

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Tuesday, February 01, 2022

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

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson (Powell), Ferch, Mitchell, Chew, Rubel, Burns

**ABSENT/  
EXCUSED:** None

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

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

**MOTION:** **Rep. Ferch** made a motion to approve the minutes of the January 27, 2022, meeting. **Motion carried by voice vote.**

**RS 29055C1:** **Michelle Peugh**, Strategic Business Partner, Division of Human Resources, presented **RS 29055C1**, which clarifies the Public Health Districts operate as governmental entities authorized by the state.

**MOTION:** **Rep. Blanksma** made a motion to introduce **RS 29055C1**. **Motion carried by voice vote.**

**RS 29080:** **Michelle Peugh**, Strategic Business Partner, Division of Human Resources, presented **RS 29080**. This proposed legislation allows the Public Health Districts to establish a personnel system to support rates of pay and to perform other personnel actions as needed.

**MOTION:** **Rep. Blanksma** made a motion to introduce **RS 29080**. **Motion carried by voice vote.**

**RS 29261:** **Jeremy Chou**, Attorney, Givens Pursley, Representing Centurion Healthcare, presented **RS 29261**, to allow dentists who work at the Department of Correction to be employees of the Department, of the health care services vendor, or of a subcontractor of the health care services vendor.

**MOTION:** **Rep. Rubel** made a motion to introduce **RS 29261**.

**Rep. Ferch** declared Rule 80 stating a possible conflict of interest.

**VOTE ON  
MOTION:** **Chairman Wood** called for a vote on the motion to introduce **RS 29261**. **Motion carried by voice vote.**

**HCR 29:** **Rep. Brooke Green**, District 18, presented **HCR 29**, stating it was a privilege to carry the legislation. She recapped the Idaho Behavioral Health Council's (IBHC) goal to tackle the growing behavioral health (BH) concerns through a statewide action plan. Adverse Childhood Experiences (ACEs) were identified as part of the number one prevention priority through increased utilization, reporting and public awareness. This legislation encourages state officers, agencies, and employees to promote interventions and practices to identify and treat child and adult survivors of severe emotional trauma and other ACEs.

**Roger Sherman**, Director, Idaho Children's Trust Fund, testified **in support of HCR 29**. This resolution is an invitation to improve lives in Idaho and understand the impact of ACEs. Building resiliency can change life-long outcomes. The science for ACEs begins with a key understanding shift from asking "what's wrong with you" to asking "what happened to you?" Starting in the mid 90's, a connection was discovered between early childhood trauma and long-term issues. Five of the ten leading causes of death are associated with ACEs. While ACEs are the diagnosis, building resiliency is the cure. Once a stable supportive relationship exists between the child and nurturing adult, the long-term effect is diminished.

**Dr. Thomas Patterson**, Pediatrician, testified **in support of HCR 29**. He shared how becoming trauma informed has impacted other states by decreasing incarceration, suicides, and other adverse results. This legislation will allow work in Idaho towards a trauma-informed approach. Through this we will see families thrive and children reach their greatest potential. He noted COVID has been recognized as a new ACEs event.

**Noreen Womack**, Pediatrician, Representing St. Luke's Healthcare System and the Idaho Chapter of American Pediatrics, testified **in support of HCR 29**. She said it's important to recognize ACEs are very common, with 65% of Idahoans reporting at least one childhood trauma event. This is not a zip code or specific population issue. It impacts the entire state.

**Darcie DeLeon**, Middle School Counselor, Licensed Master Social Worker, testified **in support of HCR 29**. Trauma shows up in the schools by impeding learning. It can look like other mental health disorders or learning disabilities. Teachers, who are educated in subject and curriculum, are not trained to respond to a student sharing trauma disclosures in a variety of ways. The child may displace anger onto their teacher since it is the child's only safe place. Without appropriate information and training in these situations, we can do more harm than good. This legislation is a first step to provide the early intervention support and trauma training to those involved in working with these vulnerable children. Schools are a great place to train educators to help support children.

**Teresa Fritsch**, Citizen, School Psychologist, National Association of School Psychologists Delegate, Member, Idaho School Psychologists Executive Board, testified **in support of HCR 29**. She has seen the daily impact of ACEs as students struggle with heightened levels of anxiety, poverty, abuse, and feelings of helplessness. Many students needing support find the school does not have the resources to help them. Policies are needed now to help our children become healthy adults.

**Jean Mutchie**, Employee, St. Luke's Healthcare System, President, Idaho Resilience Project, testified **in support of HCR 29**. The ACEs experiences are common and have severe impact on communities and families. She shared her personal story of an ACEs event which occurred when she was eight years old and her recent realization of its impact on her adult life. This Resolution speaks for and to every Idahoan to establish and demonstrate anyone can experience adversity. But there is a bright future when we work together.

**Brent Mendenhall**, County Commissioner, testified **in support of HCR 29**. As the only local official on the IBHC, he has learned about many issues and topics. ACEs impact BH issues previously never identified and explains a lot about behaviors he's seen in the community. ACEs not only increase health care costs but also impact future productivity and earnings. A BH risk survey found citizens with ACEs were more likely to be unemployed and less likely to receive high school diplomas.

In closing remarks, **Rep. Green** said those testifying today shared a glimpse of the struggles impacting Idaho's communities, children, and neighbors while highlighting the importance of preventing ACEs. This is one of many steps which the IBHC is bringing forward to encourage state officers, agencies, employees, families, and schools to secure evidence-based intervention to help children and the future of communities.

**MOTION:**

**Rep. Lickley** made a motion to send **HCR 29** to the floor with a **DO PASS** recommendation.

Speaking to her motion, **Rep. Lickley** said this is the first IBHC proposal. Through support, these children can overcome the trauma and eventually develop a lifetime of resiliency. ACEs do not justify harm to others, but does determine cause and effect. The problem-solving courts are helping, but a concentrated cooperative effort is still needed. It is important to be part of the promotion, prevention, engagement, and recovery of children with ACEs.

**Rep. Ferch**, while supporting the motion, said the emphasis is on post-event therapeutic or intervention supports. He expressed concern over the waning of cultural values and the degradation of how people treat each other. Without losing track of the conversations, he encouraged focus the reasons for getting to this point.

**Rep. Vander Woude** said not all adverse events are detrimental for children. Some provide a chance for learning. He asked the guidelines not be from the viewpoint of every childhood experience must be beneficial. He agreed with the importance of early intervention before there is a more dramatic manifestation.

**VOTE ON MOTION:**

**Chairman Wood** called for a vote on the motion to send **HCR 29** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Green** will sponsor the bill on the floor.

**Pat Kelly**, Executive Director, Your Health Idaho (YHI), presented the YHI annual report. With working remote teams, 2021 began much as 2020 ended. Upon passage of the American Rescue Plan Act (ARPA), Idaho was one of the first state-based marketplaces to implement the tax credits. Operating costs remain lowest of all state-based exchanges. YHI has saved Idahoans nearly \$41M since its creation.

2021 enrollees totaled 79k. Of those enrollees; 85% receive a tax credit, 75% renewed their previous coverage, and 25% were new to the exchange. Three quarters of the enrollments are done with the help of an agent, broker, or enrollment counselor.

Financially, YHI adheres to a fiscal conservative business model. Assessment fees are the majority of their revenue and remain substantially lower than the federal exchange. Additional revenue includes rent of offices within the YHI building. YHI maintains a six to nine month operating costs reserve.

With the new administration's 90-day Special Enrollment Period for the federal marketplace, YHI worked with state partners and opened a one-month Special Enrollment Period during March for those who were uninsured. The ARPA passage means more Idahoans became eligible and existing customers saw a 36% average reduction in their monthly premium.

The customer service support for the Advanced Premium Tax Credit (APTC) was brought in house. The increased demand and staffing challenges have led to application delays and extended wait times for customers. They continue to work through the backlog, which is less than 4% of customers waiting for their eligibility. Policies are in place to provide coverage due to processing delays.

There are now more than 800 Consumer Connectors who have completed the 2021 certification process. In partnership with GetInsured, the Broker Mobile Application was launched and allows agents to better serve their clients on the go.

With the pandemic, YHI has grown its virtual presence through e-materials, short informational videos, and virtual education classes. A media campaign promoted the Special Enrollment Periods. Investing in the YHI brand started with a two-part messaging survey to determine target audience awareness. Ahead of the 2022 open enrollment the "Health, Yeah" campaign was launched. After that launch the highest single-day for on-site activity in the history of the exchange was experienced.

For the 2022 open enrollment, two new insurance carriers joined the exchange plan. This certifies a record 164 medical and 17 dental plans. More than 85k Idahoans enrolled for coverage. Of that, 85% were renewals and 15% were new customers. Nearly 90% of the customers had paid for coverage by the end of open enrollment. Approximately 24% of enrollments have had a plan since 2014, when Idaho transitioned from the federal platform.

Looking ahead YHI plans to become a true one-stop-shop for coverage. Advertising will continue to grow their brand awareness to reach new audiences. They will work with state partners to find the best options for Idaho and Idahoans to enroll in plans.

**Mr. Kelly** said, in summary, YHI maintains the lowest operating costs of all state-based exchanges and has one of the highest per-capita enrollment rates. Stability and competition in the Idaho marketplace, with a record number of plans, continues to ensure choice for Idahoans offered in 2021.

In response to committee concerns regarding response calls, **Mr. Kelly** said they have fallen short of the increased demand and staffing challenges. He requested the referenced issues be forwarded to him. Since December his team continues to work seven days a week on the backlog. The ARPA tax credit sunsets at the end of 2022. There are multiple options for customers to contact them. The per-capita number equals the number of enrollees on the exchange relative to the population of the state. Paid advertising and services are \$750k this fiscal year. The \$41M savings is the difference between the assessment fee cost for HealthCare.Gov versus what it is for YHI.

The previous leased space for YHI was sold. They evaluated the possibility of leasing another location or purchase their own facility. YHI funds were used to purchase their current building, from which they also receive additional income through tenant leases. Because they are not a state agency they did not pursue use of the HP Complex.

**ADJOURN:** There being no further business to come before the committee, the meeting adjourned at 10:18 a.m.

---

Representative Wood  
Chair

---

Irene Moore  
Secretary