



2022 Idaho Medical Association Legislative Priorities

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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IMA extends our sincere gratitude and recognizes physicians, PAs, nurses, first responders and other frontline workers across Idaho for their tireless efforts throughout the COVID-19 pandemic in keeping our citizens healthy and safe, and our businesses and economy open and thriving. You are appreciated.

Expanding GME: Increase Idaho's Physician Workforce

IMA supports funding for the fifth year of the ten-year residency expansion plan. IMA is strongly committed to growing our physician workforce, especially in rural and underserved parts of Idaho, to increase overall access to care, meet the demands of a fast-growing population and provide the next generation of caregivers in Idaho's aging physician workforce.

In 2021, the Legislature allocated \$900K to build out 15 new Graduate Medical Education (GME) positions throughout the state and maintain current funding levels for existing residency training programs.

For 2022, the Idaho State Board of Education (SBOE) and Idaho residency programs will seek \$729K in new funding for the fifth year of the GME expansion. This funding will increase residency positions by another 14 slots across Idaho at a pro-rated level to ensure the request complies with the Governor's 3.1% maximum increase. Given the massive population growth in Idaho and a record budget surplus, IMA encourages legislators to consider additional funding opportunities for GME to grow our physician workforce when contemplating budget priorities.

Residency programs are leading providers of care to Medicaid, Medicare, and uninsured patients in Idaho. Investing in physician training not only provides care for the state's poorest people but is also the best means to recruit physicians to practice in Idaho. Evidence shows that physicians will likely practice medicine within 100 miles of where they completed their residency.

Mitigating the Impacts of the Idaho Patient Act

The IMA is grateful to all legislators for voting to unanimously approve HB 42 in the 2021 session. This important legislation delayed certain provisions of the Idaho Patient Act to July 1, 2021, which helped hospitals and clinics in their attempt to comply with the law while simultaneously dealing with the impacts of the COVID-19 pandemic. However, like any new law or regulation, the Idaho Patient Act has unintended consequences which unfortunately drive up the cost of care for patients and burden physicians with more paperwork.

Beginning last April, IMA and other health care organizations began a series of collaborative meetings with Melaleuca to discuss the Idaho Patient Act and ways to

improve the law without shifting any burdens to patients. The bi-weekly meetings with practice managers, payers, and others helped narrow down the list of issues to four main focal areas.

1. Cost/Technology/Privacy – Due to additional information required on the Final Statement, patients' personal information is now vulnerable, and physician offices face challenges adding that information that is not compatible with most billing and EHR systems.
2. Bounced Checks – When a patient passes a bad check with an insufficient amount of funds, a medical practice has a limited amount of time to correct the situation. The Patient Act inhibits this ability due to the extended timelines before utilizing extraordinary collection actions. A shorter window, with notification to the patient, is one option to correct this problem.
3. Global Fees/Payment Clawbacks – Some healthcare services are reimbursed by insurance companies as global fees or bundled payments. Physicians cannot bill for these services until the last session in the bundle is completed. For example, maternity care is typically not billed until the child is born. Additionally, payment clawbacks occur when an insurance company determines it should have not paid a claim, for a variety of reasons. The insurer, usually between 6 months to a year later, takes back payment from the physician and it becomes the patient's responsibility. In both the bundled payment plan and insurance clawback scenarios, the timelines from the date of service in the Patient Act prohibit physicians from complying with the law. There should be changes to allow for these unique situations.
4. Definition of Extraordinary Collections – Not all extraordinary collection actions are the same. For example, reporting an outstanding bill to a credit agency is highly effective at prompting patients to pay their bills and avoid incurring any permanent adverse credit flags. It is a lower-level intervention that is also highly effective at helping prevent litigation, which can permanently alter a patient's credit record.

Collaborative legislative language is under development, and we hope that the Idaho Legislature will support these consensus changes that will help patients and physicians alike.

Support for Science and the Rights of Private Business

The COVID-19 pandemic placed a large emphasis on the need to practice effective and well-researched public health measures. The facts and science prove that vaccines work with over 90 percent of COVID-19 hospitalizations coming from the unvaccinated population. Science has also revealed that natural immunity varies too much from person to person to reliably protect against subsequent infections of COVID-19. It is imperative that Idahoans get the certainty of protection from an FDA approved COVID-19 vaccine.

That is why IMA strongly supports the private rights of business, so they can make decisions to keep their workplaces safe and our economy open with respect to vaccination and mask policies. This also includes support for the current law which allows exemptions for medical and religious purposes under the Americans with Disabilities Act. IMA members have worked tirelessly over the last two years to care for Idahoans who battle COVID-19. The last thing physicians want to see is regulations on businesses and health care facilities that impacts the ability to create a safe environment for patients, employees, and patrons.

Physician Burnout – Supporting Health Care Workers

Prior to the COVID-19 pandemic, physician burnout was recognized as a serious public health crisis in the U.S. Starting in March of 2020, the weight of the pandemic began to add levels of stress that have never been experienced before by the health care community. The sleepless nights, increased patient loads, and daily encounters with preventable deaths have taken a mental toll on our physicians. This is not uncommon in many other frontline professions like law enforcement, firefighters, and other first responders.

While there is not an instant solution to this crisis, IMA is committed to supporting the well-being of Idaho physicians. Currently, physician wellness programs provide assistance to struggling physicians. Expanding these programs and taking steps to ensure physicians feel comfortable seeking help, are critical factors to combating physician burnout. The IMA lobby team looks forward to collaborating with the Legislature, state agencies, and other stakeholders to improve the mental and physical well-being of Idaho physicians in addition to other frontline workers who put their lives on the line during the pandemic.