

Sine Die: 2016 Legislature Adjourns

By Forbing-Orr, Niki - CO 10th on 3/25/2016 1:55 PM

The 2016 Idaho Legislature adjourned shortly after noon on March 26, 2016 after a roller-coaster final week as lawmakers failed to reach consensus on how to help low-income, uninsured adults gain access to healthcare. After multiple bills and amendments were debated, legislators voted along party lines to defeat an effort to work with the department to develop a care management waiver in Idaho Medicaid to provide comprehensive healthcare coverage for uninsured adults earning less than 100 percent of poverty.

"I really believe the majority of legislators wanted to do something significant for the 78,000 people caught in the insurance gap, so we are disappointed they could not find common ground," Director Dick Armstrong said. "However, I want to thank our staff for their unflinching efforts to address this initiative and other legislative issues affecting our programs. We had a number of successes, along with some unexpected and controversial issues, and I am very proud of how we handled all of them."

Although the healthcare issue took center stage during the final week of the Legislature, there were a number of other actions that will impact the department, including funding for behavioral health crisis centers, four new positions in Public Health for suicide prevention, and a 3 percent merit-based employee pay increase. Along with the pay increase, the state is picking up a significant increase in employee benefit costs that average more than \$1,000 an employee.

Here are the highlights for each division:

Behavioral Health:

- The division asked for a third behavioral health crisis center, modeled after successful treatment facilities in Idaho Falls and Coeur d'Alene. Legislators not only approved a third, but included a fourth center in their appropriation. The two new crisis centers are planned for Regions 4 and 5 in southern Idaho. Crisis centers are a humane alternative to jails or hospital emergency departments for people who are having a mental health and/or substance abuse crisis. Patients in the centers are stabilized and connected to community resources to help them effectively deal with their situations and avoid future crisis.
- Twelve new staff positions were approved for the state's psychiatric hospitals, six each to state hospitals North and South. Additional staff will improve staffing ratios and address safety concerns with a patient caseload that is growing more acute. The staff will mostly be direct-care staff to help in the day-to-day management and care of committed mental health patients. The Legislature also approved a

modest increase in pay for state hospital psychologists to help with recruitment and retention.

- State Hospital North received \$116,800 for replacement items that include a fire suppression sprinkler system, an extra capacity passenger van, microscopes, and LED lights to replace current lighting with more efficient bulbs.
- State Hospital South received \$875,200 for various replacement items and alteration and repair projects. The appropriation includes funding for a new pharmacy barcode bulk packager machine, five new vehicles including a minibus with a bariatric wheel chair lift, and maintenance items that include a new telephone speaker paging system, asphalt and electrical work, and sprinkler system replacement. Also included was \$6,300 to install speed control devices around campus, which should slow Administrator Tracy Sessions down just a little bit!
- The Division of Behavioral Health's lone piece of legislation this year was approved by the Legislature. It was a modification of the Legend Drug Act to extend the definition of charitable institution to include DHW's Regional Behavioral Health offices. This allows regional programs to use psychotropic medicines received through a prescription assistance program for patients when prescriptions change.
- A settlement agreement in the 30-year-old Jeff D. lawsuit brought an additional \$2.1 million in funding to the Children's Mental Health program for a new assessment tool to evaluate the functional impairment of a child and to develop and monitor a care plan. The funding also supports the development of a respite care program.

Public Health:

- Both chambers unanimously passed a bill for a suicide prevention program that will begin July 1. Like many western states, Idaho has a high suicide rate, ranking 7th highest in the latest national data available. Suicide is the second leading cause of death for Idahoans ages 15 to 34. The Legislature included \$971,000 and authorized four new positions for suicide prevention activities.
- The Idaho Unborn Infants Dignity Act will affect the Bureau of Vital Statistics by requiring the State Registrar to establish forms and procedures for the filing of a miscarriage certificate. The miscarriage certificate will be voluntary at the request of the parents, but the event must be certified by a physician, physician's assistant or an advanced practice registered nurse.
- A bill was approved that requires the department to maintain a list of providers who will conduct free ultrasounds for women thinking about having an abortion. Providers will voluntarily offer their information so

it can be sent out with fetal development packets to providers throughout the state. This list will be updated annually.

- EMS received funding for four new vehicles, which will include a light duty truck and mid-size SUVs.
- The passage of Senate Bill 1281 made Idaho a member state of the Recognition of EMS Personnel Licensure Interstate Compact Agreement (REPLICA). REPLICA allows Emergency Medical Services personnel from compact member states to practice in other member states with their home-state license. REPLICA has been a six-year national project; Idaho is the fifth state to join the compact.

Medicaid:

- Medicaid's \$2.2 billion appropriations bill was approved by the Legislature and included support for continued work to move payments from fee-for-service to a value-based model of care. While Medicaid faced challenges in the form of lawsuits and increased drug costs, legislators learned that Medicaid's costs per member are down overall and Medicaid had good outcomes to report for participants using primary care and behavioral health services.

Medicaid also brought several significant rule changes to the Legislature this year:

- Changes to **Home and Community Based Services Rules** ensure that disabled people who receive Medicaid services enjoy the same rights as everyone else. Basic rights such as closing a door for privacy, choosing what to eat or where to go during the day are not always available for disabled people who live in a facility that provides daily living assistance. These rules provide more specific guidance to providers about maintaining the rights of the participants they serve.
- Another significant change was for **Primary Care Provider Services**. These rules allow Medicaid to increase payments to primary care providers for delivering better healthcare rather than solely for delivering services. This approach is coordinated with the State Healthcare Innovation Plan (SHIP) and the Idaho Healthcare Coalition's work to improve the health of all Idahoans by reforming our healthcare delivery system. They further Medicaid's efforts to develop an integrated system with a focus on improved population health, improved individual health outcomes and greater cost efficiencies. These rules allow for payment for telehealth services by physicians in keeping with those goals.
- Medicaid also brought a number of changes for **Physical, Occupational, and Speech Therapists and School Based Service**

providers. These rules also allow for telehealth to increase access to these services in rural areas. They clarified requirements for providers in a number of areas and reduced administrative burden by aligning Medicaid payments with Medicare policy and simplify the handling of referrals.

- Medicaid worked intensively with provider organizations and advocacy groups over several years to develop these rules. They involved a great effort from all Medicaid bureaus, as many of these changes have already been implemented or are in process.

Licensing and Certification:

- A proposal to raise the certification fees for certified family homes fell short in the Senate Health and Welfare Committee. Certification fees were implemented in March 2012 in an effort to make the Certified Family Home Program self-funded. Fees have not covered program costs over the past two years, so the department proposed to raise the one-time application fees by \$25 and the monthly certification fee by \$5. Senate committee members expressed a desire to explore other ways to fund the program outside of increased provider fees.
- A Senate bill passed to require deficiencies cited in residential care and assisted living facilities be based on requirements in statute and rules. Although the department's position on the bill was that the legislation was unnecessary because surveyors already base citations on requirements in Idaho statute and rules, providers expressed their beliefs that the legislation is needed. The amended bill reflects language negotiated with the bill sponsor and the provider group supporting the legislation.

This summary was written and compiled by Tom Shanahan

A note about [HCR054](#) from the OCAFA

- This bill requested a report from the Department of Health and Welfare on the strategic plan for improving behavioral health treatment in the state of Idaho. The bill did not pass during the 2016 legislative session however the OCAFA would still like to hear your input about how behavioral health care in Idaho can be improved. [Contact us!](#)