

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Wednesday, March 08, 2023

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

**PLACE:** Room EW20

**MEMBERS:** Chairman Vander Woude, Vice Chairman Erickson, Representatives Blanksma, Kingsley, Mitchell, Dixon(24), Gallagher, Healey, Redman, Wheeler, Chew, Rubel, Roberts

**ABSENT/  
EXCUSED:** None

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

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

**MOTION:** **Rep. Dixon (24)** made a motion to approve the minutes of the February 28 and March 1, 2023, meetings. **Motion carried by voice vote.**

**H 200:** **Rep. Jordan Redman**, District 3, presented **H 200** to appropriate funding for the development of a managed care program to stabilize the Medicaid Expansion program. It could provide a replacement or secondary program for the existing value-care program. The Department of Health and Welfare (DHW) would develop the program, focusing on the best option for Idaho's adult population's cost controlled care.

Responding to questions, **Rep. Redman** stated this is a collaborative effort between the DHW and stakeholders. The \$1.5M initial cost is based on information from other states. It may take time to achieve the nine to eleven percent savings. The current program's reverse roll out of the most difficult populations first may not have been the best approach.

**Brian Whitlock**, Idaho Hospital Association, testified **in opposition to H 200**. He shared the history of the 2020 move to value-based reimbursements and value-care organizations. Major changes will detrimentally impact the health care provider system. Given more time with the current system, providers believe the goals will be accomplished and costs will be cut. He noted the target per-member per-month (PMPM) cost has lowered in the second performance year. He requested the committee hold **H 200**.

Answering questions, he said investments have been made to protect rural providers. He expressed concern regarding some rural areas not fitting into the managed care organizations' model.

**Christine Pisani**, Executive Director, Idaho Council on Development Disabilities (DD), testified **in opposition to H 200**. She expressed unease regarding managed care being able to meet the complex health needs of seniors and individuals with disabilities, especially in rural areas. Healthy outcomes need to hold equal footing to cost savings.

**Dr. Kelly McGrath**, Family Medicine, testified **in opposition to H 200**, which would add bureaucratic burdens, stifle the value-care organizations, and undermine any progress to provide higher quality care at a lower cost. The current program delivers the right care in the right place for the best outcomes in rural Idaho.

In response to questions, **Dr. McGrath** explained the challenges of rural care dispensing. The new PMPM cost target is a chance to find creative avenues to reach out to patients. With managed care there may be an increased administrative burden for care organizations.

**David Lehman**, Bingham Memorial Hospital, Life Flight Network, testified **in opposition** to **H 200**. The managed care programs have neither lowered the Medicaid budget nor improved access. Let the existing programs work and put resources in other areas to help Idahoans.

**Brian Windau**, President, Primary Health Medical Group, testified **in opposition** to **H 200**. It takes time to understand the savings provided by the current program. Changing programs this soon is not the ultimate way to achieve any savings.

**Patricia Richesin**, Self, former President, Kootenai Care Network, testified **in opposition** to **H 200**. The managed care program does not need replacing. The current program is and needs to be an Idaho Medicaid solution. Providers may see this as a bait and switch with unexpected expenses.

**Hannah Liedke**, President CEO, Opportunities Unlimited, testified **in opposition** to **H 200**. The current system contains costs to keep DD individuals in their homes and communities while minimizing higher emergency costs. The best way to get state agencies and stakeholders together is to include a state legislator in the discussion.

**MOTION:**

**Rep. Blanksma** made a motion to **HOLD H 200** in committee. She suggested a concurrent resolution for a task force might be a better approach.

**Peyton Nunes**, representing AmeriHealth Caritas, testified **in support** of **H 200**, stating a discussion and possible replacement through the suggested concurrent resolution would be a better step forward.

**VOTE ON MOTION:**

**Chairman Vander Woude** called for a vote on the motion to **HOLD H 200** in committee. **Motion carried by voice vote.**

**ADJOURN:**

There being no further business to come before the committee, the meeting adjourned at 10:16 a.m.

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Representative Vander Woude  
Chair

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Irene Moore  
Secretary