

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Thursday, February 20, 2020

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

**PLACE:** Room EW20

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

**ABSENT/  
EXCUSED:** None

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

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

**MOTION:** **Rep. Davis** made a motion to approve the minutes of the February 7 and 10, 2020, meetings. **Motion carried by voice vote.**

**RS 27772:** **Chairman Wood** stated the sponsor of **RS 27772** has requested removal of the proposed legislation from the agenda and committee consideration. It will be returned to the sponsor.

**RS 27729:** **Rep. Britt Raybould**, District 34, presented **RS 27729**. This is a comprehensive approach based on Medicaid Interim Committee discussions regarding funding the expansion population with the Catastrophic Health Care Cost (CAT) and county medical indigency programs. The medically indigent adjusted gross income is updated to 133% of the federal poverty limit (FPL), effective upon passage of this proposed legislation.

The county medical indigency program will continue to accept applications for six months and adjudicate for an additional six months before it ceases to function. The CAT Program will be suspended on June 20, 2021, although it will continue to handle existing transactions. Within the next eighteen months both programs will cease to be operational. The sales-tax based formula will be implemented for a stabilized fund based on actual Medicaid enrollees.

**MOTION:** **Rep. Blanksma** made a motion to introduce **RS 27729**. **Motion carried by voice vote.**

**RS 27692:** **Rep. Jarom Wagoner**, District 10, presented **RS 27692**, to continue the extended employment services for individuals with significant disabilities under the direction of the Department of Health and Welfare (DHW).

**MOTION:** **Rep. Blanksma** made a motion to introduce **RS 27692**.

Answering committee questions, **Rep. Wagoner** said the existing program has functioned for many years and its statute language will be provided for the hearing. The currently budgeted \$4.2M will be transferred to the DHW from Vocational Rehabilitation.

**VOTE ON  
MOTION:** **Chairman Wood** called for a vote on the motion to introduce **RS 27692**. **Motion carried by voice vote.** **Reps. Davis** and **Chew** requested they be recorded as voting **NAY**.

**RS 27657C1:** **Julie Hart**, Ideal Option, presented **RS 27657C1**, proposed legislation to provide more treatment options for opioid and substance use disorder (SUD). The existing tools are not being deployed to maximum impact. This is an evidenced-based treatment approach and one way to address the problem.

**MOTION:** **Rep. Vander Woude** made a motion to introduce **RS 27657C1**. **Motion carried by voice vote.**

**H 436:** **Elke Shaw-Tulloch**, Administrator, Division of Public Health, DHW, presented **H 436**. This legislation transfers the existing health care directive registry from the Secretary of State's office to the DHW. Through this move, the health care directive registry will continue to document an individual's end-of-life care wishes using a bidirectional platform with easy 24/7 access for care providers. This will save on the cost of life-sustaining procedures which may not align with the patient's wish.

The new directory will be combined with a robust education outreach element to increase the public's awareness of the program. The current program houses 40,000 directives which are only available during office hours to the individuals named on the directives.

Answering committee questions, **Ms. Shaw-Tulloch** said this will continue to be a voluntary program. There will be no transfer filing fee for the current 40,000 participants. Other states who have not included the outreach and educational element have experienced minimal participation.

**Chad Houck**, Chief Deputy Secretary of State, was invited to answer questions. He said the current system does not have version control. Because the Secretary of State has absorbed the operating costs into their daily operations budget, a \$20,000 registry operating balance will be moved to the DHW with the registry.

**Keyana Deeble**, RN, Nurse Care Advisor, St. Luke's Hospital, Nurse Facilitator, Honoring Choices Idaho, testified **in support of H 436**. She shared how an individual's advanced care directive, produced prior to dementia and health issues, allowed the family to make confident decisions and brought them peace. Patients who have not kept copies have experienced difficulty and delays in care while obtaining them through the current system.

**Dr. Bart Hill**, Former Emergency Medicine Physician, Current Chief Quality Officer, St. Luke's Health System, testified **in support of H 436**. In formulating this legislation, a review of successful programs in other states showed advanced care planning must be a coalition and community program with outreach to citizens.

Responding to committee questions, **Dr. Hill** explained at the end of a life there is a disproportionate amount of cost associated with a person's care. These costs can be decreased with healthcare directives provided at the time of need.

**Lindsey Winters Jewel**, Director, Honoring Choices Idaho, testified **in support of H 436**. Medical staffs are being trained to help patients be well-informed regarding advance directives. Standardized tools, marketing tools, and reporting are needed to measure the success of the program.

**Christine Gibbons**, Program Coordinator, St. Alphonsus Health Care Palliative Care, testified **in support of H 436**. Including an individual in their health care is important, which becomes a challenge when they may not be able to communicate. Having 24/7 access allows family members to stay at the hospital with their loved one, instead of having to go home and look for documents prepared years earlier.

**Francoise Cleveland**, Director of Advocacy, AARP, testified **in support of H 436**. No matter the age or stage of life, individuals facing end-of-life situations want a quality of life where they are heard and their wishes are respected by their health care professionals.

**Brian Whitlock**, President, Idaho Hospital Association, testified **in support of H 436**. He shared how knowledge of a loved one's wishes within a state with such a registry provided comfort to his family. Without easy access to directives, the default care can be very aggressive, expensive, and beyond the patient's desire. With the DHW migration a secure, robust registry can be developed in compliance with Health Insurance Portability and Accountability Act (HIPAA) compliance.

**Chad Houck**, Chief Deputy Secretary of State, testified the Secretary of State's office is 100% **in support of H 436**. The original program was designed to be archival and no longer meets the needs of Idahoans. Attempting to build the current system within the Secretary of State's office would cost more and lead to difficulties with HIPAA security. This and other security issues are already addressed through other DHW programs.

**MOTION:** **Rep. Lickley** made a motion to send **H 436** to the floor with a **DO PASS** recommendation.

**SUBSTITUTE MOTION:** **Rep. Blanksma** made a substitute motion to send **H 436** to General Orders.

Committee discussion included agreement regarding the need to upgrade the registry. Concerns were expressed regarding the ongoing budget request's use for education and promotion, and the amount of authority given to the DHW

**Sen. Steve Bair**, District 31, was invited to respond to questions. Promoting directives ahead of time through television and radio advertising allows the individual and family to consider, discuss, and know their directive will be available when it is needed.

**Rep. Blanksma** stated the usefulness of the system is not an issue in her debate, only the possibility that people within the communities are better teachers than the government.

**ROLL CALL VOTE ON SUBSTITUTE MOTION:** Roll call vote was requested. **Substitute motion failed by a vote of 6 AYE and 7 NAY. Voting in favor of the motion: Reps. Vander Woude, Blanksma, Kingsley, Zollinger, Christensen, Remington. Voting in opposition to the motion: Reps. Wood, Wagoner, Gibbs, Lickley, Chew, Rubel, Davis.**

**VOTE ON ORIGINAL MOTION:** **Chairman Wood** call for a vote on the original motion to send **H 436** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Reps. Vander Woude, Blanksma, Kingsley, Zollinger, Christensen, and Remington** requested they be recorded as voting **NAY. Rep. Youngblood** will sponsor the bill on the floor.

Due to time constraints, **H 497** will be carried over to the meeting of February 21, 2020, at 9:00 a.m.

**ADJOURN:** There being no further business to come before the committee, the meeting adjourned at 10:25 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary