ARIZONA HOUSE OF REPRESENTATIVES
Fifty-first Legislature – Second Regular Session

COMMITTEE ON HEALTH

Minutes of Meeting
Wednesday, January 15, 2014
House Hearing Room 4 -- 10:00 a.m.

Chairman Carter called the meeting to order at 10:09 a.m. and attendance was noted by the secretary.

Members Present

Mrs. Brophy McGee	Mr. Meyer	Mr. Boyer, Vice-Chairman
Mrs. Gonzales	Ms. Steele	Mrs. Carter, Chairman
Mr. Lovas	Ms. Townsend	

Members Absent

None

INTRODUCTION OF MEMBERS AND STAFF

The Members introduced themselves and Chairman Carter introduced the Staff. Sandy Kelley, Administrative Assistant; Pele Peacock, Policy Advisor and Staff Attorney to the Majority; Ingrid Garvey, Senior Majority Legislative Research Analyst; Elizabeth Goodman, Policy Advisor and Staff Attorney, Democratic Caucus; Ryan Sullivan, Assistant Majority Research Analyst; Sophia Horn, Majority Intern; Dominique Cruz, Democratic Intern; Tracey Gardner, Committee Secretary; Anthony Casselman and Xiomara Millay, Pages.

Chairman Carter recognized special guests: a group of resident pediatricians from the Phoenix Children's Hospital and constituents from Legislative District 15. She announced that the Arizona Lions Vision Center is at the Capitol and will provide free vision and glaucoma screenings today.

Chairman Carter provided the following December 10, 2013 meeting recommendations of the Senate Health and Human Services and House of Representatives Health Committee of Reference (COR):

- Arizona State Hospital Advisory Board – terminate on July 1, 2014
- Arizona State Board of Pharmacy – continue for eight years until July 1, 2022
- Arizona State Board of Physical Therapy – continue for 10 years until July 1, 2014
- Arizona In-Home Care Industry – draft legislation by the full Legislature containing the items submitted in the sunrise application

- Arizona Association of Chiropractic – failed to recommend that a bill be drafted for consideration by the full Legislature
- Arizona Association of Midwives – withdrew application
- Arizona Optometric Association – The COR tabled the application and recommends that stakeholder meetings take place with the intent to fully vet the revised sunrise application with all stakeholders

Mrs. Brophy McGee queried the process for upcoming stakeholder meetings and expressed concern for exclusions. Chairman Carter explained that future stakeholder meetings related to the Arizona Optometric Association will be coordinated through Policy Advisor Pele Peacock and the Chairman's office.

Vice-Chairman Boyer advised the Committee that any potential dates for a stakeholder meeting will be communicated to staff.

PRESENTATIONS

Arizona's Community Health

Kim VanPelt, Director, State Health Policy and Advocacy for St. Luke's Health Initiatives (SLHI), provided background on Cover Arizona and reviewed a handout entitled *Arizona's Community Health* (Attachment 1). She stated that one in five Arizonans lack health coverage and eighteen percent of Arizona adults delay or do not receive necessary medical care. Ms. VanPelt cited statistics on uninsured Arizonans based on gender, county and zip code. She related that Cover Arizona builds off of previous community-based efforts and has the following goals:

- Maximize enrollment of individuals and families in the new insurance marketplace and Medicaid.
- Identify and assess outreach efforts to build on successes.

Ms. VanPelt stated that the strategies and activities of Cover Arizona include focusing on building awareness, outreach and enrollment assistance. She provided statistics on current healthcare coverage for Medicaid and the marketplace and specified that 1.3 million Arizonans are predicted to receive coverage through the marketplace and approximately 300,000 may be able to get coverage through the restoration and the expansion of Medicaid.

In response to questions, Ms. VanPelt said coalition members have always been engaged in outreach and enrollment activities. With the restoration of Medicaid and the new federal insurance marketplace there is a new opportunity to enroll people in need of healthcare.

Tara McCollum Plese, Senior Director for External Affairs for the Arizona Alliance for Community Health Centers, provided a handout (Attachment 2) detailing the function and purpose of Arizona's Community Health Centers. She stated that community health centers are a partner organization of Cover Arizona and are nonprofit, comprehensive primary care located in medically underserved areas. The centers are open to anyone with or without healthcare insurance and make up the largest primary and preventative care network in the state.

Ms. Plese explained that Federally Qualified Community Health Centers (FQHCs) have the following unique requirements:

- All FQHCs are independent, community-based 501(c)3, not-for-profit organizations
- Must have a community based governing board; 51 percent consumers or patients
- Must have accessible hours of operation/locations
- Must have a sliding-fee system based on the patient's ability to pay

Nationwide, FQHCs serve over 22 million people and are expected to serve more than 40 million people by 2015. Ms. Plese explained that in some rural communities, i.e., Gila Bend and Ajo, FQHC is the only healthcare provider. The centers are located in every county with the exception of La Paz County. She discussed the average age of patients, the payer mix, non-patient revenues and federal grants requirements for outreach and enrollment efforts. Ms. Plese related that community health centers are an economic engine in Arizona; employing almost 3,700 people and providing over $436 million in economic benefits annually.

Chairman Carter stated that during the Medicaid restoration debates last year, one solution was to send everyone to the community health centers. She asked what the impact would be to the centers.

Ms. Plese explained that the cost of providing health care is extremely high especially in low income and underserved areas. She said that community health centers see some of the sickest people in Arizona primarily because health care needs are postponed for many years. In recent years, the centers have been caring for a higher percent of uninsured patients due to the Arizona Health Care Cost Containment System freeze for childless adults. Ms. Plese stated that when there is a disproportionate amount of uninsured patients the outcome offsets all operational costs making it difficult to pay providers, etc., and to meet all the unique requirements necessary for FQHCs.

Chairman Carter thanked the presenters and announced that next week's meeting will start at 9:30 a.m.

Without objection, the meeting adjourned at 11:09 a.m.

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Abby Selvey, Committee Secretary
January 22, 2014

(Original minutes, attachments and audio on file in the Office of the Chief Clerk; video archives available at http://www.azleg.gov)