



Idaho Medical Association

The Idaho Medical Association is the leading organization representing physicians in all specialties, practice settings and geographic locations in our state, and is recognized as the voice of medicine in Idaho. IMA's mission is to unify and advocate for all Idaho physicians, promote the art and science of medicine, and remain dedicated to improving the health and well-being of all Idahoans.

IMA represents over 3,700 Idaho physicians and other providers on a variety of complex legislative and regulatory issues that impact Idaho physicians and their patients.

If you have comments or questions on any of these issues, please contact IMA lobby team members:

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2020 IMA LEGISLATIVE PRIORITIES

GROWING OUR PHYSICIAN WORKFORCE

IMA supports new funding for year three of the ten-year residency development plan. IMA is strongly committed to growing our physician workforce. Idaho ranks 49th in the number of physicians per capita, 27% of whom are over 60 years of age. Furthermore, Idaho residency programs all focus on increasing rural care.

In 2019, the Legislature allocated \$1.8M that increased the state funding for existing Graduate Medical Education (GME) programs up to \$40K/position and created 25 new medical residents at \$50K/position.

In 2020, Idaho residency programs will seek \$1.5M funding for the third year of the program expansion. Overall, this is a reduced funding request compared to previous years in recognition that state revenues are coming in lower than forecasted. This funding will increase residency positions by another 25 slots.

Residency programs are leading providers of care to Medicaid, Medicare and uninsured patients in the state. Dollars invested in training physicians not only provide care for the state's poorest people, but also are the best means to recruit physicians to practice in Idaho. There is a high correlation between residency location and eventual practice site.

Each physician in Idaho supports an average of 12.1 jobs, total wages and benefits of over \$900,000, and produces \$1.9 million in economic output. Overall, Idaho physicians support 33,179 jobs, generate \$2.5 billion in total wages and benefits, add \$168.6 million in state and local taxes and generate \$5.2 billion in total economic activity. (*2018 AMA Economic Impact Study*)

PRIOR AUTHORIZATION = ADMINISTRATIVE BURDEN

Prior authorization (PA) requirements are identified as the most pressing concern facing physicians today. Physicians complete an average of 31 PAs per week, utilizing administrative and physician time of roughly 14.9 hours or two business days weekly. PAs can create significant barriers for patients by delaying necessary treatment and undermine physicians' expertise for determining their patients' preferred treatment options.

A current IMA survey shows that 2/3 of Idaho physicians say that PA hassles always or often delay necessary treatment for patients. One third of physicians report that PA has affected care delivery and led to serious adverse events for their patients. And 85% perceive that PA has a significant or somewhat negative impact on patient clinical outcomes.

PA is a significant administrative burden with little to no benefit for patients. IMA will work with payers to provide a transparent process for determining PA requirements for health services and medications. In addition, IMA will seek elimination of PA requirements for services and medications that are routinely approved at least 85 percent of the time.

NETWORK ADEQUACY / BALANCE BILLING

Insurance companies in Idaho and across the country are creating increasingly more narrow networks of physicians and other providers to save money. Some physicians may choose not to join networks due to unfavorable contract terms, and some physicians want to join networks and are prevented from doing so because Idaho's Any Willing Provider statute does not apply to networks.

The issue becomes further complicated when networks contract with hospitals, but not the physicians who provide services at those facilities. Patients are caught in the middle when networks don't have processes in place to appropriately reimburse out of network (OON) physicians for the care already provided. When this happens, patients experience a surprise gap in their insurance coverage.

IMA wants to keep patients out of the middle of disputes between physicians and insurance companies.

Health plans should honor their commitments to provide coverage for patients and establish a mechanism for providing reasonable reimbursement to OON physicians so that patients are held harmless for amounts owed over and above copays and deductibles. IMA is opposed to setting reimbursement levels in statute, which results in government price controls for physician services. IMA supports baseball-style arbitration as a mechanism to assist physicians and insurers in reaching agreements on appropriate payment for services.

VOLUNTEER HEALTHCARE PROFESSIONAL IMMUNITY

Idaho has existing laws to protect certain types of healthcare professionals from liability when they volunteer to provide free medical care. Some of the providers not currently covered by existing statutes include counselors, social workers, psychologists, physical therapists, pharmacists and dieticians. IMA will work to amend Idaho Code 39-7702 (4) to provide immunity from liability for all properly licensed, certified and registered healthcare professionals while they are volunteering their services in free clinics. The change will also include students in these same professional fields, provided they are supervised by one of the above professionals who is present in the facility while they provide care.

PRESCRIPTION DRUG AFFORDABILITY AND ACCESSIBILITY

The cost of prescription drugs represents 21 percent of spending for employer sponsored insurance, creating a significant challenge to employers that struggle to provide health insurance to employees and their dependents while maintaining a competitive and viable business in Idaho. The cost of prescription drugs also represents a significant challenge to the Idaho budget for Medicaid and CHIP expenditures, Idaho employee and retiree health insurance, corrections' health care, as well as the cost of coverage for our public education institutions.

There is a lack of transparency on significant cost drivers of prescription drugs: the deals made, and discounts granted through pharmacy benefit managers (PBM) and their contracts with insurers and manufacturers. Rarely are these discounts passed through to patients. Providing pricing information across the prescription drug supply chain will help achieve transparency. Policies adopted by some PBMs and insurers prohibit pharmacists from discussing reimbursement criteria with patients. These policies also penalize pharmacies or pharmacists that disclose cost information to a patient or who sell a more affordable alternative to a patient. Some even require pharmacies to charge or collect a copayment from patients that exceeds the total charges submitted by the network pharmacy. These policies are bad for patients and are major drivers of healthcare costs. IMA will work with insurers and pharmacists to seek remedies and transparency.

IMPLEMENTATION OF MEDICAID EXPANSION

IMA supports Medicaid Expansion. The IMA Board of Trustees adopted policy on implementation of expansion stating IMA does not support provisions that:

- Lead to delayed implementation of Medicaid expansion
- Add administrative burdens and costs to the state in administering Medicaid expansion
- Take away coverage from eligible individuals or are punitive in nature.

Regarding the addition of sideboards or additional requirements on Medicaid recipients, IMA asks the Idaho Legislature to consider the experiences of other states and to base decisions on reliable financial studies and models. It is important that the dollars allocated for Medicaid be used to provide much needed care for Idaho's most vulnerable citizens instead of bureaucratic burdens. Please consider IMA as a resource as you consider how best to implement Medicaid expansion in Idaho