

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

Report of REFERENCE COMMITTEE A

Presented by: Brandon Mickelsen, DO, Chair, Pocatello

1 Mr. Speaker and Members of the House of Delegates:

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3 Reference Committee A considered its agenda of resolutions and reports, and submits
4 the following report:

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6 1.) ADM IV – REPORT OF THE TREASURER AND MEMBERSHIP

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8 RECOMMENDATION:

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10 Mr. Speaker, your Reference Committee recommends that ADM IV be adopted.

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12 ADM IV, Report of the Treasurer and Membership presents the 2022 Financial Audit of
13 the Idaho Medical Association (IMA) and contains a recommendation that the IMA
14 membership dues remain unchanged for the 2025 membership year.

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16 2.) RESOLUTION 106 (23) – SUPPORT OF TAX CREDITS FOR GUN SAFES

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18 RECOMMENDATION:

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20 Mr. Speaker, your Reference Committee recommends that Resolution 106 (23) be
21 adopted as originally written.

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23 RESOLVED, Idaho Medical Association adopt policy supporting the
24 establishment of a state tax credit for the purchase of a gun safe
25 to incentivize safe gun storage and save lives.

26

27 The Committee heard favorable testimony from delegates about this unique approach
28 to gun safety. This proposal seeks to increase protection for individuals and families,
29 while not infringing upon the rights of firearm owners.

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31 The Committee heard testimony in support of RES 106 from the Idaho Chapter of the
32 American Academy of Pediatrics, which emphasized the positive effects on child
33 safety from unintentional firearm discharge that disproportionately impacts children.
34 The Idaho Psychiatric Association also testified in support, referencing data showing
35 there is a decrease in rates of suicide when there is an increased amount of time that
36 passes between suicidal ideation and action.

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38 Considering this and other strongly supportive testimony, your Reference Committee
39 recommends adoption of RES 106.

1 3.) RESOLUTION 107 (23) – NO CONTRIBUTIONS TO POLITICIANS
2 CRIMINALIZING MEDICAL CARE

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4 RECOMMENDATION:

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6 Mr. Speaker, your Reference Committee recommends that Resolution 107 (23) not be
7 adopted.

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9 RESOLVED, Idaho Medical Association will advise Idaho Medical Political
10 Action Committee to not provide financial contributions or other
11 support to any politician in the year following one in which they
12 voted in support of legislation that would cause civil penalties or
13 criminalization for providing an evidence-based medical practice;
14 and be it further

15
16 RESOLVED, Idaho Medical Association will advise Idaho Medical Political
17 Action Committee to not provide financial contributions or other
18 support to the campaign of any political candidate with a political
19 platform known to IMA to include support for enacting civil
20 penalties or criminalization for providing an evidence-based
21 medical practice.
22

23 The Committee received testimony evenly split between support and opposition to this
24 proposal to direct Idaho Medical Association Political Action Committee (IMPAC)
25 contributions away from office holders or candidates who vote in favor of or support
26 legislation to criminalize evidence-based medicine. Having equally split testimony
27 made it challenging for the Reference Committee to determine the clear-cut will of the
28 House of Delegates.
29

30 Those who testified in support of the resolution expressed concerns about the
31 appearance of IMA rewarding legislators who support legislation to criminalize medical
32 care, while at the same time advocating against such bills. Supporters of RES 107
33 spoke about the impact on physicians who fear being put in jail for treating patients
34 with evidence-based medical care. Those in favor of the resolution stated their belief
35 that withholding IMPAC contributions is a way to send a message to legislators that
36 physicians strongly object to these dangerous policies.
37

38 Those who testified in opposition to RES 107 expressed concerns about how it could
39 tie the hands of the IMA by taking away discretion in allocating PAC contributions to
40 legislators who are not aligned with IMA policies on issues such as abortion and
41 gender affirming care but are strong allies on other priorities such as GME, Medicaid,
42 scope of practice, telehealth and others. Representatives of the IMPAC board
43 expressed their opposition to the harmful effects the resolution would have on the
44 IMA's advocacy efforts. The Committee heard testimony stating that the
45 implementation of the resolution would restrict IMPAC contributions in the 2024
46 election cycle to only one Republican in the House and five Republicans in the Senate.
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1 The Committee concluded that the preponderance of the testimony in opposition to
2 RES 107 outlining the negative consequences to the IMA's ability to advocate for
3 changes to Idaho's abortion laws was compelling. Testimony in favor of the resolution
4 did not present an equally compelling argument about how RES 107 is beneficial to
5 the overall IMA mission.

6
7 Reference Committee members clearly heard and agree that IMA should continue to
8 strongly oppose criminalizing evidence-based medical care. However, the testimony
9 demonstrated that IMPAC contributions are not the best tool to accomplish this.

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11 4.) RESOLUTION 108 (23) – CLIMATE CHANGE AND PUBLIC HEALTH

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13 RECOMMENDATION:

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15 Mr. Speaker, your Reference Committee recommends that Resolution 108 (23) be
16 adopted as originally written.

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18 RESOLVED, Idaho Medical Association recognizes that climate change is a
19 public health crisis that threatens the health and well-being of all
20 Idahoans; and be it further

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22 RESOLVED, Idaho Medical Association supports legislation that may help
23 Idaho's healthcare sector reduce carbon emissions; and be it
24 further

25
26 RESOLVED, Idaho Medical Association supports legislation that may help
27 Idaho's healthcare sector build climate resilience or improve
28 sustainability; and be it further

29
30 RESOLVED, Idaho Medical Association encourages its members to protect and
31 build on public health infrastructure that improves community
32 health and environmental well-being, which may help the state of
33 Idaho respond more efficiently and effectively to the effects of
34 climate change.

35
36 The Committee received testimony strongly in support of the resolution, citing the
37 impacts of climate change on public health, ranging from dangerous air quality
38 resulting from wildfires to increasing exposure to intense heat.

39
40 The Chair of the IMA Public Health Committee testified in support of RES 108 and
41 noted this topic was among its priority issues for consideration. The Idaho Chapter of
42 the American Academy of Pediatrics testified in support, citing increasing prevalence
43 of children being hospitalized for conditions related to climate change. Supporters also
44 noted the disproportionate impact on those who work outside or are socially or
45 economically disadvantaged.

1 The Committee heard a few comments in opposition to RES 108, questioning whether
2 the topic was within the IMA's purview and suggesting smaller and more incremental
3 steps instead.

4
5 However, based on the preponderance of testimony in support of the proposal, the
6 Committee recommends adoption of RES 108.

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8 5.) RESOLUTION 109 (23) – MENTAL HEALTH HOLDS

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10 RECOMMENDATION:

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12 Mr. Speaker, your Reference Committee recommends that Resolution 109 (23) be
13 adopted as originally written.

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15 RESOLVED, Idaho Medical Association supports and will advocate for
16 legislation to amend the current statute on police and mental
17 health holds to allow two agreeing physicians to drop the mental
18 health hold if, after gathering additional information, the physicians
19 determine that the patient does not meet criteria for the mental
20 hold for reasons such as:

- 21 - Determination that the patient's altered mental status is
22 caused by a non-psychiatric condition, including, but not
23 limited to, developmental disorder, intoxication/withdrawal,
24 dementia, delirium, or other medical conditions, or
- 25 - Resolution of perceived psychiatric crisis after altered mental
26 status from intoxication resolves, or
- 27 - Determination of ability to create a lesser restrictive option,
28 including appropriate outpatient psychiatric care plan that
29 would maintain patient safety, or
- 30 - Determination that the patient does not have the baseline
31 neurocognitive ability to participate in rehabilitative and
32 meaningful inpatient psychiatric treatment (e.g., but not limited
33 to, dementia, developmental delay, under guardianship); and
34 be it further

35
36 RESOLVED, Idaho Medical Association supports and will advocate for
37 legislation to create a new 'middle ground' safety hold that could
38 be called a "Public Safety Hold". This would be utilized for patients
39 who may have initially been on a police or mental hold, but whose
40 clinical picture of altered mental status is determined as not due to
41 psychiatric illness, but rather due to an underlying condition such
42 as: Intoxication, delirium, dementia, developmental delay, or other
43 condition transiently or permanently impairing their decisional
44 capacity to plan a safe discharge (understanding these are
45 incompatible indications for inpatient psychiatric care; however
46 patient's mental status is altered and interferes with their ability to
47 plan discharge safely). The Public Safety Hold would allow

1 physicians to hold patients in the Emergency Department or main
2 hospital until either:

- 3 - The transient condition is resolved (e.g., no longer intoxicated,
4 or delirious) and decisional capacity is restored, or
- 5 - A surrogate decision-maker can be identified in the event of
6 more permanent neurological debility (dementia, other
7 significant cognitively impairing neurological conditions).

8
9 The Committee received testimony strongly in support of the resolution to address the
10 current problems with mental health holds and introduce the concept of public safety
11 holds to provide better care for those incapacitated by either a mental or physical
12 health condition.

13
14 The Committee heard supportive testimony from the Idaho Psychiatric Association and
15 the Idaho College of Emergency Physicians who described the difficulty in releasing
16 patients from a mental health hold due to administrative procedures not available on
17 evenings and weekends. Others offered testimony support of the public safety hold
18 concept from the perspective of those who care for elderly patients and those who
19 suffer from other health conditions that could impair their mental capacity.

20
21 Some delegates questioned the possibility of infringing on patients' individual
22 freedoms with the public safety hold, but the preponderance of testimony spoke to the
23 increased ability to care for patients in these situations and better use of resources.
24 Therefore, the Committee recommends adoption of RES 109.

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26 6.) RESOLUTION 110 (23) – BOARD OF MEDICINE OF COMPLAINT STATUS

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28 RECOMMENDATION:

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30 Mr. Speaker, your Reference Committee recommends that Resolution 110 (23) be
31 adopted as originally written.

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33 RESOLVED, Idaho Medical Association advocate for changes to Idaho Code
34 that will allow Idaho Board of Medicine to disclose to the
35 complaining party the general status of the Board's actions on a
36 complaint that is not finally resolved or does not involve a formal
37 action of the Board, while otherwise maintaining the confidentiality
38 of the complaint and the status of the Board's actions.

39
40 The Committee received testimony mostly in support of the RES 110 to allow limited
41 disclosure by the Idaho Board of Medicine (BOM) about the status of complaints.

42
43 Those in support offered testimony about how in most circumstances the current BOM
44 process doesn't allow the party filing a complaint against a physician to learn of the
45 current status or ultimate disposition of the complaint. Supporters of the resolution
46 pointed out how this information would provide closure for patients, families and other
47 entities who file complaints.

1 One delegate questioned whether the increased availability of information about the
2 status of complaints could increase a physician's exposure to liability lawsuits, but
3 legal counsel clarified that the information is discoverable anyway and the resolution
4 wouldn't increase the likelihood of a physician getting sued.

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6 One comment in opposition expressed concern about protecting the confidentiality of
7 the physicians who are the subject of complaints. However, supporters testified that
8 only narrow information about the status of the complaint would be disclosed to the
9 complaining party, and not publicly available.

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11 Given the strong testimony in support of the proposal, the Committee recommends
12 RES 110 be adopted.

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14 7.) CONSENT CALENDAR:

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16 RECOMMENDED FOR ADOPTION:

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18 RESOLUTIONS:

- 19 RES 101 Relieving Prescription Refill Burden
20 RES 102 Supporting Patient Access to Preventative and Emergency Dental
21 Care Under Idaho Medicaid
22 RES 103 Community-Based Camps Medical Volunteer Immunity
23 RES 104 Essential Emergency Medical Services in Idaho
24 RES 105 Raising Tobacco Taxes with the Inclusion of Electronic Products
25 and Devices
26 LATE RES 112 Restoring the Department of Health and Welfare's Ability to
27 Distribute Naloxone to Community Organizations

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29 RECOMMENDED FOR FILING:

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31 REPORTS:

- 32 ADM I Report of the President
33 ADM II Report of the President-Elect
34 ADM III Report of the Board of Trustees
35 ADM V Trustee Report of District One
36 ADM VI Trustee Report of District Two
37 ADM VII Trustee Report of District Three
38 ADM VIII Trustee Report of District Four
39 ADM IX Trustee Report of District Five
40 ADM X Trustee Report of District Six
41 ADM XI Trustee Report of District Seven
42 ADM XII Report of the AMA Delegation

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45 Mr. Speaker, your Reference Committee wishes to remind the House of Delegates
46 that Resolution 111 was withdrawn from consideration by the sponsor prior to the
47 commencement of the HOD and was not considered.

1 Mr. Speaker, this concludes the Report of Reference Committee A. Your Reference
2 Committee wishes to thank all who participated in the hearing and contributed to the
3 preparation of this report.

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5 Respectfully submitted,

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7 Brandon Mickelsen, DO, Chair, Pocatello

8 Kim Cox, MD, Pocatello

9 Michael Dixon, MD, Kimberly

10 Megan Kasper, MD, Nampa

11 Kevin Wilson, DO, Meridian

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13 October 2023