MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, January 25, 2024

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 (Wilson),

Rubel, Roberts

ABSENT/ EXCUSED: Representative(s) Blanksma, Rubel

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. Roberts made a motion to approve the minutes of the January 22, 2024,

meeting. Motion carried by voice vote.

Chairman Vander Woude turned the gavel over to Vice Chairman Erickson.

DOCKET NO. 16-0302-2301:

Nate Elkins Bureau Chief, Division of Licensing and Certification, Bureau of Facility Standards, Department of Health and Welfare (DHW), presented **Docket No.**16-0302-2301. The changes simplify the skilled nursing facilities' regulations and have no fiscal impact. State regulations duplicated in federal regulations were removed. Incorporated by reference were the Centers for Medicare and Medicaid Services (CMS) requirements for long-term care facilities and the guidelines for the design and construction of nursing facilities.

The FBI background criminal history language was incorporated to specify classifications for those required to have background checks. This rewrite continues to protect public health safety and welfare while providing an easily understood tool for stakeholders.

Responding to the committee, **Mr. Elkins** agreed Section 009 Subsection 03 beginning with "The individual" has "allowed to" stricken, but instead needs to have "is allowed to" stricken. The ambulance companies do their own background checks, which are incorporated by reference.

Robert Vande Merwe, Executive Director, Idaho Health Care Association (IHCA), representing the skilled nursing facilities, testified **in opposition** to **Docket No. 16-0302-2301**. He said they were happy to work with the Department to update the docket and liked the removal of conflicting regulations. In researching he discovered the number of skilled employees ratio was randomly chosen in the 1980's. The federal regulations do not list any skilled nursing-to-patient ratios. Their ambiguity works better than the numbers listed in this Rule.

Responding to committee questions, **Mr. Vande Merwe** explained the rule's staffing requirements can result in a facility being cited by both the state and the federal inspectors. The committee shared their confusion regarding the section heading of Tuberculosis Control. The listing of a staffing number when there is no federal staffing number could be interpreted as being more strict.

MOTION: Rep. Healey made a motion to approve Docket No. 16-0302-2301. Motion failed

by a voice vote.

DOCKET NO. 16-0314-2301: **Nate Elkins**, Bureau Chief, Division of Licensing and Certification, Bureau of Facility Standards, DHW, presented **Docket No. 16-0314-2301**, to extend the hospital temporary rule for physician re-credentialling interval flexibility. The change allows accredited providers to immediately benefit from the flexibility instead of waiting for the rule change in 2025. There are no fees or charges.

MOTION:

Rep. Dixon(24) made a motion to approve Docket No. 16-0314-2301. Motion carried by voice vote.

DOCKET NO. 16-0322-2301:

Tom Moss, Program Supervisor, Resident Assisted Living Program, Division of Licensing and Certification, DHW, presented **Docket No. 16-0322-2301**. These rules modify licensing requirements without compromising resident health or safety. The changes allow more flexibility when applying for a new license, revise ownership reporting requirements, reduce the work age to address the workforce challenges, maintain the training requirements, and remove the temporary manager terminology. There is no fiscal impact or cost to providers.

Mr. Moss, responding to questions, stated although the minimum age is lowered to seventeen, it can be sixteen years of age with a certified nursing assistant (CNA) certificate. Work hours for such persons are not within this statute, but may be addressed in the state labor laws.

MOTION:

Rep. Redman made a motion to approve **Docket No. 16-0322-2301. Motion** carried by voice vote.

Vice Chairman Erickson turned the gavel over to Chairman Vander Woude.

Pat Kelly, Executive Director, Your Health Idaho (YHI), presented the YHI legislative update. Established in 2013, YHI celebrates ten years by noting their accomplishments, including helping 375k Idahoans have affordable health insurance and saving them \$44M through lower assessment fees. For 2023, an average of 99k Idahoans were enrolled, 88% qualified for lower monthly premiums, 55% of the enrollees have been with YHI for four or more years, and 62% used the self-service tools. YHI continues to have the lowest operating cost of all state-based marketplaces and one of the highest enrollment per capita.

YHI's revenue consists of \$10.3M assessment fees, \$.9M from rent of their building, and \$.5M other. Expenses are \$11.2M for operating, \$.3M for other expenses, and \$1.1M for capital expenditures. They continue to maintain a \$10M cash and cash equivalent balance.

In 2023 YHI refined the consumer advocate training, including training to handle complex situations. Dedicated consumer advocates became a part of the live chat feature. The entire process is now available in Spanish. Over 880 consumer connectors became YHI certified. A Net Promoter Score of 69 was received.

Outreach to communities included the "Always Present" year-round advertising campaign and a targeted digit campaign called "Lost Medicaid?" during the unwinding and open enrollment. The team participated in or attended over fifty events through the year and new connections were made with underserved communities and their organizations.

Medicaid unwinding began in February and ended in August. YHI worked closely with the DHW to ensure those who lost Medicaid understood their insurance options. An expedited approval process was created to address possible coverage gaps. Outreach included a "handshake" letter to every Idahoan who lost Medicaid coverage, a targeted digital ad campaign, and information to organizations statewide for their clients and patients.

As the unwinding continues, over 589k notices have been sent via e-mail, SMS, and letters. The "Lost Medicaid" ads delivered over 11M impressions. Idahoans totalling 16,600 who lost Medicaid coverage have enrolled with YHI. This includes 2,700 during the open enrollment. This is a nation-leading conversion rate of 31%.

For the 2024 open enrollment results of 122k enrollees, 79% were renewals, 21% were new customers, and there was an enrollment increase of 30% from December 2023. The self-service tools were used by 62% of the enrollees and over 96% of the customers have paid for coverage. YHI received a Net Promoter Score of 72 from October 15 to December 15. Of the enrollment plans selected, 103.8k were medical and 18.2k were dental.

YHI continues to build relationships with citizens, partners, and organizations, expand the offerings, and enhance the consumer advocate training. Increasing YHI's operational efficiencies will be guided by fiscally conservative business principles.

Responding to questions, **Mr. Kelly**, stated 21% of their existing enrollees chose to disenroll. He has no ability to obtain data regarding what they chose outside of YHI. They are very proud of their Net Promoter Scores. A score above zero is considered good and it is not uncommon for a score to be negative. The rainy day savings is included in the capital expenditures, which are not a part of the income statement. The expected Medicaid unwinding did not occur as soon as expected, causing a delay in revenue.

ADJOURN:

There being no further business to come before the committee, the meeting adjourned at 9:59 a.m.

Representative Erickson	Irene Moore
Chair	Secretary