

**BOARD OF HEALTH MEETING
MINUTES
January 14, 2016 AT 12:00 pm**

Present: Dr. Paul Amundson, David Meyer, Teresa Miller, Jim Keller, Rose Moehring, Chad Olson, Scott Barlett
Staff Present: Jill Franken, Alicia Collura, Vanessa Sweeney, Dr. Tinguely, Lisa Stensland

Call to order: The meeting was called to order at 12:07 pm by David Meyer.

Motion made to approve the minutes from October 8, 2015, supported by Paul, seconded by Teresa. Motion approved.

New Business:

LiveWell Sioux Falls:

The community health needs assessment was done in conjunction with Avera and Sanford's assessment. The data has been processed and the top priorities include: Obesity, Behavioral Health and Substance Abuse, and Access to Care. It is a broad list of priorities but once the areas of expertise of the partners is established it will be easier to focus on the next steps. By late spring the hospitals need to submit their reports to their boards and have them completed by June 30.

Hayward pilot project is about to kick off. We have received a grant from Wellmark and Sanford and Avera have matched. The pilot will focus on improving the health and wellness of the Hayward area. Work groups will be established for data collection, then establish the top 10 priorities and how the city and neighborhood can work together. SDSU extension is producing a Harvest of the Month handout that talks about different in season fruits and vegetables and includes healthy recipes from local chefs.

School Based Health Assessment:

This assessment includes the clinics at Hayward, Hawthorne and Terry Redlin Elementary schools. It is an operational assessment to: gain understanding of how effectively the current school based health services are being delivered, increase the integration of FCH and SFSD to support student success and to ensure the services are accessible to the school children and the neighborhood, of high quality and cost effective services. The volume of patients is increasing but it is more the community patients as opposed to increasing the number of school aged children served. There will be meetings with staff and the school nurses and principals, hoping the outcome is more children seen.

STI Program Update and Protect Your Parts:

Gonorrhea and Syphilis have been increasing mostly among 20-29 year olds. The clinic is expanding testing to include HIV, gonorrhea, chlamydia and syphilis for free. If there is a presumptive positive there is a standing order for medications. We made the announcement of the free tests on December 1st (World Aids Day) and have had 17 in for testing with 3 positives.

Protect Your Parts has launched a website <http://livewellsiouxfalls.org/feel-well/sexual-health> for eastern South Dakota. It includes an online quiz for assessment. The next step will be billboards, table top displays at the colleges and as awareness increases we expect the rates to increase as well.

Behavioral Health Stakeholder Meeting:

Over the last few months we have been learning and fact finding on the status of Behavioral Health in our community. The End of October the group met as a launching point to figure out the challenges of Behavioral Health in the community. One of the top issues to attack will include care coordination. The group will meet in February to work on the next items to achieve and or the gaps of service. .

Medicaid Expansion:

Jill gave an update on the Medicaid expansion that the Governor spoke about in his State of the State address last Tuesday. See the attached documents.

CHAD (Community Health Association of the Dakotas) has been instrumental in leading the changes that have been laid out. The Clinic board has signed a letter of support for Medicaid Expansion.

Motion made to approve signing a letter in support of the Medicaid Expansion to be sent to the Governor, supported by Paul and seconded by Teresa, motion carries.

Executive Director's Report:

Jill also thanked Chad Olson for his service to the board.

The next meeting of this Board will be April 14, 2016, unless the need to convene for any policy changes would arise in the interim.

With there being no more new business, a motion was made to adjourn at 1:05 pm supported by Paul and seconded by Chad, motion carries.



MEDICAID EXPANSION: IT MAKES SENSE FOR SOUTH DAKOTA

Governor Daugaard is seizing a unique opportunity to solve a long standing reimbursement issue with Indian Health Service and expand Medicaid to cover an additional 50,000 South Dakotans at no additional cost to state taxpayers.

NO STATE BUDGET IMPACT

Governor Daugaard's plan does not increase the state budget. It calls for \$373 million in federal funds in FY17.

FIXING THE INDIAN HEALTH SERVICE (IHS) REIMBURSEMENT ISSUE

People can be eligible for both Medicaid and Indian Health Services.

When American Indians eligible for both Medicaid and IHS receive care directly from an IHS facility, the federal government pays 100% of the bill. Today when that same individual receives care outside of IHS the bill is split- the federal government pays 52% and the state pays 48%.

- Last year we spent \$208.2 million for health care for people eligible for both Medicaid and IHS
 - \$139 million (\$67 million state funds) spent outside IHS
 - \$69.2 million spent at IHS and paid at 100% federal funds

CMS is reconsidering its policy governing when it will reimburse 100%. If successful, the savings will be enough to fund the state cost of expansion.

FISCALLY CONSERVATIVE COST ESTIMATES

Governor Daugaard's budget estimates project the state cost of expansion at \$57 million in 2021 when the federal government's share drops to 90%. The estimates include a number of conservative assumptions:

- Added 10% to the number of projected eligible
- Accelerated rate of enrollment – 90% in year 1 and 100% in year 2
- Added 20% to projected cost per eligible
- Although 30% of expansion population estimated to be American Indian, assumed no 100% match for expansion group
- Ignored increased economic impact to state tax revenue estimated at \$8.6 million.

GOOD FOR SOUTH DAKOTANS

- Adults who cannot earn enough to gain subsidized insurance coverage would have coverage
- Tribal members would see improved care through IHS
- Counties would see savings through poor relief
- Sheriffs with jails and state prisons will have less medical costs for indigent prisoners hospitalized for longer than 24 hours
- Hospitals will have less charity care
- Medicaid providers through opportunity for improved payment rates if enough ongoing state funds are saved beyond the cost of expansion

SOUTH DAKOTA DECISION

Governor Daugaard appointed the South Dakota Health Care Solutions Coalition to develop recommendations if the state moves forward with expansion. This large stakeholder group included tribes, legislators, IHS, providers, state agencies, and other stakeholders.

The Governor will not support expansion unless state fund savings in the existing budget can be made available to fully fund expansion and tribes and the legislature support the plan.

Medicaid expansion makes sense for South Dakota with the opportunity to improve healthcare for American Indians, save money for counties and Medicaid providers, and potentially save millions in state dollars.