

MINUTES
Approved by the Committee
Idaho Health Insurers Working Group
Tuesday, September 15, 2026
1:00 P.M.
Room WW55
Boise, Idaho

Members in attendance: Cochair Senator Harris and Senators Cook (via Zoom) and Bjerke (via Zoom); Cochair Representative Manwaring and Representatives Wheeler, Rasor (via Zoom), and Galaviz; Absent/excused: Senator Keyser. Legislative Services (LSO) staff: Frances Lippitt and Jennifer Kish.

Others in attendance (SIGN IN): Eric Fletcher, Shannon Hohl, Julie Robinson, and Randy Pipal - Idaho Department of Insurance; M. Dobson (sp) - American College of Physicians (ACP); Sean Weatherston - American Physical Therapists Association of Idaho; Nate Carter - Portneuf Medical Center.

Presentations and handouts provided by the presenters/speakers are posted to the Idaho Legislature's website <https://legislature.idaho.gov/sessioninfo/2026/interim/> and copies of those items are on file at the Legislative Services Office in the State Capitol. Recordings of the meeting may be available under the committee's listing on the website.

Cochair Harris called the meeting to order at 1:04 p.m.; a silent roll call was taken. Cochair Harris requested action on the minutes for the August 11, 2026, meeting. **Rep. Wheeler motioned to approve the minutes as written; Rep. Galaviz seconded; the motion was approved by unanimous voice vote.**

Montana State Employee Health Insurance

At 1:06 p.m., **Amy Jenks**, Administrator, Health Care & Benefits Division, Montana Department of Administration, shared a [presentation](#) via ZOOM about Montana's self-funded employee health insurance program.

- Sen. Cook inquired about the assessed performance penalty (slide 14). Ms. Jenks explained that it is a financial penalty that is 1%-2% of the total medical expense for that fiscal year if the price guarantee is not met. She noted that the penalty was put in place in 2023 and had not been assessed to date. Sen. Cook asked whether the State of Montana owned the data it collected and about its accessibility. Ms. Jenks explained that the State of Montana utilized a warehouse to store the data, that it was the state's data, and that state officials have access to the data at any time.
- Rep. Wheeler asked about Montana's implementation of Health Savings Accounts (HSAs). Ms. Jenks noted that Montana's program was not set up for high-deductible plans and did not qualify for offering HSAs; the Montana programs supported preventative care with no-cost health centers and low copays. Ms. Jenks explained that Montana's no-cost/low-cost health centers were located in five cities with high concentrations of state employees. The clinics were managed by third-party vendors for the state; an RFP for that contract was issued every ten years.
- Cochair Harris asked how the rural hospitals fared with the reference based pricing (RBP). Ms. Jenks reported that the rural hospitals did not often utilize the RBP because their services were not as elective in nature where the RBP was needed.
- Sen. Cook inquired whether Montana used a standard form for reimbursement claims. Ms. Jenks was not familiar with reimbursements or a standard form being used. She noted that Montana has the ability to insert itself in issues for compliance.

How Health Insurers are Regulated & Issues Facing Idahoans

At 1:51 p.m., **Dean Cameron**, Director, Idaho Department of Insurance (DOI), shared a [presentation](#) about the department's duties and services. In his opening comments, he noted that there once existed an ongoing health care advisory committee and proposed its revival.

- Rep. Wheeler inquired how insurance fraud impacts premium costs. Mr. Cameron stated that it was a significant impact. Rep. Wheeler asked about complaints from providers. Mr. Cameron noted that improvements need to be made to collect data on those types of complaints. Rep. Wheeler inquired about the use of the external review process. Mr. Cameron encouraged consumers to use the established appeal process initially. Rep. Wheeler asked about standardized forms being implemented to reduce missing data and delayed reimbursement. Mr. Cameron supported any method that would improve the process.
- Rep. Galaviz inquired about the consequences of when a contested claim "times out." Mr. Cameron explained that such cases do cause increased costs to the state due to delays and consumers' premiums. He noted that a good portion of those cases were results of delays/backups in the courts from the COVID-19 pandemic. Rep. Galaviz inquired about the affect of reference based pricing if implemented in Idaho. Mr. Cameron explained that there were differences between Montana's self-funded system, which was in financial constraints at the moment, and Idaho's hybrid system. He supported the effectiveness of Idaho's hybrid system.
- Sen. Cook asked why an interim committee would be necessary to supervise health care when the Department of Health and Welfare, DOI, and the Office of Group Insurance were already in place and had the authority to review issues. Mr. Cameron noted that the Legislature has the authority to create the public policy of the state, whereas the agency enforces the policy. Sen. Cook applauded DOI's recent efforts to regulate pharmacy benefit managers (PBMs).

Review Responses from Insurers & Providers

At 3:07 p.m., **Frances Lippitt**, Senior Analyst, LSO Budget and Policy Analysis Division, provided a presentation titled [Health Insurer and Provider Perspectives in Idaho](#) that summarized the responses from the survey of providers, insurers, and citizens. Ms. Lippitt was asked to pause her presentation at slide 8 to provide time for the next presentation and public testimony.

Review of Health Insurance Policy Trends

At 3:16 p.m., **Alex Penny**, Principal Research Analyst, LSO Impact Review Team, provided a presentation titled [National Trends Surrounding Health Insurer Performance](#) that identified current trends in national health coverage. No questions were asked.

At 3:37 p.m., with no individuals signed in to testify, Ms. Lippitt was asked to provide the remainder of her presentation.

Open Testimony

At 3:48 p.m., the cochairs asked if anyone in attendance who had not indicated to testify on the sign-in sheet wanted to provide testimony.

Nathan Carter, CEO, Portneuf Medical Center in Pocatello, provided his prepared statement to the members. He thanked the members for their attention to the negotiation issues that recently occurred between his facility's parent company Ardent Health and Regence BlueShield of Idaho. He emphasized the need to address patient and health care workers' needs for a community to have access to quality care.

- Cochair Manwaring asked how DOI assisted in the negotiation. Mr. Carter noted that, initially, he was not aware that DOI could assist; he opined that providers and patients often do not know who can assist with issues and that he was very appreciative of the department's help on this and other occasions.

- Rep. Wheeler inquired why some instances rise to the level of providing patient-level data to DOI for assistance. Mr. Carter explained that there were many reasons along the process where a claim can be delayed and the time necessary to gather data and submit information before a deadline can delay resolution and one's continuum of care.
- Rep. Galaviz inquired about the complexity of some claims, especially those involving insurance and criminal components, and whether a normalized form could alleviate delays. Mr. Carter explained that care approval can be very complex, especially when involving incidents/accidents that are also being investigated for criminal aspects. He supported an agreement between providers and insurers on what data is expected on forms for efficient approval rather than legislative requirements.
- Sen. Cook asked about reasons that a preauthorization would later be denied. Mr. Carter referred to this instance as "down coding," and explained that it occurs because some of the more advanced treatments have very complex coding. It does not typically occur for simple preventative and common treatments.

Sean Weatherston, physical therapist and member of the American Physical Therapist Association (APTA), spoke to issues related to his private practice. He discussed challenges with administrative and preauthorization requirements and Medicaid-related issues.

- Rep. Galaviz asked how approval delays affect his business and the patient. Mr. Weatherston lamented how much time a therapist spends on paperwork for treatment approval rather than time rehabilitating patients and that this is not the most efficient use of the therapist's time or salary. He noted that these delays also severely impede a patient's momentum of progress, which then extends the therapy and, as a consequence, cost.
- Sen. Cook noted that the 20-visit cap that was implemented at the beginning of the year was to be streamlined and accessible online but is still not available and is ten months past the deadline.

Discussion

It was decided that the next meeting would occur on October 14, 2026. Both cochairs thanked LSO staff for collecting and summarizing the survey information. Cochair Manwaring noted that the members wanted to hear from stakeholders and citizens to fully understand the issues.

With no further business, the meeting was adjourned at 4:18 p.m.