I DROVE DOWN AGAIN TODAY BECAUSE I AM HOPEFUL. HOPEFUL WE CAN SAY NO TO HB 277 TODAY. I AM HOPEFUL BECAUSE THIS COMMITTEE HAS ALREADY SAID YES TO SB 1204.

JUST YESTERDAY THE IDAHO CENTER FOR FISCAL POLICY REPORTED THAT HB 277 WILL COST IDAHO \$32.2 MILLION MORE DOLLARS WHILE GIVING HEALTHCARE TO MANY FEWER PEOPLE. THAT IS CLEARLY NOT THE FISCALLY-- NOR MORALLY RIGHT THING TO DO FOR IDAHO.

OUT OF MY DEEP CONCERN FOR THE 62,000 OF MY FELLOW IDAHOANS STILL LIVING IN THE GAP-WITHOUT THE DIGNITY

AND SECURITY OF HEALTHCARE THAT MOST OF US OFTEN TAKE FOR GRANTED, MY HEART DEMANDED THAT I RUN FOR HOUSE SEAT 8A LAST YEAR—TO TRY TO DO WHAT I COULD TO FINALLY GIVE THESE FOLKS SOME RELIEF.

I CAMPAIGNED AND KNOCKED ON DOORS FROM EMMETT TO SALMON. I TALKED WITH HOSPITAL AND CLINIC ADMINISTRATORS, COUNTY COMMISSIONERS, MAYORS, AND EVEN THE SHERIFF OF SALMON WHO, OVERWHELMINGLY, SUPPORTED PROP 2 BECAUSE OF THE UNACCEPTABLY HIGH NUMBER OF FOLKS IN THEIR COMMUNITIES WITHOUT HEALTHCARE. I MET SO MANY IN THE GAP THEMSELVES.

THESE ARE LITERALLY MY FRIENDS AND NEIGHBORS. I CAN SEE SOME OF THEIR HOUSES FROM MY HOUSE.

I AM HERE TODAY FIGHTING FOR JESSICA IN SALMON WHO IS ROUGHLY MY DAUGHTER'S AGE. I AM FIGHTING FOR THE WIFE OF THE GUY IN MCCALL WHO REMOVES THE SNOW FROM MY DRIVEWAY. I AM FIGHTING FOR THE LADY IN CHALLIS WHO WORKS AT THE LIBRARY.

I WANT AN IDAHO THAT IS COMPASSIONATE AND MERCIFUL, AND I BELIEVE THE 61% OF IDAHOANS WHO VOTED FOR PROP 2 WANT THAT ALSO.

JESSICA'S MOM AND SISTER BOTH HAD BREAST CANCER, AND SHE IS TERRIFIED THAT SHE WILL GET IT TOO. I WANT TO MAKE ABSOLUTELY SURE THAT IF SHE DOES GET BREAST CANCER—SHE WILL HAVE THE HEALTHCARE SHE WILL NEED TO FIGHT IT.

I WROTE A SONG A FEW MONTHS AGO FOR THOSE STILL IN THE GAP, AND THE LAST LINE IN THE CHORUS IS THIS:

“WE’RE COMIN FOR YA JESSICA,
AND WE’RE COMIN FOR YOU ALL”

SENATORS –PLEASE MAKE EXPANSION HAPPEN THIS YEAR, AND NOT VIA HB 277.

THANK YOU

Please read
before voting.
Thank you!

Dear Senator,

My name is Sam Sandmire and I am an Idaho citizen & taxpayer. Thank you for your service to Idahoans. The Medicaid Expansion law was written on 1 page. I know this because I carried it around with me for much of last year.

Medicaid Expansion was signed into law & upheld by Idaho's Supreme Court. Governor Little & JFAC agreed on where to find the funding at a net zero cost to this year's general fund. The Senate passed the funding and I thank you! Medicaid Expansion is a clean law that needs no immediate changes, waivers, restrictions or sideboards to be implemented.

Now, before the law has even been put into effect, we are on our latest iteration of multiple, hastily drawn up, last-minute House changes to the law that add expensive, bureaucratic, ineffective, illegal work reporting requirements and kick people off coverage for failing to navigate the red tape associated with reporting. This and other costly "sideboards" threaten Medicaid Expansion's 90-10% federal match and would cost Idaho's taxpayers tens of millions of dollars!

This is NOT the way to write health care policy.

Yes, if you add sideboards that cost millions of dollars, you own that cost. But who will end up **paying** that cost? We will. Idaho taxpayers will. Voters who voted for a simple one-page law without wasteful bureaucracy will. This is NOT what Idahoans voted for.

On Jan. 31 of this year (it seems like years ago!) Gov. Little signed an executive order deemed the "**Red Tape Reduction Act**," requiring state agencies to identify at least two existing rules to be repealed or significantly simplified for every one rule they propose. Please do not add red tape to the Medicaid Expansion law before it is even implemented.

The vast majority of Idahoans in the gap are working or exempt. The problem is the burden of **reporting** their hours. For a multitude of reasons, people fail to navigate the bureaucratic red tape and are kicked off Medicaid and back in the Gap. Mandatory work reporting requirements are not "a hand up." They are a slap down.

I urge you to vote no for this bill that the House turned back into the costly, punitive H 277. Citizens depend on the Senate to use fully researched data and **reason** when making decisions that affect Idahoans. Allow Medicaid Expansion to play out, then make changes if necessary.

Thank you,



Yvonne "Sam" Sandmire
800 W. Ranch Rd. Boise, ID 83702
208-859-0560

Chairman Martin and members of the Senate Health and Welfare Committee'

Hello, my name is Patti Raino and I live in Boise. I am here speaking in opposition to HB277. Please either hold the bill or vote no on it.

I was one of the many volunteers who worked to close the gap. I donated money, sought signatures to get the bill on the ballot, recruited votes and volunteers to work for its passage and attended rallies. I always vote in elections and believe in our participatory democracy. Please don't override the voice of so many of your constituents by putting sidebars on the clean initiative to close the gap.

The inability of many of our Idaho citizens to afford the health care they need can lead to loss of jobs, a home and the instability of families.

You recently passed a bill, SB 1204 to enact Medicaid for the Gap that is much closer to the clean enactment Proposition 2 61 percent of the voters asked for. This is what your constituents are expecting you to do.

Thank you for holding this hearing. HB277 is a bad bill that will only increase the cost of Medicaid expansion to the state. I ask you to think long and hard about the almost universal opposition to HB277. Over the years I have been to numerous hearing here in this room and no bill has garnered as much opposition as the bills to put sidebars on enactment of a clean Medicaid expansion.

Testimony against HB277

My name is Elizabeth Rodgers. I'm an Idaho voter and I represent myself. I urge you not to vote for HB277.

I was a volunteer, working to get Proposition 2 on the ballot. I worked several dozen hours to help the cause. I met people from all different walks of life, learned disparate views on healthcare and actually had fun in the process, meeting new people and creating meaningful memories with family members and new friends with whom I canvassed. Participating in a bi-partisan way to enact laws was a joyful experience.

We voted overwhelmingly to enact the law. Polls show that 74% of Idahoans support the law that we voted for. And yet, for some reason, our legislators want to add restrictions to a law that was enacted through the highest ideals of the democratic process.

I'm going to focus on the fiscal issues associated with the proposed bill because I know that Idahoans are deeply concerned with fiscal responsibility. HB 277 is costly and grows government. As indicated in the bill's fiscal note, HB 277 will cost the state \$7 million annually to administer a new bureaucracy that includes hiring 22 full time employees at the Department of Health and Welfare.

This is largely due to the fact that HB 277 differs significantly from Idaho's work reporting requirements under SNAP, both in the number of work hours required each month and because HB277 requires work hours to be reported on a monthly basis.

Clean Medicaid expansion will generate savings to the state Catastrophic Health Care Fund, behavioral health services, community-based substance use disorder treatment for offenders, and mental health services for the probation and parole population.

House Bill 277 *decreases* some of these savings, comes with new administrative costs and has a net negative impact on the state budget. House Bill 277's fiscal note also appears to include savings that would be generated without its passage, under full and unmodified implementation of Medicaid expansion and excludes ongoing local costs under HB 277 from increased indigent care services.

Additionally, HB 277 is likely to entangle Idaho in expensive lawsuits and be struck down by the courts. Currently, the fate of Kentucky and Arkansas' work programs are pending in federal court. The judge has pledged to rule on these programs by April 1, 2019 and legal experts expect them to be struck down. The judge already ruled against the Kentucky waiver once.

The judge's ruling would halt the work requirement programs from being implemented in these states and virtually ensure a work reporting requirement waiver in Idaho would be struck down by a federal court.

Litigation was also filed against the work requirement program in New Hampshire and is going before the same federal judge. If the Idaho Legislature approves work reporting requirements legislation directing the Department to implement a program that has just been declared illegal in federal court, the state will face hundreds of thousands in legal expenses when a suit is filed in Idaho.

This I know for sure: When we understand that a bill is faulty and pass it anyway, knowing full well that it will be successfully challenged in court, we are wasting the tax-payers money. That is clear as day.

Thank you for your time.

Outline for Testimony at Idaho Senate Health and Welfare Committee as relates to HB277: Relating to Medicaid by William Brudenell

Comment on 2019 HB277

As the Friendship Dinner team lead at a Church in Boise, we are so happy for our guests that Medicaid will be expanded to include them. Once per month, we provide dinner for the food challenged, as do four other down town faith communities. Most of our guests are working poor. While sharing meals with them, it is clear to me that most of our guests suffer from lack of medical and dental care. Many of our guests tell us that our meal is the first one for 24 or even 48 hours. Many are working in seasonal or periodic jobs. Some of those not working have a history of incarceration and find it extremely difficult to be hired. To impose work requirements and other limits will mean they will have to regularly document their work, income, and the other requirements of this bill.

To sign up for Medicaid is a lengthy and rather onerous process. Medicaid requires periodic income, address and other documentation. There is no need to periodically require more paperwork. Please vote NO on HB 277!

Thank You!

Good afternoon, Chairman Martin, members of the committee. My name is Roberta Brunzo and I am here today to testify on behalf of the Southwest Idaho Chapter of the National Organization for Women in support of Senate Bill 1204. All the previous attempts to present "sideboards" for Medicaid Expansion in the legislature this session have involved expensive mandates and complicated bureaucracy. The Idaho solution offered in Senator Martin's bill, however, is reasonably priced and is designed to give people a hand up without creating burdensome paperwork for Idaho citizens.

TY / why
Ditto

Our members worked very hard to make Medicaid Expansion a reality in this great State, and we are gratified that this bill will handle the Expansion in a way that works for Idaho and Idahoans. Our chapter urges this committee to please send Senate bill 1204 to the floor with a Do Pass Recommendation.

Thank you for your time, and I stand for questions.

To Whom It May Concern:

My name is Dr. Bistrika and I am a resident physician in internal medicine and my primary care training is at a community health center here in town. I am here in opposition to HB277 as well as to show support for senate bill 1204. I have a patient, a young women, who is working full time in food service a minimum wage job without benefits and was unfortunate to be born with the breast cancer gene. She is in the coverage gap. She is currently delaying life saving screening tests because of costs. She requires MRI and mammogram screening every 6 months and potentially bilateral mastectomy surgery in the future. Medicaid expansion is most likely life saving for her, as individuals with this gene have 90% lifetime risk of breast cancer.

She does not require work requirement, she is working already. Work requirement creates significant paperwork burden for her and significant cost to the state. A work promotions program, however, could be beneficial even for her, as her current job does not have opportunities for advancement. A voluntary work program could give her opportunity for growth and skill development. This could allow for a career that would not keep her dependent on Medicaid for health insurance. However, for now she absolutely needs access to Medicaid to keep her healthy and cancer free. Please oppose HB277, as it contrary to the will of the people and will just add additional barriers to Medicaid expansion.

Dr. Evgeny Bistrika

A handwritten signature in black ink, appearing to be 'E. Bistrika', written over a horizontal line.

Dear Idaho State Senate,

I am a family physician living and working in Idaho. I work at a clinic with a large proportion of uninsured people. On a daily basis I see how lack of health insurance negatively impacts the health of individuals and communities. This leads to difficulties in basic life functions such as finding stable employment. One needs to be healthy first in order to work.

I care for the sickest of sick individuals in the hospital, and see patients before they get sick the clinic. Frequently we admit uninsured people to the hospital for problems that could have been managed long before and much easier in the clinic. People without insurance often cannot afford to follow up after their discharge, and are more likely to come right back to the hospital for more expensive admissions when problems again boil over. This is not the right way to do medicine; this is madness.

The restrictions proposed in House Bill 277 are ill-advised policy because they restrict access to health insurance under Medicaid. The exemptions for the work requirement will add bureaucracy and confusion. It will mean more paperwork for me and my physician colleagues. It pulls our attention away from taking care of patients.

The citizens of Idaho voted to expand Medicaid. Notably, their initiative did not contain any restrictions such as work requirements or substance use screens. HB 277 is poor policy and an affront to the citizens of Idaho. It will negatively impact the health of the citizens of our state.

Thank you,

Scott Hippe, MD
scott.hippe@gmail.com
360.348.1067

2321 N 16th St
Boise, ID 83702



IDAHO PRIMARY CARE ASSOCIATION

Thank you for your work on SB1204! I see it's in amending. I'll stay tuned. -Lee

March 26, 2019

Chairman Fred Martin
Senate Health & Welfare Committee
Re: Opposition to House Bill 277

Dear Chairman Martin:

On behalf of Idaho Primary Care Association and our members, Idaho's sixteen non-profit community health centers, we appreciate the opportunity to comment on House Bill 277.

We support implementation of Medicaid expansion that provides coverage to Idahoans as soon as possible, without unnecessary administrative burdens.

We support these provisions of HB 277:

- **IMD Waiver** - Directing Idaho Department of Health and Welfare (IDHW) to seek an IMD waiver to address the Medicaid exclusion for Institutions of Mental Disease. We support the IMD waiver and any other approaches that will encourage cost effective ways to allow Medicaid funds to pay for treatment of behavioral health patients at hospitals that are currently excluded from the Medicaid program. (page 3, lines 38 – 40)
- **Health Risk Assessment** - Directing IDHW to conduct a health risk assessment relating to substance use disorders and allowing referral for treatment. We support the assessment, but have concerns that Idaho may not currently have enough treatment options for Idahoans in need of help. (page 2, lines 1 – 3)

We have concerns with these provisions of HB 277:

- **Mandatory Work Requirements** - We oppose work requirements as a condition for eligibility for the expanded Medicaid population. Most Idahoans who are able to work are currently working and adding this bureaucratic layer would be very expensive (the state estimates the cost to be at least \$2 million) to track compliance.

Instead, we favor programs that create a pathway to employment, rather than mandatory work requirement programs that increase bureaucracy. Programs that help Idahoans with job searches, career coaching, and job training provide educational assistance that would be beneficial to Idahoans. (page 2, lines 32 – 36)

- **Partial Medicaid expansion:** HB 277 would split the Medicaid expansion population into two groups. People with incomes between 100% - 138% federal poverty level would be eligible for a tax credit to purchase insurance through Your Health Idaho. Those below 100% federal poverty level would be eligible for expanded Medicaid. This could create an unintended coverage gap for low-income Idahoans (100%-138% of FPL) who can access health insurance coverage, but may still struggle to pay monthly premiums,

co-pays and medications and out of network penalties. Plans vary depending on where a person lives, and prices vary dramatically between services in network – and those outside network. Implementation of full Medicaid expansion is the prudent, cost-effective approach to provide healthcare coverage to low income Idahoans. (page 2, lines 20 – 31)

- **Shortened Retroactive Medicaid Eligibility** - Shortening the retroactive Medicaid eligibility from 90 days to 30 days is troubling. This decreased enrollment period could leave too many Idahoans uninsured and cost healthcare providers more in uncompensated care. (page 2, lines 17 – 19)

IPCA and Idaho health centers have long supported bringing people into coverage through the expansion of Medicaid. Health center clinics already serve a high number of uninsured and underinsured individuals and they are ready to serve the Idahoans who will soon gain coverage. We stand prepared to work with state lawmakers and healthcare partners to ensure a smooth rollout of Medicaid expansion in January 2020.

When Proposition 2 passed, over 365,000 voters supported Medicaid expansion for their fellow Idahoans who cannot afford health insurance or aren't offered health insurance through their job. Healthcare coverage including Medicaid makes it possible for Idahoans to hold steady jobs, thrive in their communities, and support their families.

We urge you to hold House Bill 277 in committee.

We encourage you to reject proposed changes to the law that was passed overwhelmingly by Idaho voters, and implement Medicaid expansion.

Respectfully,



Lee Flinn, Policy Director
Idaho Primary Care Association
LFlinn@idahopca.org
www.idahopca.org

About Idaho health centers

Idaho's sixteen non-profit health centers provide comprehensive medical, dental and behavioral healthcare and operate 84 clinics in 46 communities. For those who are uninsured or underinsured, a sliding fee payment scale enables access. Pharmacy services are provided on-site or by contract to ensure low cost medications for all patients regardless of income or insurance status. In 2017, health centers served over 183,000 people – nearly one in nine Idahoans.

To: Senate Health and Welfare Committee on HB 277



My name is Dawn Wiksten and I'm in the coverage gap. I live in Cataldo, a very small rural Idaho town in Kootenai County. Throughout my life I've been a business owner, scout leader and active volunteer in our local schools and community. There are a limited number of jobs that offer health benefits in the rural Idaho community where I live. I work odd jobs throughout the year to make ends meet. I know from experience that it is very hard for older adults to find jobs when they are dealing with untreated medical conditions that limit their ability to meet many employment requirements. I have needed a hip replacement and treatment for arthritis for years now. This makes it impossible to be independent, work consistent hours, or volunteer in the community - which I love and miss dearly.

HB 277 would disproportionately hurt rural Idahoans, particularly older adults not yet at retirement age. In order to meet its new bureaucratic policies, HB 277 would require rural Idahoans to drive long distances to one of the four Employment and Training centers across the state if they are not meeting the requirement. Even if they are allowed to participate through internet, 1/3 of rural Idahoans lack internet access and would not be able to participate. One size fits all bureaucratic policies won't fit all Idahoans. Exempting portions of the population from a work reporting requirement will still require people to file for and receive an exemption. Working Idahoans will need to report fluctuations in hours, or changes in employment, in order to maintain coverage. This can be especially problematic when your hours are very inconsistent. You may qualify for coverage one month but not the next. For many this means one month of missed doctor appointments, treatment and medications which could impede their ability to work the following month even if they are given enough hours by their employers.

Seniors in Idaho have the wisdom that comes with life experience. When we are healthy and active we are able to be incredible leaders and teachers. When our rural communities are healthier they are stronger and more engaged. HB 277 directly undermines the will of the voters. As someone who collected signatures to get Proposition 2 on the ballot, someone who spoke to many rural Idahoans on the impact this would have on our community I urge you to uphold the will of Idaho voters and reject this bill.



My name is Joyce Witzel and I live in district 22, the area of Kuna, with my husband. We are in our 50s and have two grown children and eight grandchildren. My husband and I have always been really healthy. We take care of ourselves, don't drink or smoke. My husband used to run marathons and hasn't been to the doctor in 40 years because of being so healthy. We both work in retail and the varying hours

don't come with health benefits or the income level to afford health coverage. We make too little to qualify for tax credits and too much for Medicaid. We have worked our whole lives, never been on food stamps or other safety net programs. But here we are getting older and starting to have health problems. I have arthritis and live in pain. I used to be able to walk four miles a day and I'm now down to one. I desperately need to see a doctor to see what kind of arthritis I have and how I can treat it.

We both work part time with fluctuating hours. Sometimes we get 30 hours and other times it's barely 20. We have no control over our work schedules. Many times we only work temp jobs, because that's all companies want to hire for in retail. We never know when we may be out of a job. You know the older people who hand you your bag or smile at you when you come into a store? That's us, trying to be friendly and trying to get by.

When I saw Proposition 2 pass, I cried. It is such a blessing and I'm so grateful that Idaho voters passed it overwhelmingly. Now I can go to the doctor and get treatment for my arthritis. My husband can get some of the preventative care he needs. I don't have to worry about my grandchildren losing a grandparent from a health problem that went unaddressed because they couldn't afford health insurance. Being able to get treatment for health conditions is not a partisan issue - I've been Republican my whole life. The provisions in H277 ultimately puts into question if I will even be able to access Medicaid. While at times I may meet the requirements, other times I may not be able to because of my fluctuating hours. This bill just creates unnecessary hoops to jump through. Vote NO on H277. Thank you.

Scott Harris, MD
Connie Harris
PO Box 331
McCall, Idaho 83638

March 26, 2019

Senator Fred Martin
Chairman Senate Health and Welfare Committee
(Please distribute to other committee members)

Re: H277

Dear Senator Martin and Committee Members:

I am a recently retired Family Practice MD in McCall, and a lifelong Idaho resident. I saw firsthand the ravages incurred by the impoverished and working poor in our communities, who could not afford health insurance coverage under the exclusionary Medicaid inclusion rules followed by the state. So, the poor continued to suffer, and, literally, die for lack of medical help. In the face of 7 years inability on the part of our legislature to enact inclusionary Medicaid coverage, Proposition 2 was born of citizen compassion and volunteer effort, and amazingly passed, against seemingly insurmountable restrictions, in an effort to overcome this legislative jam.

Now, Proposition 2 would be effectively gutted by H277. This bill would throw those 78,000 Idahoans in "the gap" precisely back into the same unaffordable private insurance coverage they already can't afford. At 130% of the Federal poverty level, a family of four brings in \$32,500 per year. The proposed purchase through Your Health Idaho would require up to 12% of their income for much more limited coverage than Medicaid affords. Of course, there are graduated care options, more and more costly for them at each level due to greater and greater limitations in coverage. By the time housing and transportation alone are deducted, as well as a 10% Federal income tax, this means this family of four would live on about \$750 per month, without insurance.

The proposed work requirements would affect an estimated 700 adults capable of working, according to an estimate by the Idaho State H&W, or 0.23% of the 78,000 adults and 228,000 children on Medicaid in 2017. It would take an estimated new bureaucracy of 19 employees. Salaries and benefits for them could cost well over 1.2 million dollars per year. Administrative difficulties would be severely hampered by the fact the majority of Idahoans are rural. Many of them do not have internet or transportation. This effort has failed expensively in Arkansas in terms of administrative costs, and, more importantly, loss of coverage for 80,000 people who could not understand or keep up with the regulations. Adjusting for population differences, this would mean 40,000 Idahoans would be facing the same threat.

In terms of fear of Medicaid expansion funding, several states that have expanded, such as Arkansas, Indiana, Kentucky, Louisiana, Michigan, Montana, New Mexico, Ohio, and West Virginia (among others) have actually reduced, not increased, state spending as a result of expansion. Idaho, known for frugality and fiscal responsibility could surely aspire to this group.

The clearly expressed intent of Proposition 2 was for coverage for all eligible Idahoans under ACA guidelines. Period. This did not include sideboards. Proposition 2 was mandated, as written, by 61% of your electorate, 60% of those within your district. Governor Otter supported it as an "Idaho-grown solution". It was likewise overwhelmingly defended in public testimony against H277. It doesn't get much more "Idaho" than that.

Respectfully, please support Proposition 2 as passed.

Scott Harris, MD

Connie Harris
McCall, Idaho

Att. 10

Margaret Major

From: Chris Heatherton <chrisheatherton@gmail.com>
Sent: Wednesday, March 27, 2019 11:23 AM
To: Margaret Major
Subject: Public testimony, March 27 send it health and welfare

Good afternoon,
I am a physician here in Idaho and I see people being brought to the edge of bankruptcy Daily.
Please do not move it further with HP 277 and instead take a longer look at SB 1204.
Sincerely
Dr. Christopher Heatherton

Sent from my iPhone

Margaret Major

From: Robert Solomon <rsruok@gmail.com>
Sent: Wednesday, March 27, 2019 11:37 AM
To: Margaret Major
Subject: Be fiscally conservative please

Please implement the will of the voters with few if any restrictions. Collect data on how many deadbeats there really are and only then determine the value and cost of sideboards. The people are counting on you implementing in the most responsible and fiscal conservative way.

Margaret Major

From: Gordon Brown <barlazybranch@gmail.com>
Sent: Wednesday, March 27, 2019 11:53 AM
To: Margaret Major
Subject: Public Testimony, Mar 27th Senate Health and Welfare Hearing

Honorable Members of the Health and Welfare Committee,

I am opposed to HB 277 for humanitarian and fiscal reasons as well as the positive examples set by those states that have expanded medicaid. As Christians, I encourage you demonstrate compassion, love and empathy to those Idahoans who are less fortunate than yourselves. Fiscally, it would cost more to be monitor the few recipients' ineligibility than it would save. Those states that have expanded medicaid have not found that the number of people abusing the program justify its elimination nor have those European nations that have implemented similar programs.

On behalf of the majority of Idahoans who support the expansion of medicaid, in the name of humanity and democracy we would appreciate your full support.

Gordon Brown
PO Box 379
Driggs, ID 83442

Margaret Major

From: judy schmidt <sjudy11@yahoo.com>
Sent: Wednesday, March 27, 2019 12:41 PM
To: Margaret Major
Subject: Public Testimony, March 27th Senate Health and Welfare Hearing

I am testifying today against HB277 and calling on the Senate to reject it. HB277 raises significantly and unnecessarily the cost of the program, it is incompatible with the intent of the law, and it is likely to be struck down in the courts.

The costs of this bill and its proposed sideboards have been well-researched and well-documented. That research tells us that the House's attempts to cut costs by discouraging enrollment in Medicaid expansion make the program more expensive and less effective with respect to the goal of providing affordable health care to those for whom health care is simply unaffordable by traditional means.

I did not vote for barriers to health care; I voted for health care. The Senate has offered a bill (SB1204) more compatible with the intent of the initiative proposed by the people and made into law. The legislature amended the Idaho Constitution to make sure the rules of the executive agencies reflected the intent of the laws they passed. Can you, in all good conscience, pass a bill that doesn't extend the voters the same right?

The issue isn't whether the voters would have agreed to work requirements or not. The issue is whether those work requirements are undermining the intent of the law, which is to expand Medicaid services to those making up to 133/138% of the federal poverty level. It does, by raising the cost of funding the law and by adding obstacles that serve as impediments to participation.

Thank you for your attention and consideration.

Respectfully submitted,

Judy Schmidt
215 Pevero Drive
Idaho Falls, Idaho

Margaret Major

From: Claudia Pine <claudia.hemphill.pine@gmail.com>
Sent: Wednesday, March 27, 2019 12:42 PM
To: Margaret Major
Subject: Public Testimony, March 27th Senate Health and Welfare hearing.

To the Senate Health & Welfare Committee:

Thank you for this opportunity to comment on HB277.

I oppose HB277 on many grounds.

First, as our excellent new eastern Idaho representative, Britt Raybould, has pointed out in her own opposition, this bill would keep thousands in the gap, so the burden of uncompensated care would stay the same, or even get worse. Instead of helping our rural county hospitals and clinics thrive, it would push them closer to failure.

Second, the new assessment by IFPC of the sum total of the costs for what the bill aims at show a huge unneeded cost to the state and the taxpayers. Paying far, far more in order to do less is not part of my Idaho values, nor should it be yours.

Third, Governor Little said last week very plainly that he will not sign a bill that "over-complicates implementation," that adds unnecessary new costs, and that leaves large numbers still in the gap. HB 277 fails on each of those tests.

Finally, you already have a bill in your own chamber, out of your own committee, that does satisfy the state's, the governor's, and the voters' needs: SB 1204.

Please oppose HB277. Take up the better bill, SB1204, instead.

Thank you,
Claudia Pine
282 E. 13th St.
Idaho Falls ID 83404

Margaret Major

From: Andrea Christopher <andreachristopher@yahoo.com>
Sent: Wednesday, March 27, 2019 12:50 PM
To: Margaret Major
Subject: Testimony for March 27 on HB 277

Hello,

Please see below for my testimony regarding HB 277 as I am unable to attend today to testify in person.

Thank you,
Andrea S. Christopher, MD, MPH, FACP

Testimony on HB 277

Prepared by Dr. Andrea Christopher

Chairman Martin and Members of the Committee:

My name is Andrea Christopher and I am a primary care physician living and practicing in Boise. I am representing Idaho Doctors and Nurses for Healthcare, an ad hoc committee of nearly 350 healthcare professionals in Idaho who organized in support of Medicaid expansion.

I want to thank all of you legislators for your hard work to identify an Idaho based solution to our coverage gap.

But I am here today to voice opposition to HB 277.

The research is clear that having access to Medicaid improves mental health, improves survival from chronic disease and eliminates financial catastrophe. Medicaid itself also increases the likelihood that people gain employment. But research from other states shows that adding work requirements to Medicaid eligibility adds cost and grows our government; not to mention other states are also dealing with costly legal battles.

I know my fellow Idahoans today are sharing testimony about how the provisions in this bill – most notably the work reporting requirements - will effectively create a secondary coverage gap that undermines the purpose of expanding Medicaid. I also want to explain why the administrative burden will negatively the provision of healthcare. Even though this bill attempts to exempt portions of the population from a work reporting requirement – the process of applying for exemption is a barrier to care. For my patients with mental illness, it is a barrier to navigate getting an exemption. Similarly, caregivers will have to prove the people they care for are sick enough to need support and workers with fluctuating hours will have to report these hours to maintain coverage. Additionally, it is a waste of physician time to add busy work to fill out paperwork to determine eligibility for healthcare coverage rather than focusing on the care of sick patients.

Jane M. Rohling
582 Palmetto Drive
Eagle, ID 83616
March 15, 2019

Idaho Senate Health and Welfare Committee
shel@senate.idaho.gov
Testimony on HB 277

I am opposed to HB 277 on the grounds that implementing the mandatory work requirement of this bill for citizens in the Medicaid gap would cost the state more than it would save while depriving many people of much needed access to health care. The administrative costs alone for this work program have been estimated to be \$30 million. We know that most of the people who have been in the Medicaid gap, those who the Medicaid Expansion measure that was passed by 61% of Idaho voters, are ALREADY WORKING, but they aren't earning enough to be able to afford health insurance. The other people who this bill would attempt to force to work are, in many cases, unable to work for a variety of reasons.

This bill is just one of several bills the Legislature has been determined to pass this Session in spite of overwhelming opposition from the citizens. It is indicative of the fact that many of our Legislators think the people who they were elected to represent are not intelligent enough for their voices to be heard and respected. I hope Idahoans recognize this arrogance for what it is and vote those who have forgotten that they are servants of the people out of office in 2020.

Today, you have the opportunity to show that you actually DO respect the will of the people, that you DO hear our voices, and that you CARE about the Health and Welfare of Idahoans who your committee is tasked with protecting. PLEASE VOTE NO ON HB 277!

Jane M. Rohling

Margaret Major

From: Lori Burelle <lori4idaho@gmail.com>
Sent: Wednesday, March 27, 2019 1:07 PM
To: Margaret Major
Subject: Written Testimony on HB277

For the record, and for distribution.

Lori Burelle
On Behalf of SW ID NOW
658 N Driscoll Lane
Boise ID 83702
208-859-5464

Good afternoon, Chairman Martin, members of the committee. My name is Lori Burelle, and I am here today representing the Southwest Idaho Chapter of the National Organization for Women in opposition to House Bill 277.

Others have spoken eloquently about the high costs, burdensome paperwork, and crippling bureaucracy inherent in HB277, so I'd like to concentrate today on the part of this bill that angers me the most, and that is the provision that calls out family planning services specifically for special referral requirements. I have insurance and a primary care provider. I also have a gynecologist. My primary care physician can certainly do family planning services, but that isn't his specialty. He may not be as up to date on all the methods of birth control that are available, and he certainly is not as familiar as a specialist on every symptom of cancer and other reproductive disease.

In my case, if I did not have a gynecologist I might be dead today. In 2014, my periods began to get very heavy, and by early 2015 they were no longer stopping. Blood loss made me anemic. My family doctor prescribed iron tablets and birth control pills. But the problem got worse, so I went to my gynecologist, and he had me in surgery a week later. I had uterine cancer. It was caught early and remedied by a hysterectomy. I have been cancer free for nearly 4 years now. My ability to go see a specialist saved my life.

Even for normal reproductive health checkups, I think male legislators who aren't doctors fail to understand the need women have to trust the provider who is going to stick a speculum in their vagina to perform the yearly cancer screening that usually accompanies family planning services. And male legislators who are not doctors might not understand the importance of continuity of care when it comes to reproductive health. So if a woman has been seeing specialist at a clinic that offers a sliding pay scale, that woman should be able to continue to go where she is comfortable and where she is going to receive continuity of care.

In summary, like all the bills that have come before it, this bill builds an unnecessary and expensive bureaucracy when people just need health care. Healthy people work, healthy people contribute, and they need to be spending their time building their careers, and with their families. They do not need to be spending all their time fighting for access to their sexual health provider and in filling out endless paperwork. Health care is the only incentive people need, and Prop 2 provides that care. Just pass Senator Martin's reasonable compromise senate bill 1204 in its current, unamended form, and let's go home.

thank you,

Lori Burelle
Legislative Chair
SW ID NOW

Margaret Major

From: John & Martha Tanner <pust@datawav.net>
Sent: Wednesday, March 27, 2019 9:20 PM
To: Margaret Major
Subject: SB 1204 versus HB 0277

Honorable Senators,

NAMI Idaho strongly supports the initial draft of Senate bill 1204 as opposed to House bill 277 for implementing Medicaid expansion. We find the following features of S 1204 particularly beneficial:

- 1) Lack of work requirements. In contrast, a complicated bureaucracy of monthly work reporting requirements for HB 0277 would probably result in purging of many actually working individuals. There is danger of a similar unjustified purging because of a necessity to repeatedly justify exclusion from work requirements.
- 2) SB 1204 includes in Medicaid those with incomes within the 100% to 133% FPL range. HB0277 requires them to remain on the Idaho Health Care Exchange. Two likely consequences of that are that 1) Idaho will get only a 70% federal match for those under 100% of FPL and 2) there will be no tax credit allowed for a spouse if her partner has affordable employer health insurance only for himself.
- 3) SB 1204 maintains the 90 day retroactive Medicaid eligibility. In some cases it would take much longer than the 30 days allowed by HB 0277 to get Medicaid eligibility after initial application
- 4) SB 1204 has no capitation of costs for care of individuals in high risk groups as proposed in HB 0277.

John Tanner, policy chair
NAMI Idaho

Margaret Major

From: Jane McKeivitt <jcmckeivitt@gmail.com>
Sent: Thursday, March 28, 2019 9:54 AM
To: Margaret Major
Subject: Re: Public Testimony, March 27th, Senate Health and Welfare Hearing

Jane McKeivitt
1502 E. Shaw Mt. Rd.
Boise, Idaho 83712

Members of the Senate :

Chairman Wood and members of the committee, My name is Jane McKeivitt. I was a petition gather for Medicaid expansion. I knocked on doors to inform and encourage voter support. Today I come to speak on the benefits of a clean implementation of Medicaid Expansion. Voters clearly went to the polls and voted for this referendum. This campaign was an inspiring phenomenon in our time of partisan politics. The campaign for Medicaid Expansion was without a doubt a bipartisan rallying cry for its support. Your constituents voted for a clean implementation of Medicaid Expansion with as much conviction as they voted you into office.

I am concerned with the sideboards that Representative Vander Woude has presented to this committee. Idahoans voted for family, friends, and neighbors to have healthcare coverage, not be subjected to restrictive reporting requirements. These requirements are indicative of heavy handed government requiring more red tape - resulting in a cumbersome process for application- making it harder for applicants to apply for aid. It will add more cost for taxpayers. This proposal will sabotage Medicaid Expansion. Please, I ask that you return this bill back to the sponsor, and reject any sideboard that takes away care at the expense of Idaho taxpayers. Please give Idahoans in the "gap" the support they need so that they can become productive contributing citizens in our communities!

Thank you,
Jane McKeivitt

Margaret Major

From: Sarah Cox <sarahredbird@yahoo.com>
Sent: Tuesday, March 26, 2019 6:31 PM
To: Margaret Major
Subject: Public Testimony, March 27th Senate Health and Welfare hearing.

I have been a nurse and nurse practitioner and health care administrator for nearly 40 years, and I am opposed to HB 277 which seeks to add unnecessary expense to the expansion of Medicaid and deny healthcare to Idaho's working poor. Here's why:

1) This bill pretends to protect the financial coffers of Idaho by limiting Medicaid expansion and forcing the working poor to go without insurance or purchase insurance they cannot afford. What this really means for Idaho is that thousands of Idahoans will not have health insurance. But that does not mean they won't get healthcare - no, it just means they will get their healthcare in the most expensive way: when they are very, very sick and go to the emergency room. And who pays for this? We do. The law says healthcare providers MUST provide care to anyone who comes to the emergency room, and those costs are passed on to the counties of Idaho and then on to the taxpayers. Healthcare providers cannot and should not refuse to care for a poor woman with diabetes and gangrene in her feet who comes to the emergency room, but it would have been cheaper for everyone if we could have helped her avoid gangrene or even diabetes in the first place.

2) This bill pretends to care for Idahoans by giving them pride in having a job and buying their healthcare. But the reality is that nearly all the Idahoans in the the Medicaid gap ALREADY WORK. Of the nearly 80,000 Idahoans in the gap, nearly 67,000 are working. They just make so little money, they can't afford insurance. The remaining 13,000 includes people too sick to work, mothers caring for children at home, people caring for frail elders, and the mentally ill. With Idaho's current low unemployment rate, this is not a group that will easily or profitably find work.

3) This bill pretends to be fiscally responsible, but will add millions of dollars of administrative costs.

4) This bill is bad for Idaho and bad for Idahoans.

Sarah Cox
(208) 577-1638
8291 West Clubhouse Lane
Garden City 83714

Sent from my iPhone

Margaret Major

From: John Kriz <johnkriz44@gmail.com>
Sent: Tuesday, March 26, 2019 7:27 PM
To: Margaret Major
Subject: March 27 public meeting on Medicaid bill

As a 40 year practicing Dentist in Idaho, I am against any work requirements for recipients. I have treated hundreds of needy folks over the years. No one ever needed to work as they were already working just to barely get along. Show me your personal examples and statistics. I am in the trenches and would invite folks to spend a day in the trenches to see these wonder Idahoans. Please vote no.

Sincerely. John Kriz DDS

Sent from my iPad

Margaret Major

From: Josef Bartels MD <josef.bartels@FMRIdaho.org>
Sent: Tuesday, March 26, 2019 10:48 PM
To: Margaret Major
Cc: Senator Fred S. Martin
Subject: HB 277 opposition from Nampa

Chairman Martin and respected committee members,

As a doctor who just signed a contract to work in District 12 (yes I already emailed Senator Lakey), I wanted to share a few thoughts regarding linking work to healthcare.

1. Linking work with healthcare was the largest healthcare mistakes we ever made in this country, most of our private insurance structure is built on this, and the individual market is merely an afterthought that as we discussed previously has no cost controls. Why would we repeat this mistake willingly by linking Medicaid to work? It inhibits the free market by not allowing workers to quit their jobs to start businesses, or go back for education, or start a family, etc.

2. Health must precede work. Poverty is like gravity, it pulls folks down and prevents adequate achievement in education and health. Getting and keeping a job without a foundation of education and health is unlikely. In fact once you have your health and your education, few would call you poor even if temporarily unemployed. I see this over and over with my patients, once their health (especially mental health) is addressed, folks want nothing more than to go back to work. Do you know anyone who is healthy and educated who doesn't want to work? (and yes raising a family is a form of work).

3. It costs our state more money to require my sick patients to prove that they can't work. That's a waste of everyone's time and money. None of my patients are lazy, I promise. They would love to work, and the work programs in SB1204 would help with that. 7 Million to administer plus 30 million in lost federal money, what happened to fiscal responsibility?

4. Doctors don't take Medicaid? Maybe a few plastic surgeons/dermatologists here and there. All of my hospitalist colleagues would much prefer Medicaid rates over charity care, please remember that refusal of care is largely myth when it's brought up in discussion tomorrow. In all states that already expanded Medicaid, doctors refusing to take it has not been an issue.

5. The senate is supposed to be the more reasonable level-headed chamber. You'll have to explain to me why senators would be motivated to vote for HB 277 other than if they think it would give a primary challenger some ammunition? Oh also it would help to end the session on time, but I trust you all have a little left in the tank still. I hope that you and your fellow senators continue to weigh the wellbeing of Idahoans, our budget, and pragmatism above maintaining maximum political capital. If there ever was a time to spend some of that capital, tomorrow is it.

6. Medicaid coverage saves lives. The more folks we cover, the more lives we save. Dead people don't work at all. Let me know if you need citations.

7. Work requirements don't get more people working, they just decrease Medicaid rolls.

8. It's immoral if not illegal to withhold care unless working, even the prison's can't do that. This is why there are so many legal challenges in states that did pass a dirty expansion. And while you may differentiate "emergent" from "primary" care, that is short sighted. Lack of primary care quickly brings one into the emergency room. So withholding any type of care is deadly.

Lucky for you, that's all I can think of tonight, I gotta be back at the hospital around 6am, so sleep time for me.

I look forward to seeing your name in the tally against HB 277 tomorrow, or at least to hold it in committee,

Sincerely,

Dr. Josef Bartels
St. Alphonsus Nampa

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Margaret Major

From: Andy & Melanie Edwards <edwardsam@q.com>
Sent: Tuesday, March 26, 2019 11:12 PM
To: Margaret Major
Subject: Public Testimony, March 27th Senate Health and Welfare hearing.

Please Share this with members of your Committee.

I am writing to say that I **am strongly opposed to HB 277** and ask you to **vote NO** on this bill, and to support **SB 1204**.

The restrictions in HB 277 would create a new Gap population and would reduce the savings that would occur because these people would continue to need expensive care in the Emergency Rooms, paid by taxpayer-funded programs. In addition, the bureaucracy needed to administer HB 277 adds greatly to the cost for taxpayers and potentially reduces the federal match. A recent fiscal estimate puts this extra cost of HB 277 to the state at over 30 million dollars per year. This also leaves a large number of people, unable navigate the requirements, without the health care that they need to fulfil their potential as Idahoans.

Please vote No on HB 277.

Thank you,

Dr Melanie Edwards
2656 West 17th North,
Idaho Falls, ID 83402

Margaret Major

From: Bryan, Thornton M.D. <bryanth@slhs.org>
Sent: Tuesday, March 26, 2019 4:50 PM
To: Margaret Major
Subject: Public Testimony, March 27th Senate Health and Welfare hearing

To whom it may concern:

I am writing to oppose HB 277. This bill will serve only to obstruct healthcare for the neediest Idahoans. Their lives will be at risk, and the financial impact on our already struggling healthcare system will further limit its ability to take care of the patients who need help.

Please vote against this ineffective and hurtful bill.

Sincerely,
Thornton E. Bryan III, MD
St. Luke's Health System
701 E. Parkcenter Blvd
Boise, ID 83706

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Margaret Major

From: Elizabeth Rodgers <erodg@yahoo.com>
Sent: Wednesday, March 27, 2019 10:23 AM
To: Margaret Major
Subject: hb277 testimony

Testimony against HB277

My name is Elizabeth Rodgers. I'm an Idaho voter and I represent myself. I urge you not to vote for HB277.

I was a volunteer, working to get Proposition 2 on the ballot. I worked several dozen hours to help the cause. I met people from all different walks of life, learned disparate views on healthcare and actually had fun in the process, meeting new people and creating meaningful memories with family members and new friends with whom I canvassed. Participating in a bi-partisan way to enact laws was a joyful experience.

We voted overwhelmingly to enact the law. Polls show that 74% of Idahoans support the law that we voted for. And yet, for some reason, our legislators want to add restrictions to a law that was enacted through the highest ideals of the democratic process.

I'm going to focus on the fiscal issues associated with the proposed bill because I know that Idahoans are deeply concerned with fiscal responsibility. HB 277 is costly and grows government. As indicated in the bill's fiscal note, HB 277 will cost the state \$7 million annually to administer a new bureaucracy that includes hiring 22 full time employees at the Department of Health and Welfare.

This is largely due to the fact that HB 277 differs significantly from Idaho's work reporting requirements under SNAP, both in the number of work hours required each month and because HB277 requires work hours to be reported on a monthly basis.

Clean Medicaid expansion will generate savings to the state Catastrophic Health Care Fund, behavioral health services, community-based substance use disorder treatment for offenders, and mental health services for the probation and parole population.

House Bill 277 *decreases* some of these savings, comes with new administrative costs and has a net negative impact on the state budget. House Bill 277's fiscal note also appears to include savings that would be generated without its passage, under full and unmodified implementation of Medicaid expansion and excludes ongoing local costs under HB 277 from increased indigent care services.

Additionally, HB 277 is likely to entangle Idaho in expensive lawsuits and be struck down by the courts. Currently, the fate of Kentucky and Arkansas' work programs are pending in federal court. The judge has pledged to rule on these programs by April 1, 2019 and legal experts expect them to be struck down. The judge already ruled against the Kentucky waiver once.

The judge's ruling would halt the work requirement programs from being implemented in these states and virtually ensure a work reporting requirement waiver in Idaho would be struck down by a federal court.

Litigation was also filed against the work requirement program in New Hampshire and is going before the same federal judge. If the Idaho Legislature approves work reporting requirements legislation directing the Department to implement a program that has just been declared illegal in federal court, the state will face hundreds of thousands in legal expenses when a suit is filed in Idaho.

This I know for sure: When we understand that a bill is faulty and pass it anyway, knowing full well that it will be successfully challenged in court, we are wasting the tax-payers money. That is clear as day.

Thank you for your time.

Margaret Major

From: Deleena Foster <eleechick04@gmail.com>
Sent: Wednesday, March 27, 2019 9:49 AM
To: Margaret Major
Subject: Please vote no on HB 277 and support SB 1204

HB 277 is a partial repeal that could cost the state \$30 million a year, please VOTE NO. The people of Idaho voted for the expansion of Medicaid not yet again another exclusion of more people like myself and my family
PLEASE VOTE NO.

Thank you,
Deleena Foster

--

"You may be but one person in the world, but you are the world to one person!"

Margaret Major

From: Sheryl Hill <SHERYLHILL_ID@msn.com>
Sent: Wednesday, March 27, 2019 10:04 AM
To: Margaret Major; Senator Fred S. Martin; Senator Mary Souza; Senator Lee Heider; Senator Abby Lee; Senator Mark Harris; Senator Van Burtenshaw; Senator Regina Bayer; Senator Maryanne Jordan; Senator David Nelson
Subject: Public Testimony - March 27, 2019 - Senate Health & Welfare Committee

Committee Chair Martin, Vice Chair Souza, and Members of the Senate Health and Welfare Committee:

The Idaho Center for Fiscal Analysis projects that H 277 could cost the state more than \$32.2 million dollars more than S 1204, the bill approved with a "do pass" recommendation by your committee last week. That information is available here:

http://idahocfp.org/new/wp-content/uploads/2019/03/ICFP_HB277_SB1204_Unmodified-Expansion.pdf

In addition to the cost to Idaho taxpayers, H 277 will create additional financial burdens for rural Idahoans who must pay the costs incurred by rural hospitals.

Representative Sally Toone explained this thoroughly when she debated against H 277 before the House. Representative Britt Raybould also voted against H 277 to protect rural hospitals and taxpayers and gives a full explanation here: https://www.postregister.com/opinion/guest_column/why-i-voted-against-sideboards/article_a0f42abb-4ed0-514a-aec0-a14710689fd9.html

Please continue to support clean Medicaid expansion, and vote naye on H 277.

Sincerely,

Sheryl Hill
Ashton ID
Fremont County
District 35

Margaret Major

From: Molly Brown <cbrownemc@gmail.com>
Sent: Thursday, March 21, 2019 12:46 PM
To: Margaret Major
Cc: Senator Mark Harris
Subject: Public Testimony, Mar 21, Sen. Health & Welfare, S1204

Chairman Wood and
Members of Senate Health & Welfare:

Thank you for hearing testimony on this fiscally conservative bill to implement the will of the voters and move Medicaid Expansion forward for our state.

As the governor has noted, a good bill, that is feasible for him to sign, will meet three criteria: it will not over-complicate implementation; it will not run up excessive new, and unneeded, costs to taxpayers; and it will not leave a continued large gap population.

This bill accomplishes those goals. It lays out a voluntary work program instead of cumbersome and expensive forced work reporting and training that is largely inaccessible to rural residents. It complies with standard expansion to the 138% FPL level, which allows the 10,000 people currently trapped in that end of the gap to finally get healthcare that is affordable on their low incomes, with coverage that meets their needs, including mental health care.

I heartily support this bill and thank you for your YES votes on SB1204. Let's move Medicaid Expansion forward into implementation, with the funding already allocated and passed by the Senate.

Thank you,
Mary Brown
3122 s 565 w
Victor ID 83455

Margaret Major

From: Ann Schenk <amschenk@msn.com>
Sent: Thursday, March 21, 2019 12:59 PM
To: Margaret Major
Cc: Senator Van Burtenshaw
Subject: Public Testimony, March21, Sen. Health and Welfare, S 1204

Thank you, Ann Schenk 1715 Christy Ln. Ashton, Id 83420

Dear Chairman Martin and members of the committee; thank you for the opportunity to testify in SUPPORT of Senate Bill 1204 on Medicaid Expansion.

S 1204 is a good bill that represents the will of voters of Idaho who voted for Medicaid Expansion. The voluntary work program is a proven way to help people access better employment and training instead of punitive work requirements that cost too much !! Montana has proven this is a better way without adding excessive, unnecessary costs and bureaucracy. Implementing this bill will close far more of the gap than any other bill proposed in the House or Senate this session.

I applaud the fiscal conservation and compassion of this approach. It will help those in the gap get the tools to be able to get higher paying jobs and in the long run get out of the gap and no longer need this help!

It lays out a voluntary work program instead of cumbersome and expensive forced work reporting that is largely inaccessible to rural residents. It complies with the standard expansion to the 138% FPL level, which allows the 10,000 people currently trapped in that end of the gap to finally get affordable healthcare that meets their needs , and that includes mental healthcare.

As a volunteer who worked so hard to see our fellow citizens get the healthcare coverage, they so desperately need, I ask you to support this bill and vote YES on SB 1204.

Thank you ,
Ann Schenk
1715 Christy Ln
Ashton, ID 83420
208 631 1607

Sent from Windows Mail

Margaret Major

From: EC <morganna1812@gmail.com>
Sent: Thursday, March 21, 2019 1:07 PM
To: Margaret Major
Cc: Senator Dave Lent
Subject: Public Testimony, Mar 21, Sen. Health & Welfare, S1204

Chairman Wood and members of Senate Health & Welfare: Thank you for hearing testimony on this fiscally conservative bill to implement the will of the voters and move Medicaid Expansion forward for our state. As the governor has noted, a good bill, that is feasible for him to sign, will meet three criteria: it will not over-complicate implementation; it will not run up excessive new, and unneeded, costs to taxpayers; and it will not leave a continued large gap population.

This bill accomplishes those goals. It lays out a voluntary work program instead of cumbersome and expensive forced work reporting and training that is largely inaccessible to rural residents. It complies with standard expansion to the 138% FPL level, which allows the 10,000 people currently trapped in that end of the gap to finally get healthcare that is affordable on their low incomes, with coverage that meets their needs, including mental health care.

I heartily support this bill and thank you for your YES votes on SB1204. Let's move Medicaid Expansion forward into implementation, with the funding already allocated and passed by the Senate.

Thank you.
Elizabeth Cogliati
962 11th St
Idaho Falls, ID 83404
208-522-5752

--
Elizabeth C., owner of Lizbeth's Garden
Handmade beaded tassels, potpourri, engraved metal and more:
<http://lizbethsgarden.etsy.com>
<http://lizbethsgarden.com>

Margaret Major

From: Dennis Sutton <suttdenn@gmail.com>
Sent: Thursday, March 21, 2019 2:53 PM
To: Margaret Major
Cc: Representative Bryan Zollinger; Representative Barbara Ehardt; Senator Dave Lent; Representative Gary Marshall; Representative Wendy Horman; Senator Dean Mortimer; Senator Mark Harris; Representative Marc Gibbs; Representative Doug Ricks; Representative Britt Raybould; Senator Brent Hill
Subject: Public Testimony, Mar 21, Sen. Health & Welfare, S1204

Dear Chairman Martin and members of the committee: Thank you for the opportunity to testify IN SUPPORT of Senate Bill 1204 on Medicaid Expansion. This bill is a good bill that respects the will of the voters of Idaho. The voluntary work program like Montana's is a proven way to help people access better employment and training without adding excessive, unnecessary costs and bureaucracy. Implementing this bill will close far more of the gap than any other bill proposed in the House or Senate this session. I appreciate the thought and research that has gone into this bill, and applaud the fiscal conservatism of this approach.

Although I do live in D-33, each of your districts contains all or some of the residents of Bonneville County. Together we carried petitions and got resounding positive responses that resulted in a ballot score as high as 62.5%! Make your voters proud of your actions.

--

Dennis Sutton
(208) 528-6209

Margaret Major

From: suellen carman <suellen.carman@gmail.com>
Sent: Thursday, March 21, 2019 7:15 PM
To: Senator Fred S. Martin; Senator Mary Souza; Senator Lee Heider; Senator Abby Lee; Senator Van Burtenshaw; Senator Mark Harris; Senator Regina Bayer; Senator Maryanne Jordan; Senator David Nelson; Margaret Major
Subject: S 1204 vs. H 277

Dear Members of the Senate Health and Welfare Committee,

Today the House passed H 277, a bill that does not respect the will of the voters; will cost Idaho millions; and will still leave thousands of Idahoans in the healthcare gap.

I urge you not to bring H 277 to the floor.

Instead, S 1204 would be a reasonable alternative. I urge you to bring that bill to the floor instead.

Thank you. Respectfully,
Suellen Carman

--
Suellen Carman
299 Mountainside
Victor, ID 83455
(307) 699-0416

Margaret Major

From: pjlunsford55@aol.com
Sent: Friday, March 22, 2019 1:11 PM
To: Margaret Major
Subject: Written Testimony to Place Before the Committee, SB1204

i am asking the legislative body to implement the medicaid expansion exactly as it was voted for by the citizens of the state of Idaho. Time after time, the people have expressed their desire for a change or an addition to the laws and rules and services from our state government and the interests of a small minority group are placed as more important than the will of the majority. The citizens of the state of Idaho are not stupid. Most are aware of what they are voting for entering the ballot box. Please give them credit and implement medicaid expansion as it was demanded by the voters of Idaho.

Thank you,
Pamela Lunsford
2716 N Hose Gulch Ave
Kuna, ID 83634

208-922-2975

Margaret Major

From: Alice Stevenson <alicejeanstevenson@gmail.com>
Sent: Wednesday, March 27, 2019 7:32 AM
To: Margaret Major
Subject: Public Testimony, March 27th Senate Health and Welfare hearing.

I support Medicaid expansion as it was approved by 61% of Idaho voters. Thus, I am opposed to HB 277, which ignores the will of voters and will increase costs to our state, perhaps over 30 million dollars per year. As a fiscally conservative person, I find this appalling. I don't want my taxpayer dollars wasted! I also want the coverage gap closed, which was the intent of the ballot initiative. HB 277 may narrow but won't close that gap, and thus it would not expand Medicaid as the voters have demanded.

The reason for the ballot initiative in the first place was because our legislators refused to accept federal dollars—including tax dollars from Idahoans that could be returned to our state—in order to expand Medicaid and provide needed health care to tens of thousands of Idahoans. Now the legislature is still trying to block healthcare for large numbers of Idahoans. Where is the humanity or the economic sense in that?

Please recognize the will of the people and act accordingly.

Sincerely,

Alice J. Stevenson
1101 E 5250 S
Victor, ID 83455
alicejeanstevenson@gmail.com
208-201-2973

Margaret Major

From: Krista Kramer <kkramer.moscow@gmail.com>
Sent: Wednesday, March 27, 2019 12:41 AM
To: Margaret Major
Subject: Public Testimony, March 27th Senate Health and Welfare hearing

Members of the Senate Health & Welfare Committee,

I have deep concerns about many of the items in HB 277.

- 1) Idaho already has some of the country's most stringent income limits to access Medicaid programs. Idaho limits coverage for children on the CHIP program to those in families below 200% of the poverty level, while 48 states have higher income allowances. Income limits for parents to qualify are place us at 47th lowest in the country at 26% of the poverty level. And we currently deny Medicaid to any adult who does not have children in the household, breast or cervical cancer, or a disability determination even if their income is \$0. There is no medical safety net for those people in this state.
- 2) The push to transition people who are 100-138% of the poverty level onto the Healthcare Marketplace will cost those individuals substantially more than if they are on Medicaid unless you are also budgeting to subsidize the premiums, deductibles and co-pays. I just went to the Healthcare Marketplace and put in my family as if we had an income in that range and the options were either \$12,000 - 15,000 deductibles or in the \$400 - \$500 a month range after the tax credits. \$4000 - \$6000 a year in premiums and deductibles isn't feasible on a household income of \$21,000 for a family of 3.

One of the stories being told is about a flood of people going on Medicaid and then not being able to find providers because the Medicaid reimbursements are too low. Yes, that is a problem, but it would be better solved by increasing reimbursement rates for Medicaid than putting profits into the pockets of health insurance companies. Medicaid's overhead costs are half that of the private insurance market.

- A 20 hour per week minimum work requirement ignores the number of employers who keep an employee's hours under 19 hours in order to not become responsible for providing health insurance to those employees (for businesses with more than 50 employees.). What about the people who lose work hours in a month because their employer cuts their hours seasonally, or the person they provide care for has surgery or breaks a hip and is in rehab so the caregiver's job disappears for a few weeks? Or those who have irregular hours. Monitoring this will be a hugely expensive nightmare. Does it mean that if they were in the hospital one month and didn't work enough hours, that expenses accrued during that month wouldn't be covered, or does it mean that they wouldn't be eligible the next month, or would it be 2 months later (the month after the month that hours were reported?)
- 4) The (however) many million budget for monitoring the work requirements would be much better spent on programs to create jobs and help keep people out of poverty. Bring the Work Incentives Planning and Assistance (WIPA) program back to Idaho to help people understand how working will impact their disability income and health insurance. Last I knew, there were 5 WIPA counselors in Spokane. We don't even have one in the entire state of Idaho. We have to call Montana to get that support for people trying to return to work.
 - 5) The HB 277 states that "A person is exempt from the provisions of subparagraph (i) of 9 this paragraph if the person is physically or intellectually unfit for employment." How will that be determined? Other than the disability determination process which is addressed as a separate item, where is a legal definition or process for determining whether someone is "physically or intellectually unfit for employment?" Would a doctor's note be sufficient? What about mental illness, which is different than Social Security's definition of intellectual disability? Does that mean that someone would be exempt from the work requirements when they've had the flu and missed a week of work in a month? Does it include someone with an IQ of 76, or a personality disorder which has caused them to lose jobs repeatedly because people don't like them? Or stay-at-home mom who just lost her spouse and is so depressed that they can't focus enough to go out and find a job?

If an exemption is available while awaiting a disability determination (which can take 3-5 years if the person appeals), I would expect applications to go up, but I don't see any expected cost estimates for increased disability determination applications in the Fiscal Notes. People do desperately need access to health care while they are in this limbo land of no income and the 2 year

wait before Medicare eligibility kicks in, but making a disability application into a loophole for qualifying for Medicaid could lead to fraudulent disability claims. Just make Medicaid available to everyone under the poverty level like 33 other states have already done and don't add to the load on disability determinations. The average waiting time in our region is already between 18 months and 2 years from the application date, and for some conditions, Social Security doesn't consider you to meet the criteria unless the condition has been documented to have persisted for at least 2 years. Without the health care access, you can't get that documentation.

- 7) The bill creates an additional barrier to accessing family planning services and supplies by limiting providers and requiring referrals. If you want to curb costs in the welfare system, family planning is critical.
- 8) The reduction of retroactive Medicaid eligibility from 90 days to 30 days will just leave 60 days of medical expenses on the shoulders of the providers who don't get paid anything, or on the county indigent funds and the Catastrophic Health Care Fund. Many times, it takes more than 30 days for Medicaid to acquire and process all the income verification for Medicaid, let alone all the other "sideboards" this bill is trying to implement.

It is way past time to pass Medicaid Expansion, without creating additional barriers to the health of our most vulnerable citizens. 33 other states and DC have already implemented this safety net for all citizens under the poverty level. Idaho should too.

Please vote no on HB 277.

Krista Kramer

841 Travois Way

Moscow, ID 83843

Margaret Major

From: Mary And Mike <mmc9604@gmail.com>
Sent: Tuesday, March 26, 2019 10:05 PM
To: Margaret Major
Subject: Public Testimony, March 27th Senate Health and Welfare hearing

You have heard hundreds of Idahoan statistics from rural hospitals and medical organizations, hundreds of stories to try to convince you that HB 277 is wrong for Idaho. It will be the cause of added bureaucracy, the millions of taxpayer dollars cost of that bureaucracy, and the fact you will create a second gap of uninsured Idahoans with HB 277. I don't understand why you are still pursuing a bill that will hurt our state and our people.

My name is Mary McLaughlin and I live in Boise. I'd like to share what it is like to have restrictions on your healthcare. Ten years ago I worked seasonally for a large landscape company, and I received health insurance through my employer. Late in my third year of working there, I was diagnosed with stage 2 breast cancer. I had surgeries, 16 chemo treatments and 33 days of radiation therapy.

The problems began in the spring when I returned to work. Because my pre-existing condition now kept me from other health insurance opportunities, I had no other choice but to work during radiation therapy. We lived in rural Idaho then, and treatments were not offered locally. To achieve my 4 hour work day, I would drive a 3 hour, 200 miles roundtrip.

Because I was written up at work for performing too slowly during treatment, I lived in constant fear of losing my health coverage. I worked bald headed and my fingernails were decrepit from the chemo, yellow, thick and ready to fall off. Some days I taped them to my fingers so customers wouldn't find them in their shopping bags. I gave my job 100%, but my 100% was severely compromised by my health.

Yes, I did work throughout my radiation therapy, but working during treatment was extremely difficult and had serious health consequences. I lived in a constant state of exhaustion. I developed numerous serious health problems, all

of which were exacerbated because I didn't have the time needed to recover. I can't imagine what it would be like if I was in a mental illness crisis or had a disabled child at home not receiving the care they need because I was at work.

I worked because I had no other choice – losing my health care coverage would have caused medical financial bankruptcy for my family and jeopardized the quality of care I received.

Placing stressful demanding restrictions on Medicaid recipients will result in many negative consequences, grow our government, burden the Idaho taxpayers with the costs of bureaucracy, and add a second gap of uninsured Idahoans.

This proposed legislation creates one-size-fits-all work requirements that don't adequately reflect Idaho's workforce. The hours I worked 10 years ago during my treatment would not be sufficient for the work reporting requirements in this legislation. In today's environment, workers who fall within the gap and who have no control over their work schedules could be denied healthcare coverage by the state of Idaho due to job and life situations that are out of their control. My difficult situation will be nothing compared to the stories of those in the second gap created if barriers are added. Please vote no on this bill.

Once again, vote NO on HB 277.

Sent from my iPhone

Margaret Major

From: Denise Myler <dmyler5@gmail.com>
Sent: Tuesday, March 26, 2019 9:53 PM
To: Margaret Major
Subject: Written Testimony on HB 277

Chairman Fred Martin, Vice Chair Mary Couze and Fellow Members of the Senate Health and Welfare Committee,

I am Denise Myler, 3698 Heartland Circle, Ammon 83406.

I opposed to House Bill 277 which repeals 61% of Idahoans vote for a clean Medicaid Expansion.

Idahoans have voiced their support for Medicaid Expansion in recent polling. The GS Strategies poll shows 74% of Idahoans feel the Legislature should implement the Medicaid Expansion law just as it was passed. Another poll shows 72% of Idahoans oppose taking away health coverage from Medicaid participants who do not meet work reporting requirements. There also, is no guarantee that Idahoans with Disabilities will not be affected by the work requirements. It makes no sense to impose restrictions that only creates a new coverage gap.

HB 277 will cost Idaho in untold administrative costs in establishing work requirements program and legal battles defending work requirements in the Courts.

I do like that House Bill 277 is authorizing the Department of Health and Welfare to seek additional waivers for Mental Health Services which Idaho badly needs.

I would Senate Bill 1204 by Chairman Martin instead of House Bill 277.

Thanks,
Denise Myler
3698 Heartland Circle
Ammon, 83406

Margaret Major

From: Jimandritamae <jimandritamae@aol.com>
Sent: Tuesday, March 26, 2019 9:20 PM
To: Margaret Major
Subject: Public Testimony, March 27, Senate Health & Welfare Hearing - HB277 Medicaid Expansion

Chairman Martin and Committee

Thank you again for allowing public testimony on yet another proposed Medicaid Expansion bill.

As pointed out by many who testified on HB249 on March 7 and March 20 on the current proposed legislation before you, this bill is:

- Even more administratively laborious;
- Costly to implement and maintain;
- Likely to create a greater healthcare gap;
- Impossible for those in need to comply with; and,
- Most certainly not what the majority of Idahoans voted for.

The same proponents of work requirements and other sideboards on Medicaid expansion are also the same who argued that expansion was too costly; why then, add requirements that would cost a great deal more than the original "clean" legislation. The legislature has power to amend or delete any statute during any session; why not pass a clean, or relatively clean, version of Prop 2 and if it proves to be a blunder, next session you can say "Idaho voters, please note, that indeed you are not able to make wise decisions and now we, your representatives, must fix this."

I know that this session is well into the eleventh hour and there is much disparity between HB277 and SB1204. Out of respect for your constituents, however, I respectfully request this committee reject HB277 and advocate for the passage of SB1204; even if it requires an extension of this session.

Respectfully submitted,
Rita Sherman
8377 Willowdale Dr.
Garden City, ID

"Success is not Final. Failure is not Fatal. It is the Courage to Continue that Counts." Winston Churchill

Margaret Major

From: Charlotte Ash <cmash@cableone.net>
Sent: Tuesday, March 26, 2019 5:47 PM
To: Margaret Major; Representative John Vander Woude
Subject: WORK REQUIREMENTS FOR MEDICAID

Importance: High

Honorable Members of the Health & Welfare Committee and Representative Vander Woude:

Work requirements for Medicaid in other states, such as Arkansas, have proven to be unsuccessful and unduly burdensome upon the most medically needy. This will be true in Idaho as well. In addition, it will require the state to spend millions of dollars annually just to monitor such a program. Millions of dollars better spent on the health and success of all Idahoans.

The **burden of reporting** under the Medicaid work restrictions alone will affect the most fragile and least employable, and will, as it did in Arkansas, result in more people being taken **off** of Medicaid than being covered by Medicaid. **And those people will be the ones most in need of it.** How can we turn our back on those for whom Medicaid was, indeed, created by requiring them to face yet another brick wall, obstacle, and burden set upon them?

Most people who are eligible Medicaid in Idaho are already employed. They are employed in low hourly wage jobs that will never help them break the cycle of poverty. And those who cannot be employed due to transportation barriers, educational barriers, technology barriers, and physical barriers, will have to navigate a **cumbersome and confusing exemption process**—even further exacerbating their poverty, and their feelings of isolation and helplessness. The suicide rate in rural Idaho is atrociously high now. This will, surely, make that sad statistic even worse.

One in three Medicaid adults in the U.S. **never** use a computer or the Internet. And four in ten do not email. The rates for rural Idaho are most likely worse than that. Even if they are employed, these enrollees would face **unfair technological barriers in complying with work reporting requirements** in order to maintain coverage.

Idaho's 35 rural counties are home to 32 percent of the population. Where will they find jobs? The unemployment rate in rural Idaho is higher than its urban areas. And what kind of jobs will they find? Unskilled work, mostly, if that, as **12.6% of rural Idahoans have not completed high school.** Having a high school diploma is a basic requirement for nearly every job, even those of skilled labor.

And how can they get to work? Most rural and low-income Idahoans depend on family & friends for shared transportation, which often leaves someone without a need met. There are rare instances of bus service in rural areas of Idaho, and there is spotty bus service, at best, in most counties with mixed metropolitan and rural populations. **Transportation is and has been for many decades one of Idaho's biggest weaknesses.**

And these are new problems added to the usual ones: living in poverty even though working; living in a state of constant financial instability; likely already having poor health as a result of low-income status; lack of appropriate and adequate housing; and food insecurity.

And we have not even addressed the already existing illnesses and disabilities of these Idahoans, many suffering from mental illness, physical impairment, and social isolation.

Margaret Major

From: Bryn Ballenger <brynballenger@yahoo.com>
Sent: Tuesday, March 26, 2019 5:00 PM
To: Margaret Major
Subject: Public hearing on HB 277 written testimony

Hello,

Please vote NO on HB 277.

I will personally fall into the secondary gap. I am already financially drained from medical expenses due to an unforeseen retinal detachment and 5 surgeries. Left with no vision in my left eye and limited work options, 2019 should allow me to recover and start replenishing my funds. Not draining them with continued medical expenses because Medicaid will hold strict working requirements. I am 42 and should have the option to recover.

Thank you!!

Bryn Ballenger

Sandpoint, Idaho

HB 277 will create a secondary coverage gap.

- Idahoans who face a job loss, cut hours, or who can't navigate the bureaucracy will fall into a secondary coverage gap. Idahoans between 100% and 138% of the federal poverty level are also at risk of falling into the secondary coverage gap because of the 'family glitch' (see#3 below).
- In Arkansas, a similar monthly reporting requirement led to 87% of people who were subject to the requirement losing coverage. Many were working but could not navigate the rigid online reporting requirements, which were especially challenging for rural residents.
- Idahoans in the secondary coverage gap will continue to be stuck in our costly crisis care systems. This will be an ongoing drain on tax dollars and put pressure on struggling rural hospitals, while also driving up health insurance premiums in the private market.

Margaret Major

From: elinorchehey <elinorchehey@gmail.com>
Sent: Tuesday, March 26, 2019 3:32 PM
To: Margaret Major
Subject: Please vote No on H 277

People who complain about the growth of Medicaid expense over the years forget that the increase comes largely from the increase in the number of old people in nursing homes who have outlived their savings. If they own a house, the State can recoup part or all of that expense when the surviving spouse dies.

Elinor Chehey
617 N. Ross St.
Boise, ID 83702

Sent from my Galaxy Tab® A

Margaret Major

From: Katrin Lepler <nirtak@gmail.com>
Sent: Wednesday, March 27, 2019 10:48 AM
To: Margaret Major
Subject: Public Testimony, March 27th Senate Health and Welfare hearing

Please find the time to familiarize yourself with SB1204, Senator Martin's Medicaid Expansion bill, so that you can support it. After the six long years of legislative inaction on this crucial issue affecting the lives of 62,000 fellow Idahoans, I hope you will quickly see how this bill will implement Medicaid in the way we voted to in November -- with great benefits to the state, to individuals, and to organizations.

Implementing Medicaid Expansion under SB1204 will save lives and tax dollars and bring in new revenues to Idaho. Unlike the bad bill, HB277, there are no forced work requirements or FPL cutoffs to cost us more money and continue leaving people in the gap. Thank you for voting with the other senators already, to fund this kind of straightforward expansion. It looks like this senate bill can finish the job.

I also see that in the Post Register, Governor Little is quoted describing exactly the kind of Medicaid Expansion bill he will sign: not overly complicating the implementation, not running up excessive new costs, and not still leaving a large gap. Those criteria are completely violated by HB277. On the other hand, SB1204 will likely meet them all, allowing for a quick passage and signing so we can move forward to the goal we all -- I hope -- desire, namely an efficient and cost-effective access to healthcare for every citizen of this state.

I highly recommend talking to Luke Mayville who initiated expanding Medicaid in a selfless campaign trying to help the people of Idaho while pushing our economy forward. You can reach him at lukemayville@gmail.com. Luke is probably one of the most knowledgeable people on the topic of Medicaid Expansion for Idaho and the difficulties of carrying out citizen initiatives.

Reading Sen. Britt Raybould's column in the Post Register might also give you the perspective of a Senator deciding what is best for the taxpayers:

https://www.postregister.com/opinion/guest_column/why-i-voted-against-sideboards/article_a0f42abb-4ed0-514a-aec0-a14710689fd9.html

Please look at the cost calculation in this link:

[https://gallery.mailchimp.com/5b17bd8d6398896902f79aad2/files/eb4c2fe1-9003-4eee-b63b-1117ad20efb4/HB277 could cost more than 30 million more vs SB1204 ICFP March 2019.pdf](https://gallery.mailchimp.com/5b17bd8d6398896902f79aad2/files/eb4c2fe1-9003-4eee-b63b-1117ad20efb4/HB277%20could%20cost%20more%20than%2030%20million%20more%20vs%20SB1204%20ICFP%20March%202019.pdf)

I thank you for not putting a bigger burden on the taxpayer while at the same time saving lives by voting against HB277 and instead voting for SB1204.

Best,
Katrin Lepler
3770 Creekside Drive
Idaho Falls, ID 83404

Margaret Major

From: Hannah McGonigal <hrmcgonigal5@gmail.com>
Sent: Wednesday, March 27, 2019 10:50 AM
To: Margaret Major
Subject: Public Testimony, March 27th Senate Health and Welfare Hearing

Medicaid expansion is the law of the land in Idaho. The explicit will of voters in the state by a large majority. Please reject and vote no on reporting requirements or restrictions to this. It is harmful to the state and there is no justifiable reason to place any barrier to health care access on the residents of out state. It is well known that the funds have already been identified for the expansion-a primary reason it received the support it did in November. Please listen to those you represent.

In consideration of the Bills at hearing I would like to mention that recent fair factual analysis shows that HB277 could bring a cost of \$30 million annually for now good reason. While I am not at all in favor of making any changes to existing law, if there is no other course I ask that you at least only support SB1204. There is no question it is a much less harmful piece of legislation and much closer to what voters implemented. Thank you.

Sincerely,

Hannah McGonigal
Boise

Margaret Major

From: Dennis Sutton <suttdenn@gmail.com>
Sent: Wednesday, March 27, 2019 11:00 AM
To: Margaret Major
Subject: Public Testimony, March 27th Senate Health and Welfare hearing

I strongly urge the rejection of HB277 and support your bringing SB1204 to an affirmative vote instead. It is a far more conservative and effective plan for Idaho.

I agree with Rep Raybould's statement in the Post Register.

https://www.postregister.com/opinion/guest_column/why-i-voted-against-sideboards/article_a0f42abb-4ed0-514a-aec0-a14710689fd9.html

Please vote NO on HB277 and YES on SB1204.

Thank You
Dennis Sutton
1517 Fairmont Dr
Idaho Falls, ID 83404

--

Dennis Sutton
(208) 528-6209

Margaret Major

From: Brie Katz <briekatz@gmail.com>
Sent: Wednesday, March 27, 2019 11:02 AM
To: Margaret Major
Cc: Hillarie Hagen
Subject: Public testimony on HB 277 written comments
Attachments: HB 277 3_27_19 Testimony.docx

Hello Ms. Major, Sadly, I am unable to attend the hearing today, but below (and attached) please find my written testimony for HB 277. Thank you, Brie Katz briekatz@gmail.com 646.265.6816 2202 N. 9th St / Boise ID / 83702 ----- Sadly, I'm unable to testify in person today. Thank you for accepting my written testimony.

My name is Brie Katz. I'm a 37 year old Boise resident and Medicaid recipient, currently receiving chemotherapy treatment for stage 3 breast cancer.

I've testified here before, and it's my understanding that no Representative sitting in the hearing today, or any member of the state legislature at large, is on Medicaid, so I sincerely appreciate the opportunity to speak for myself, as a Medicaid recipient, and speak on behalf of people who have a dramatically different life experience than you, as Representatives do.

Passing HB 277 is a blatant sign of disrespect and disregard for the people of Idaho. The bill is in direct opposition to the will of voters and it inhumanely creates a secondary coverage gap for residents in an already marginalized position.

However, it is equally - if not dramatically more - irresponsible and damaging from a cost and bureaucratic standpoint to pass HB 277. Which also clearly goes against the fiscal ideology most if not all of the Representatives supporting this bill.

Based on what is actually happening in other states, HB 277 will create inefficiencies in our state government and unnecessarily increase costs to the state and residents of Idaho.

HB 277's partial expansion could reduce Idaho's match rate, the reduction of which is not accounted for in the fiscal note, and could cost tens of millions that would be better spent on initiatives that actually have a chance at making a positive impact to the state, fiscally and socially.

HB 277 is likely to entangle Idaho in expensive lawsuits and also be struck down by the courts. Which, again, wastes time and money on a massive scale.

Lastly, HB 277 is going to keep costs escalated for folks who fall into the secondary coverage gap, and Idaho will miss out on the cost savings of the proactive versus reactive healthcare that clean Medicaid expansion enables.

Whatever ulterior motives are driving this bill forward, I urge you to consider doing right by the people who voted you into office, and to do right by our state financially, and passing a clean Medicaid expansion.

To: Idaho Legislators, The Office of the Governor, The Idaho Department of Health and Welfare

From: Jim Baugh, JD, DisAbility Rights Idaho

RE: HB 277 and Risk of Federal Litigation

Legal Analysis of Idaho's Medicaid Work-Reporting Requirements Proposal

Jane Perkins, Legal Director for the National Health Law Program (NHeLP), the lead counsel in the Arkansas and Kentucky work requirements cases, provided the below responses to our questions about Idaho House Bill 277, legislation to add work requirements and other harmful barriers to coverage to Idaho's Medicaid expansion law.

Question: What is the current status of work requirements litigation?

Jane Perkins: Kentucky's work requirements were already struck down once in federal court. On March 27th, the Kentucky work requirements were struck down once again as were the Arkansas requirements; both programs have been halted and remanded to the Secretary of Health and Human Services.

NHeLP also filed litigation on March 20 against the New Hampshire work requirement program. That case is before the same federal judge that decided the Arkansas and Kentucky cases.

Question: What is the basis of the legal argument in the current and previous work requirement lawsuits?

JP: Medicaid is authorized in federal statute as a program to furnish medical assistance, in the form of insurance coverage to low-income people whose income and resources are insufficient to meet the costs of medically necessary health care. The Centers for Medicaid & Medicare Services (CMS) has federal authority to issue waivers and approve state experiments but those experiments must be likely to promote the Medicaid Act's objectives. The complaints argue that approving mandatory work requirements is inconsistent with the goal of furnishing medical assistance.

Question: Why can work requirements be used in safety net programs like TANF and SNAP but not for Medicaid?

JP: TANF and SNAP are also part of the social safety net, but they operate under different statutes with different purposes. Unlike Medicaid, those statutes include returning recipients to work as a program objective and, thus, include highly detailed work requirement provisions.

Question: How has NHeLP engaged in states with work requirements?

JP: Health advocates in states that are considering and implementing work requirements have been enlisting the National Health Law Program to help them monitor developments and consider all applicable enforcement and litigation avenues. We are also co-counseling the cases in Kentucky, Arkansas, and now New Hampshire.

As these cases have been working their way through the courts and as more and more research is being published, states across the country have abandoned their work requirement programs, recognizing that these provisions hurt rural residents, threaten hospitals, and expose the state to litigation. Maine, Wyoming, and West Virginia are all pursuing work promotion programs instead. Iowa has also shelved consideration of work requirements at least for now.

Question: What action might NHeLP take in Idaho if work requirements are enacted here?

JP: NHeLP believes work requirements are illegal and would work with state partners to monitor and consider enforcement options.

Margaret Major

From: mexicoigm <mexicoigm@gmail.com>
Sent: Tuesday, March 26, 2019 5:21 PM
To: Margaret Major
Subject: BILL 277

Please support this Bill 277.

Margaret Major

From: DIANNA@DOWNATOURHOUSE.COM
Sent: Monday, March 25, 2019 10:22 PM
To: Senator Fred S. Martin; Senator Lee Heider; Senator Mark Harris; Senator Van Burtenshaw; Senator Mary Souza; Senator Abby Lee; Senator Regina Bayer
Cc: Margaret Major
Subject: House Bill 277

Dear Senator Martin and All,

Please vote yes on house bill 277.

It is my understanding that a yes would prevent my tax dollars from funding Planned Parenthood, and I hope other organizations, who validate the killing of our most vulnerable population – the unborn.

I have 3 adopted, now adult, children who all have Down syndrome. God bless their mothers and those who encouraged them to give life to these amazing individuals who have done more for us than we could ever give them.

Thank you,
Dianna L Brown

Margaret Major

From: gina pannell <gina.m.pannell@gmail.com>
Sent: Tuesday, March 26, 2019 11:49 AM
To: Margaret Major
Subject: Public Testimony, March 27th Senate Health and Welfare hearing

Good greetings Chairman and members of the Committee. My name is Gina Pannell, and I am a resident of Boise and a public health professional. I am testifying to ask you to vote **NO on HB 277**. Work requirements would add \$30 million to partially repeal Medicaid expansion while causing a secondary coverage gap. This was not the will of the voters and is not in the best interest of the public's health. This bill directly impacts individuals in our state who need basic access to healthcare. Other states that have imposed work requirements have caused thousands of previously insured residents to lose coverage and added an undue administrative burden. This bill disproportionately affects working families, caregivers, and individuals with chronic diseases. I ask you to consider the factors that YOU believe are attributed to people living in poverty. Who is deserving of care? By voting **NO on HB 277** you are demonstrating to your constituents that all are deserving. At the same time you are refusing to use work requirements as an economically-burdensome and ineffective attempt to empower the poor.

Respectfully,

Gina Pannell

Margaret Major

From: Candy Harris <candygirlgotu@outlook.com>
Sent: Tuesday, March 26, 2019 1:44 PM
To: Margaret Major
Subject: Public Testimony March 27, 2019

RE: HB277

Dear Legislators

Please do not pass the Partial Repeal of Medicaid Expansion.

This bill will cost the State a horrible amount of money and the ones who will pay are the taxpayers and the innocents who do not have health care services.

I have worked within the field of disability since 1987 as a Rehabilitation Teacher for the Blind and Visually Impaired. I have talked with literally thousands of the blind, taught them to become independent, find community services, etc.

I'm sure you know that even when qualified for SSDI the client usually has to wait two years to receive Medicare and in only the most dire of circumstances does a person qualify for Medicaid.

Never in my years of experience with the Idaho, Regional, and National citizenry have I ever heard anyone say "Man, I am so glad I can't get medical insurance even though I'm working at 'Wendy's, Walmart, State of Idaho',ETC. Part-time workers, contract workers, low income workers, and those who are self employed usually can't afford the premiums. That's why we voted to Close the Gap.

Sincerely,

Candy Harris

1307 S. Zola St.. Boise, ID 83705



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AGENDA
SENATE HEALTH & WELFARE COMMITTEE
10:00 A.M.
Room WW54
Friday, April 05, 2019

SUBJECT	DESCRIPTION	PRESENTER
S 1204aa,aaH	Medicaid Sideboards Bill Pursuant to Officially Receiving S 1204aa,aaH	To Be Determined

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Martin	Sen Burtenshaw
Vice Chairman Souza	Sen Bayer
Sen Heider	Sen Jordan
Sen Lee	Sen Nelson
Sen Harris	

COMMITTEE SECRETARY

Margaret Major
Room: WW35
Phone: 332-1319
email: shel@senate.idaho.gov

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Friday, April 05, 2019

TIME: 10:00 A.M.

PLACE: Room WW54

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

ABSENT/ EXCUSED: None

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 Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 10:10 a.m.

S 1204 AA, AA H **S 1204aa, aaH** was before the Committee for consideration of the amendments. **Chairman Martin** announced that the hearing would be slightly delayed pending receipt of requested information. He announced that the Committee would not hear further public testimony, but if a Committee member had a question for any expert in attendance, they were welcome to pose that question. He further announced that Vice Chairman Souza offered to walk the Committee through the amendments. He informed members that a draft of the bill—not the official, engrossed bill—was included in their information packets.

Senator Jordan expressed concern about the lack of public testimony because the amendments that they were being asked to concur on were drafted with no public testimony and no public process.

MOTION: **Senator Jordan** moved, pursuant to Senate Rule 20(D), that the Committee accept public testimony for the limited purpose of addressing the amendments on which the Committee was being asked to concur. **Senator Nelson** seconded the motion.

DISCUSSION: **Chairman Martin** requested clarification from Senator Jordan on the motion. **Senator Jordan** clarified that her motion was very narrow for the purpose of the public being able to address the amendments on which they were being asked to concur, since the amendments had not been subject to any public testimony.

Vice Chairman Souza expressed concern with the motion, not only in the interest of time—the floor is recessed while waiting for this Committee's decision—but because concurrence of amendments is not typically a public testimony opportunity. The public has been over this bill and earlier iterations many times. These amendments represent small changes introduced by the House just yesterday and are not in front of the public. They do not have a copy, and have not had time to read and digest the information. In that regard, the testimony would be the same testimony the Committee has heard on the topic as a broad subject. Before the Committee today are the very specific changes that were made by the House. She recommended that the Committee not allow public testimony at this time.

Senator Jordan reported that the amendments were posted online late yesterday afternoon, so the public has had ample time to see what the changes are, and are completely capable of crafting a narrow testimony to only those changes.

Chairman Martin announced that the current Committee action falls under Senate Rule 14(F), which is silent on public testimony.

Senator Jordan clarified that the rule she stated was Rule 20(D), that all committees of any standing, select, or special committee, shall be open to the public at all times and any person may attend any hearing of such committee, but may participate in the committee only with the approval of the committee itself. And that is the approval that her motion seeks (see Attachment 1 for submitted written testimony).

VOICE VOTE: The motion to allow public testimony failed by **voice vote**.

DISCUSSION: **Vice Chairman Souza** presented the amendments to **S 1204aa, aaH** and spoke specifically to the changes that made this bill slightly different than the original **S 1204**. She explained the various language changes which concerned tax credits, a federal waiver, and allowing people to stay on the exchange rather than enrolling in Medicaid.

Senator Lee asked if the state would pick up the advance premium tax credit if there was a change in cost, and if there was a substantive change in language regarding who would pick that up. **Vice Chairman Souza** clarified that the languages states they would continue to get the subsidized tax credit coverage from the federal government. This will not obligate the state to pay for the subsidized health care plans.

Senator Lee commented that as she understood it, the waiver would allow those individuals to opt in to Medicaid if they wanted to, or they could stay on the exchange. She recalled that the Committee had looked at that language and previous versions of bills, and it seemed that the state would assume the advanced premium tax credit. She asked for reassurance that the bill did not create a scenario where the General Fund had to assume the advance tax credit if individuals chose to stay on the exchange. **Vice Chairman Souza** replied that Idaho would not need a waiver if the state was going to pick up the subsidy: the waiver is asking the federal government to continue to cover that cost. If the waiver is granted, those people may stay on the exchange if they so choose.

Senator Harris noted that the January 1, 2020 implementation date does not align with the November, 2019 open enrollment date and asked for an explanation. **Vice Chairman Souza** confirmed that January 1, 2020 is the date that the Medicaid expansion program begins, though enrollment starts ahead of that. In follow up, **Senator Harris** pointed out a conflict in the sequence of events related to when an individual has to apply for Medicaid and when they know they will be eligible or exempt from the waiver. **Vice Chairman Souza** stated she did not believe it created a conflict, speculating that the Department of Health and Welfare (Department) would notify in advance that population to which this waiver has been applied. If the waiver does not get approved, those individuals would be moved on to Medicaid.

Senator Jordan said she understood what Vice Chairman Souza is stating: that it would be a functional change for people who are already enrolled on the exchange. But this language reads to cover the entire eligible population and there would be no way for the Department to contact those people, because they will not know until they begin enrolling in Medicaid who those people are. By January 1, 2020 they will have missed the enrollment period for the exchange. That is the concern about this language. **Vice Chairman Souza** replied that she did not believe that this language was different than the language in any other legislation having to do with this population and Medicaid expansion. The Department will implement this according to their methods and rules will be promulgated so that this population will be told about their options when they do enroll. When they come to enroll in Medicaid and they are in the population that is 100 to 138 percent of federal poverty level, they will be informed that they have a choice to be in Medicaid or to be on a subsidized policy on the exchange.

Senator Jordan requested clarification from the Department to make sure enrollees will in fact have a choice given concerns about the effective date.

Lori Wolff, Deputy Director for the Department, confirmed that the Department determines the tax credits for individuals on the exchange, under the umbrella of Department eligibility. Open enrollment begins in October as the renewal period for individuals already eligible on the exchange. The Department has to interface with the Internal Revenue Service (IRS) to determine if individuals are still eligible. They run those eligibility files and send them to Your Health Idaho prior to November 1, full open enrollment, so that individuals selecting their plan for the following year—in this case 2020—will know what their tax credit is before they go select their plan. Between November 1 and December 20, they can select a plan that will start January 1. To keep them on the exchange for plan year 2020, the Department would need to know whether or not this waiver is approved in order to determine their eligibility for the tax credit, prior to the month of October. The alternative would be for the Department to assume that they are eligible for Medicaid, and if the waiver were approved sometime before January 1, 2020, the Department would have to go back and redo it. The Department cannot grant a subsequent open enrollment period, so would need approval of this waiver prior to October 1, 2019.

Senator Jordan expressed concern that, if the choice between the exchange and Medicaid is to be offered to every participant, people new to the program would not be able to opt for enrollment on January 1, 2020, and would have to wait until the following year. **Ms. Wolff** confirmed that Senator Jordan's understanding of the issue was correct and it is why the Department must have an answer from the federal government on this waiver by October; so that in November, the Department could determine if new applications are eligible for Medicaid or for a tax credit and give them the choice during the open enrollment period.

Senator Lee commented that the Committee has had extensive conversations about the tax credit. In a previous version of this bill, an individual would go on Medicaid and could then opt out. If they opted out in order to stay on the exchange, then the state would pay part of that tax credit. Senator Lee asked Ms. Wolff if this new version of the bill substantively changes any of the state's liability. **Ms. Wolff** explained that the section of code the Department would be requesting the federal government to waive is 36 B of the IRS regulations, which state an individual cannot be eligible for a tax credit if they are eligible for Medicaid. Under this language, the Department would expand Medicaid up to 138 percent of the federal poverty limit and determine them eligible for the tax credit first, and then second, give them a choice for Medicaid. The Department would ask the federal government to change that law. In order for them to approve that waiver, the Department would have to show cost neutrality which will be part of the challenge: demonstrating to the federal government that it is cost-neutral not just to the state, but for the federal government to enroll them on the exchange instead of Medicaid. The Department will have to conduct an actuarial analysis to support that. If it finds that it does cost more, the federal government would respond that in order to make implementation of this waiver cost neutral, the state must direct funds to cover implementation.

Chairman Martin noted the difficulty for an individual already on the exchange to make a decision when the waiver hasn't been granted yet. **Ms. Wolff** agreed that open enrollment would be challenging for those individuals between 100 and 138 of the poverty level if the Department has not yet received waiver approval from the federal government. It is why the Department, and Legislature, must make every effort to move this forward to obtain that decision. If the Department has not received a decision yet from the federal government, it will have to project eligibility for January and assume that this population's eligibility will be to Medicaid. As the Department undertakes the renewal process for individuals on the exchange that are eligible for the tax credit, it would have to assume eligibility for Medicaid. The Department would not determine them eligible for a tax credit and they would get a notice telling them they are eligible for Medicaid. This timing issue is why it is so important that the Department receive waiver notification by October 1, 2019.

Vice Chairman Souza asked if there would there be any consideration for that population during this first year of this program if the waiver approval came after October, for example a special open enrollment period. **Ms. Wolff** offered that the Department could include that as a condition in the waiver, but would also need federal approval for that. It presents a significant challenge given that there is a Medicaid program available and that population would be covered under it. The only time a special enrollment period is granted is when someone loses coverage.

Vice Chairman Souza expressed her hope that if the waiver response did not arrive in time for open enrollment but was approved in late December, that it would still be possible to have a special enrollment during the January timeframe allowing coverage under Medicaid for a short while, and the option to transition back onto the exchange. **Ms. Wolff** reiterated that the Department would still have to have approval from the federal government, including the IRS, in order to offer a special enrollment period

Senator Jordan asked Ms. Wolff to explain the typical timeline and process for receiving federal permission. **Ms. Wolff** explained that the Department has never submitted this kind of waiver request. She was unable to speculate that timeframe but stated the Department would utilize actuarial assistance to hopefully speed up the approval process and would include the special enrollment period as a condition in the same application.

Chairman Martin invited Vice Chairman Souza to continue with her description of the amendments. **Vice Chairman Souza** stated that the only other change in the House amendments relates to work requirements. The language requiring 20 hours per week is the same as in earlier versions of the bill, the change is in the reporting, which will now only be required every six months. Individual will have to comply with that requirement, or comply with a work-training program 20 hours per week, volunteering 20 hours per week, or be enrolled in postsecondary education or another recognized education program for 20 hours per week.

After a question from Senator Bayer, **Vice Chairman Souza** clarified that any combination of working, volunteering, or participating in a work program, for a total of at least 20 hours per week as determined by the Department, or subject to and complying with requirements of the program for Temporary Assistance for Needy Families (TANF), or participating and complying with the requirements of a workforce program in the Supplemental Nutrition Assistance Program (SNAP) is allowed.

Vice Chairman Souza indicated that an individual who does not comply with the work requirements shall be ineligible for Medicaid, but may reapply for Medicaid two months after such determination is made, or earlier. **Vice Chairman Souza** stated that House members informed her that reapplication could occur the very next day, if they come into compliance through the options listed. If the provisions of this language are not federally approved, or are found to be unlawful by a court of competent jurisdiction, they would be subject to the maximum allowable copayments on covered Idaho Medicaid services for a period of six months, or until the person complies with the work requirements. House members wanted to include in their amendment that if a participant does not fulfill the work requirement, they will come off of Medicaid for a short time. They can get right back on at any time that they comply. There is a 90 day clawback that is already the standard in the Department, and is not changed by this legislation. This clawback applies to any healthcare costs that a person incurs during any time that they are off the Medicaid program. When they reapply or come back into compliance, that clawback is in effect and the provider(s) would not be responsible; Medicaid would pick up the cost.

Senator Jordan asked if, during the period of time that a person is kicked off Medicaid for noncompliance, and understanding there is a clawback, this would still impact catastrophic funds for reimbursement of medical care in the event of a medical emergency. She inquired how that impacts savings to those same programs that we intend to draw funds from to partially fund Medicaid expansion.

Vice Chairman Souza noted that healthcare billing is typically delayed by months and she believes the Department would expedite the clawback provisions and any indigent and catastrophic funds, if impacted at all, would be reimbursed rapidly.

Senator Harris inquired where the two-month limit originated. **Vice Chairman Souza** stated that she was not sure, but speculated it was to accommodate the 90-day clawback with a safe margin. In follow up, **Senator Harris** asked for the assistance of the Department to provide further insight on the two-month limit, wondering if it was found in other states and how the Department would implement it.

Ms. Wolff explained that she could not speak to the intent of the bill writer, but it is one of the challenges that the Department would have to reconcile. The language states they will be ineligible for Medicaid, but may reapply for Medicaid two months later. It does not indicate that they would be eligible if they do not meet the requirements in the work requirements section (paragraph A). Paragraph A states that they must be meeting requirements in order to participate in the Medicaid expansion program, and they can submit an application, but they may not be eligible unless they are then complying with those requirements. She emphasized again that she would have to defer to the bill writers. **Vice Chairman Souza** responded that the bill states the Department will promulgate rules on the waivers and also for the implementation of these sections. The details of how this would work will be promulgated through the Department's rulemaking process.

Senator Bayer inquired if the open enrollment period has any relationship to this two-month reapplication timeframe. **Ms. Wolff** explained that the open enrollment period only applies to individuals with private insurance and the tax credit, who have purchased that private insurance on the exchange. There is no open enrollment period for Medicaid.

Vice Chairman Souza stated that based on the recent court decisions this waiver is unlikely, but the House felt it was important to include this language and that this waiver should be requested. She explained that if the federal government denied the waiver, Medicaid would revert to the copay system that was in the previous version of this bill.

Senator Jordan inquired if the cost of administering a reapplication and the potential removal of people from Medicaid is included in the latest fiscal note. **Vice Chairman Souza** restated that rules are to be promulgated by the Department. Individuals do not have to stay off of the program for two months—they can get right back on if they fulfill the work requirements, and the cost of that reapplication process would be part of the administrative costs found under the work requirements on the fiscal note.

Senator Jordan inquired about a language change on page 3, line 9, that describes those who are exempt from provisions in the paragraph and certain qualifications: the old language, "physically or intellectually unfit for employment" has been replaced with "physically or intellectually unable to work." There is some concern about whether that includes, or excludes, people with mental illness. Their coverage is a big piece of Medicaid expansion benefits. She requested the legal definition and how it is determined that a person is unable to work. **Vice Chairman Souza** acknowledged that it is an important change, but not substantive. Stylistically it is better because the word "unfit" has a negative connotation compared to "unable." **Vice Chairman Souza** did not know what the legal definition for "unable to work" was and suggested the Department might have that. **Ms. Wolff** stated that typically, the Department allows the individual's medical provider to define whether they are able to work. If a medical provider determines that their patient is not able to work, the Department uses that as validation for an exemption.

Senator Lee requested the Department's perspective on language for an American Indian or Alaska Native, noting it appears to be a different standard. She asked for confirmation that we currently do not negotiate separately with our tribes or Native Alaskans, as far as Medicaid coverage. **Ms. Wolff** replied that the Department does engage with the tribes whenever there are changes to coverage and negotiated rulemaking, but does not necessarily negotiate separate rules for them. In follow up, **Senator Lee** expressed concern about adding language to policy that creates a separate status and expectation and wondered if consideration had been given to how it might affect our state Medicaid policy. **Ms. Wolff** responded that the Department has work requirements in SNAP. The language is a little different than this bill and the Department does not exempt American Indians or Alaska Natives. However, if they are referred to the Department's work and training program they can instead choose to participate in a program organized by the tribes.

Vice Chairman Souza notified the Chairman that she had a letter from all of the tribes here in Idaho and was prepared to use it on the floor during debate, but offered to introduce it in this hearing. **Senator Jordan** made a point of order that it is not part of the amendments that the Committee is debating on whether or not to concur, and suggested the floor was the better place to address it. **Chairman Martin** allowed reference to the letter. **Vice Chairman Souza** stated she would proceed with the letter simply for the benefit of the public in attendance to assist in their understanding of the process. The letter, dated April 3, 2019, represents all five of the tribes in Idaho. A couple months ago, The Centers for Medicare & Medicaid Services (CMS) approved an amendment for the state of Arizona, which included a tribal exemption from work requirements. The American Indian and Alaskan Native populations are treated distinctly under the ACA, which makes it appropriate for states to implement ACA programs to mirror that treatment.

Chairman Martin asked **Vice Chairman Souza** to speak to the fiscal note. She stated it was her understanding that the wording of the reporting mechanism included in these amendments is more streamlined and aligned with SNAP requirements, therefore reducing the cost for the program itself and for oversight reporting. The ongoing state cost portion is just under \$500,000. Onetime expenses from the General Fund are estimated at \$367,500 to set up the systems associated with this action as well as the number of full-time employees needed. She cautioned that these are extremely loose estimates since there is no way to know how many people will sign up to be on Medicaid with the expansion. The Department does not know how many will qualify under the expansion or how many will be exempt from the work requirements. The fiscal note is based on the best information available. The information was provided by Jared Tatro, Principal Budget and Policy Analyst for Health and Human Services, in the Legislative Services Office.

Senator Jordan again asked, in regard to the fiscal note, that the Committee speak only to those areas that apply to the amendments with which they were being asked to concur and to save the rest of the debate for the floor.

Senator Jordan asked Mr. Tatro for confirmation regarding the fiscal note. It indicates almost \$1.5 million as the federal portion of implementing the work requirements. In other states, with or without waivers approved, federal dollars were not approved to use for those waivers, or if they were, it reduced their match rate. If this waiver is approved, but the state is not approved to use those federal dollars, that appears to be an additional \$1.5 million on top of the almost \$3 million cost of this program.

Mr. Tatro explained that the Department's self-reliance positions in the Division of Welfare are not just trained for Medicaid work requirements, they are also trained in SNAP so when a call comes in staff can handle any eligibility question. As a result, it is difficult to separate out staff cost allocation. The federal government covers some of the staffing cost, as well as some of the development and waiver cost.

Senator Jordan asked Mr. Tatro to confirm that if the state went with a clean expansion and did not have work requirements, and the administrative costs related to people being kicked off of and going back onto Medicaid, there would be another \$1.5 million in federal dollars that could go straight into healthcare provision. **Mr. Tatro** was unsure if not having the work requirement waiver would necessarily put more money into the system.

Chairman Martin reminded the Committee that their responsibility at this time is to either concur with the House amendments or not concur. The Committee is asked to return to the floor shortly with a statement about concurrence. At that time, Senate Leadership will decide when to debate **S 1204aa, aaH**.

Senator Jordan inquired if there would be separate motions for each of the three proposed amendments. **Chairman Martin** ruled that the Committee needs to simply concur with the House and would do so in one motion unless there were objections. Hearing none, he stated that a motion is in order.

MOTION: **Vice Chairman Souza** moved that the Committee **concur** with the House amendments to **S 1204aa**. **Senator Bayer** seconded the motion.

SUBSTITUTE MOTION: **Senator Jordan** moved that the Committee **not concur** with the House amendments to **S 1204aa**. **Senator Nelson** seconded the motion.

DISCUSSION: **Senator Jordan** stated that there are way too many concerns, especially with the amendment to Section I, to be able to go forward at this time. She expressed grave concerns about pulling people off Medicaid based on work requirements that have driven several states into court. Further, the added costs of these amendments are far beyond what a clean expansion would cost.

Vice Chairman Souza emphasized that the House only made some small changes that do not change the nature of this effort. She stated that if this Committee takes action to radically change or defeat this bill, the House is still holding the funding bill for Medicaid expansion. We are a bicameral system and should consider that functional reality.

Senator Burtenshaw declared that if he chooses to concur in Committee it would not determine his vote on the floor. He is not concerned that the House is holding the funding bill, adding it should not be a matter of hostage negotiation. The Committee needs to move forward and let the entire body have their say concerning this amendment

Chairman Martin informed the Committee that regardless of how they vote now, this bill will proceed to the full body.

**ROLL CALL
VOTE ON
SUBSTITUTE
MOTION:**

Chairman Martin called for a roll call vote on the substitute motion. **Chairman Martin** and **Senators Lee, Harris, Jordan,** and **Nelson** voted aye. **Vice Chairman Souza** and **Senators Heider, Burtenshaw** and **Bayer** voted nay. The motion carried.

ADJOURNED:

There being no further business at this time, **Chairman Martin** adjourned the meeting at 11:24 a.m.

Senator Martin
Chair

Margaret Major
Secretary

Att. 1
Submitted written
testimony

April 5, 2019

Chairman Fred Martin
Senate Health & Welfare
Statehouse
Boise, ID 83720

Dear Chairman Martin and Members of the Committee:

The Council on Developmental Disabilities is authorized by federal and state law to monitor service systems and policies and to advocate for improved services that enable Idahoans with developmental disabilities to live meaningful lives, included in their home communities.

The Council opposes the House amended alphabet soup version of Senate Bill 1204a:

At each hearing opportunity I have shared with both Health and Welfare committees the perspective of the disability community as far as family caregivers and direct support workers who should be benefit from Medicaid expansion. The policy lined out in this version of S 1204 will instead cause family caregivers and direct support workers to likely lose out on lifesaving coverage because of failing to meet the bureaucratic deadlines of the mandatory work reporting requirements. I have nothing left to share from the disability community that could compel you to rethink these work reporting requirements.

Today I will speak to you as a private citizen.

Keeping people healthy, keeps people working.

Thank you for your time.

Sincerely,



Christine Pisani, Executive Director



700 W. State St.
JRW Building
First Floor West
Boise, ID 83702-5868
Phone: 208-334-2178
1-800-544-2433
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Brad Little
Governor

James Steed
Chair

Christine Pisani
Executive Director



April 2, 2019

Contact: Logan Dennis

Cell: (208) 830-7653

Email: ldennis@jannus.org

Close the Gap Idaho Opposes SB1204a, Medicaid Expansion Barriers to Coverage Bill

BOISE, ID – Close the Gap Idaho has come out in opposition to SB1204a after the Senate moved to add harmful barriers to coverage to a bill previously supported by healthcare advocates.

Harmful amendments to 1204 were made in the Senate despite hours of committee testimony in support of the original legislation from healthcare advocates and members of the public. Prior bills with similar barriers to coverage were met with opposition from more than 50 groups on two separate occasions in recent weeks.

The amendments include work-reporting requirements, a required referral to see a family planning specialist, the option for those living between 100-138% of the federal poverty level to stay on the exchange, a required legislative review of Medicaid expansion in the 2023 legislative session, and others.

“The amendments to Senate Bill 1204 direct state funds to additional bureaucracy. A better investment for Idaho families would be the types of training and education that help people climb up the economic ladder,” said Lauren Necochea, director of Idaho Voices for Children.

Instead of removing people from coverage for noncompliance, the work-reporting requirement in SB1204a would institute copays for individuals who do not meet the requirement. Using copays in this way would trigger a 1916(f) waiver, which is difficult and costly to apply for and administer. The proposed provision would result in added costs while making it difficult for some applicants to navigate the bureaucracy, submit the required paperwork, and secure coverage. No such waiver has ever been approved by the Centers for Medicare and Medicaid Services (CMS). Just last week, a federal district court declared work requirements in Kentucky and Arkansas illegal.

“Medicaid work requirements will create an unexpected disincentive to seek employment for people with mental illness and other disabilities,” said Jim Baugh, JD, Executive Director of DisAbility Rights Idaho. “For most people, work is beneficial and rehabilitative. However, if getting even a part-time job means that you are no longer “unfit for employment” you lose your exemption and now have new, burdensome reporting requirements or copays. It is far safer for an exempt person to avoid work altogether.”

After Proposition 2 passed with more than 61% of the vote, a late-February poll found that [74% of Idahoans feel the Legislature should implement the law as it was passed by the voters](#), while only 17% say the law should be changed.

About Close the Gap Idaho: Close the Gap Idaho is a network of over 300 organizations and individuals statewide, working to support a complete solution to the coverage gap and to preserve health coverage for Idahoans. Close the Gap Idaho has led the effort to expand Medicaid in Idaho since 2014. A list of Close the Gap Idaho steering committee members can be found on the [Close the Gap Idaho website](#). Quotes from additional member organizations and Idahoans in the gap are shared below.

###

Close the Gap
1607 W. Jefferson St.
Boise, ID 83702



FOR IMMEDIATE RELEASE
April 4, 2019

Contact: Logan Dennis
Cell: (208) 830-7653
Email: ldennis@jannus.org

**Close the Gap Idaho Decries Flagrant Disregard of Constituent
Concerns,
*Calls on Senate to Reject House-Amended Bill***

BOISE, ID –Today the House added multiple expensive provisions to SB1204aa, including a work requirement that would take coverage away from Idahoans who fail to meet it or can't prove they are working or exempt. These amendments come after consistent public opposition to work reporting requirements, and despite the fact that work reporting requirements were deemed illegal in federal court just last week. See Close the Gap Idaho's [factsheet about the recent legal decision here](#).

In over 10 hours of nearly unanimous testimony, Idahoans have expressed their opposition to costly work reporting requirements. In a flagrant disregard of both the will of the people and the input shared at these hearings by constituents, the House today amended Senate Bill 1204aa, to add even more punitive work-reporting requirements that will remove eligible Idahoans from health insurance.

“Kicking people off health coverage goes against the central tenet of Medicaid. By law, a state cannot make work a condition of accessing health coverage,” said Liz Woodruff, Assistant Director of Idaho Voices for Children. “There is no ‘fix’ to a work-reporting requirement. No amount of exemptions or changes to timelines will make this provision immune to legal action,” Woodruff concluded.

No fiscal note has been provided for the House-amended bill. The cost of the previous version, SB1204a, surpassed \$4 million, according to budget analysis. No analysis has been conducted to assess the actual administrative burden of kicking people off coverage. The bill no longer has a provision for any work training or education.

“This amended House bill ignores the will of the voters and blatantly disregards the concerns of the public without any fair accounting of the fiscal and administrative

impacts of the legislation,” said Caroline Merritt of Close the Gap Idaho. “It is incumbent upon the Senate to reject this irresponsible legislation,” Merritt finished.

After Proposition 2 passed with more than 61% of the vote, a poll conducted in late-February found that [74% of Idahoans feel the Legislature should implement the law as it was passed by the voters](#), while only 17% say the law should be changed.

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###

**Close the Gap
1607 W. Jefferson St.
Boise, ID 83702**