



# IDAHO MEDICAL ASSOCIATION

## HEALTH POLICY COMPENDIUM

Welcome to the Idaho Medical Association (IMA) Health Policy Compendium! This document contains all policies created by formally adopted positions of the IMA Board of Trustees (BOT) and all policies created by the IMA House of Delegates (HOD) over the last decade.

Policies that have been replaced will be moved to an archive document. Policies older than ten (10) years will be reviewed annually to determine if they remain in effect or if they should be moved to the archive document.

The most current version of the IMA Health Policy Compendium will be posted on the IMA website and the archived policies will be available to IMA members upon request. If you have any questions about these policies or other issues related to the Idaho Medical Association, please contact the IMA at 208.344.7888.

<b>ADVANCE DIRECTIVES, CORONERS, DEATH AND DYING</b> .....	<b>1</b>
<b>DRUGS AND PHARMACY</b> .....	<b>2</b>
<b>MEDICAL EDUCATION, PHYSICIAN WORKFORCE &amp; RELATED ISSUES</b> .....	<b>4</b>
<b>HOSPITAL AND PHYSICIAN RELATIONS, CREDENTIALING &amp; RELATED ISSUES</b> .....	<b>7</b>
<b>IDAHO BOARDS AND AGENCIES</b> .....	<b>8</b>
<b>IMA FOUNDATION</b> .....	<b>9</b>
<b>INSURANCE, PAYER AND REIMBURSEMENT ISSUES</b> .....	<b>9</b>
<b>HEALTHCARE REFORM</b> .....	<b>15</b>
<b>LIABILITY, IMMUNITY AND GENERAL LEGAL</b> .....	<b>17</b>
<b>MEDICAID/MEDICARE (CMS)</b> .....	<b>19</b>
<b>MENTAL HEALTH</b> .....	<b>20</b>
<b>OPIOID AND SUBSTANCE ABUSE PREVENTION</b> .....	<b>21</b>
<b>PHYSICIAN ISSUES</b> .....	<b>23</b>
<b>PUBLIC HEALTH AND SAFETY</b> .....	<b>24</b>
<b>SCOPE OF PRACTICE</b> .....	<b>31</b>
<b>TELEMEDICINE/TELEHEALTH</b> .....	<b>35</b>
<b>TRAUMA SYSTEM AND EMERGENCY MEDICAL SERVICES</b> .....	<b>36</b>

# **ADVANCE DIRECTIVES, CORONERS, DEATH AND DYING**

## **Advance Directives**

IMA adopts policy and will work with existing stakeholder groups to support the creation and distribution of advance directives tailored to the unique challenges faced by Idaho patients with dementia and to support efforts to work with the State of Idaho to allow for acceptance of advance directives for patients with dementia in Idaho's advance directive registry. (HOD 2018)

IMA adopts policy in support of the goal of obtaining state general funds or private funding options for Honoring Choices Idaho to further their mission of statewide promotion of best practices for advance care planning throughout Idaho and, if necessary, will support efforts by Honoring Choices Idaho and their partners to obtain statewide funding. (HOD 2018)

IMA supports creation of a dual language Physician Orders for Scope of Treatment (POST) form and will work first through administrative channels and then, if necessary, through legislation toward Idaho's adoption of an official English/Spanish dual language POST form, in addition to the current English language only POST form. (HOD 2014)

IMA supports Health Insurance Portability and Accountability (HIPAA) compliant electronic access to patients' Physician Orders for Scope of Treatment (POST) forms for all medical physicians and other healthcare professionals. IMA will seek administrative or legislative changes to improve physicians and other healthcare professionals' access to Physician Orders for Scope of Treatment (POST) forms. (HOD 2014)

## **Coroner Issues**

IMA will review Idaho's statutes regarding death investigation and coroner processes to assess whether amendments are needed and, if so, will pursue those amendments. Further, IMA will educate members on Idaho statutes regarding death investigation and coroner processes, as well as the rights of physicians and appropriate processes for physicians to follow when working with an Idaho county coroner. (HOD 2018)

## **Physician-Assisted Suicide**

IMA adopts policy in opposition to physician-assisted suicide and declares that physician-assisted suicide is inconsistent with the physician's role as healer and healthcare provider. (HOD 2017)

IMA reaffirms its position in opposition to physician-assisted suicide with appropriate safe harbors for palliative and end of life care. (BOT, Feb 2017)

IMA supports the letter from the Washington State Medical Association to the American Medical Association's Ethics Committee regarding maintaining policy opposing physician-assisted suicide. (BOT, Feb 2017)

## **DRUGS AND PHARMACY**

### **Compounding Drugs in Physician Offices**

IMA adopts policy supporting physician access to drugs compounded by compounding pharmacies and supporting the U.S. Department of Health and Human Services Interim Policy on Compounding Using Bulk Drug Substances Under Section 503A of the Federal Food, Drug, and Cosmetic Act. IMA will communicate these positions to the Federation of State Medical Boards, the Idaho Board of Pharmacy and Idaho Board of Medicine and seek their opposition to any bans on sterile compounding that is done in physician offices or compounding pharmacies. (HOD 2016)

### **Epilepsy Drugs**

IMA supports a proposal that would require a pharmacy to notify the prescriber and patient prior to substituting an alternate anti-epileptic drug. (BOT, February 2010)

### **Epinephrine Auto-Injectors (Epi-Pens)**

IMA supports legislation expanding access to epinephrine auto-injectors (Epi-Pens) to additional authorized entities, particularly those where children congregate, such as summer camps, recreational programs, etc. (BOT, Feb 2016)

IMA supports legislation allowing a supply of Epi-Pens at public schools and allowing school staff to administer them after limited training. (BOT, Jan 2014)

### **E-Prescribing of Controlled Substances**

IMA supports legislation that would amend Idaho code to implement federal law and regulatory changes that allow physicians to prescribe controlled substances electronically. (BOT, February 2011)

### **Medication Management in Schools**

IMA adopts policy in support of Idaho school district policies encouraging students to self-administer sunscreen without physician or school authorization while at school or under school authority. Further, IMA will work with stakeholders to develop Idaho school district policies encouraging students to self-administer sunscreen without physician or school authorization while at school or under school authority. (HOD 2018)

IMA adopts policy in support of and will work with stakeholders to improve Idaho school district policies on medication management for students that are based on best clinical practices for the condition being treated. (HOD 2017)

### **Pharmacy Benefit Managers (PBMs)**

IMA adopts policy in support of regulation of Pharmacy Benefit Managers that will provide increased transparency, set limits on pricing methods, prohibit practices that unnecessarily drive up costs for patients, restrict gag clauses that withhold important information from patients, and prohibit any other deceptive practices that adversely impact patient access, choice and cost.

IMA supports legislation to require Pharmacy Benefit Managers to register with the Idaho Department of Insurance and be subject to regulation that will provide increased transparency, set limits on pricing methods, prohibit

practices that unnecessarily drive up costs for patients, restrict gag clauses that withhold important information from patients, and prohibit any other deceptive practices that adversely impact patient access, choice and cost.

IMA will work with the AMA to change federal law to promote pharmacy cost and price transparency, remove pharmacy group purchasing protections from the federal Anti-Kickback Statute and the Physician Self-Referral Law (Stark Law) and to encourage efficiencies in pharmacy benefit cost management. (HOD 2018)

## **Prescribing Authority**

IMA will introduce a bill that defines the situations in which it is appropriate for a physician to prescribe medication without establishment of a physician-patient relationship. (BOT, February 2012)

## **Prescription Drug Abuse**

IMA supports the creation of an Idaho-based task force on prescription drug abuse. (HOD 2011)

## **Prescription Drug Disposal Options**

IMA adopts policy recognizing that limited prescription drug disposal options in Idaho is a public health issue. IMA will work with the Office of Drug Policy, the Idaho Drug Enforcement Administration, public law enforcement agencies, and District Health Departments to research alternative options for expansion of prescriptions drug disposal practices in Idaho. IMA will support legislation expanding prescription drug disposal practices in Idaho. (HOD 2015)

## **Prescription Drug Prices**

IMA adopts policy in support of prescription drug pricing transparency, supports prohibiting penalties to entities that disclose alternative and less expensive methods for purchased medications, encourages pharmacies to provide medication cost transparency information to patients. Further, IMA should advocate on a legislative agenda that a plan sponsor, health insurance issuer or pharmacy benefit manager may not:

- a) Prohibit a pharmacist from discussing reimbursement criteria with a covered person;
- b) Penalize a pharmacy or a pharmacist for disclosing cost information to a covered person or for selling a more affordable alternative to a covered person;
- c) Require a pharmacy to charge or collect a copayment from a covered person that exceeds the total charges submitted by the network pharmacy. (HOD 2019)

IMA adopts policy regarding the cost of prescription drugs similar to the American Medical Association (AMA) policy H-110.997. IMA delegation shall present a resolution to the November 2014 American Medical Association (AMA) interim meeting for action and request the AMA to advocate for prescription drug cost containment, and to communicate concerns about the rapidly rising cost of generic prescription drugs to the Federal Drug Administration. (HOD 2014)

## **Prescription Monitoring Program**

IMA adopts policy in support of physicians having authority to access Idaho Prescription Monitoring Program records of the non-physician prescribers they employ or supervise and will work with the Idaho State Board of Pharmacy on a process to allow physicians the authority to access Idaho Prescription Monitoring Program records of non-physician prescribers they employ or supervise. (HOD 2018)

IMA will work with the Idaho State Board of Pharmacy to add language to Idaho Administrative Procedure Act (IDAPA) 27.01.01.204 to state “online access to Prescription Monitoring Program (PMP) is limited to licensed prescribers, pharmacists, and members of staff authorized by prescribers for treatment purposes.” IMA will recommend additional language to be added to IDAPA 27.01.01.204 to state “When a designee, for any reason, is no longer authorized as a designee by a prescriber or pharmacist, the prescriber or pharmacist shall revoke the designation and notify the Idaho State Board of Pharmacy.” (HOD 2015)

IMA will communicate its support of the Idaho State Board of Pharmacy legislation that amends Idaho Statute to authorize the Physician Recovery Network and other peer assistance entities to access records of the Prescription Drug Monitoring Program of the Idaho State Board of Pharmacy for those providers under contract with the PRN program and to work with the Board toward its passage. (HOD 2013)

IMA will encourage physicians to appropriately prescribe controlled substances for pain management, to access educational resources for current pain management protocols, and identify potential prescription drug abuse in patients. Further, IMA supports physician registration and regular usage of the Idaho State Board of Pharmacy Prescription Monitoring Program (PMP) and IMA will promote the PMP through newsletter and website outreach. IMA will provide physician feedback to the Board of Pharmacy for improvements to the PMP. IMA will continue to participate in the Idaho Office of Drug Policy Prescription Drug Abuse Workgroup to identify ways for physicians to proactively address this issue with their patients and their local communities. IMA will oppose legislative mandates or other provisions that: 1) require physicians to engage in a burdensome process before writing controlled substance prescriptions; 2) mandate a physician’s participation in continuing medical education (CME) courses specifically focused on pain management; 3) include any mandates that would compromise a physician’s medical judgment or interfere with the physician-patient relationship. (HOD 2013)

IMA opposes proposed legislation sponsored by the Idaho State Board of Pharmacy that would assess penalties on physicians if they were found to have failed to protect their username and password for the controlled substance prescription monitoring database. (BOT, February 2012)

## **Prescription Refill Time Limit**

IMA will work with the Idaho State Board of Pharmacy to add language to IDAPA 27.01.01.117 to include: “A prescription drug order expires as specified by the prescriber or fifteen (15) months after the prescription was originally issued, whichever occurs first.” (HOD 2015)

# **MEDICAL EDUCATION, PHYSICIAN WORKFORCE & RELATED ISSUES**

## **Conrad 20 J-1 Visa Waiver Program**

IMA supports legislation for expansion of Idaho’s J-1 Visa program to allow general surgery as an option for a specific site on an as-needed basis. (BOT, Nov 2013)

## **Continuing Medical Education**

IMA will withdraw from its role as a state accreditor with the Accreditation Council of Continuing Medical Education (ACCME) effective September 1, 2018. (BOT, Aug 2018)

IMA will establish an annual dues assessment of \$500 per participating program to maintain IMA CME program. IMA will also commit \$1,000 in annual funding. (BOT, Nov 2013)

## **Funding for New Medical Education Study**

IMA will sponsor a Concurrent Resolution to the Legislature seeking funding for an updated or new medical education study. (BOT, Oct 2015)

## **Idaho College of Osteopathic Medicine (ICOM)**

IMA will submit the policy adopted by the 2016 IMA House of Delegates regarding the proposed Idaho College of Osteopathic Medicine (ICOM) to the American Osteopathic Association's Commission on Osteopathic College Accreditation during their open comment period on accreditation of ICOM. (BOT, Oct 2016)

IMA adopts a neutral position toward the Idaho College of Osteopathic Medicine (ICOM) until such time as IMA House of Delegates votes to approve a change in position. IMA adopts a position of support for deliberate and collaborative efforts to promote a quality physician training pipeline, and support for increasing opportunities for Idaho students and increasing the Idaho physician workforce. IMA looks forward to seeing additional information from the Idaho College of Osteopathic Medicine as to how their particular approach could contribute to meeting these goals. IMA recognizes that the Idaho College of Osteopathic Medicine proposal has increased attention to the discussion of expanding medical education in Idaho, and IMA sees this as an opportunity to advance the growth of residency training in Idaho. IMA adopts policy to continue to positively promote legislative support for funding of Idaho medical student seats at the University of Utah and the University of Washington. (HOD 2016)

IMA adopts policy regarding the Idaho College of Osteopathic Medicine (ICOM) and that Susie Pouliot and David Rice MD will serve as representatives of IMA on the ICOM Dean's Advisory Committee. (BOT, Apr 2016)

## **IMA Policy on UME and GME (including criteria)**

IMA supports inclusion of funding for a medical education coordinator in the Idaho State Board of Education's Budget Proposal. (BOT, Oct 2016)

IMA will update its existing policy on medical education and residency training in Idaho in a manner that is program agnostic but that maintains focus on quality and minimum criteria that must be met to gain IMA support. There are important minimum criteria that must be met in order for IMA to consider supporting a specific proposal from any source. The minimum criteria, as defined by IMA Medical Education Affairs Committee and approved by IMA Board of Trustees, are:

1. Eligibility for Liaison Committee on Medical Education (LCME) or Commission on Osteopathic College Accreditation (COCA) accreditation
2. Provides affordable access to medical education for qualified Idaho students
3. Focus on the goal of continued expansion of Idaho medical school graduates
4. Integrate with, and support expansion of, Accreditation Council for Graduate Medical Education (ACGME) accredited residency programs
5. Education and training of specialties based on physician workforce numbers and needs in Idaho
6. Focus on recruitment and retention of program graduates. (HOD 2015)

IMA will engage in a process to identify and organize appropriate stakeholders and be a participant, facilitator and convener of discussions regarding the future of undergraduate and graduate medical education in Idaho. (BOT, May 2015)

## **Idaho Primary Care Scholars Program**

IMA supports the development of an Idaho Primary Care Scholars Program. (HOD 2010)

## **Medical Student Debt Relief**

IMA will work with the Idaho Academy of Family Physicians, Idaho Department of Health and Welfare, Idaho Bankers Association and other applicable organizations to develop a program for physicians to provide reduced interest rates on outstanding student loan debt as a recruitment and retention tool for Idaho. IMA will support legislation to implement a recruitment and retention program for physicians to reduce interest rates on outstanding student loan debt. (HOD 2015)

IMA will work to reduce the state tax rate on physician loan repayment aid to 0 percent, will advocate on a legislative level to pass a five to ten year pilot program to remove the tax on physician loan repayment funds provided by a third-party, and will work with applicable parties on legislation to exclude, from the gross income of a physician, the amounts paid by an employer or private individual under the student loan repayment program. (HOD 2018)

## **Mandatory Practice in Idaho for WWAMI and U of Utah Students**

IMA opposes any legislation that includes a mandated return to practice in Idaho for physicians in return for state tuition support received through the WWAMI program at the University of Washington School of Medicine or the Idaho funded tuition support program at the University of Utah School of Medicine. (HOD 2012)

## **Preceptors**

IMA will include advanced practice providers to proposed legislation creating tax incentives for preceptors of students and residents. (BOT, Feb 2017)

IMA adopts policy and will sponsor legislation to support of the creation of a tax incentive program for physician preceptors of students and residents of Idaho Liaison Committee on Medical Education (LCME) or Commission on Osteopathic College Accreditation (COCA) medical education and Accreditation Council for Graduate Medical Education (ACGME) accredited residency training programs. (HOD 2016)

IMA adopts policy supporting the creation of a statewide voluntary coordination system for clinical rotations by residents, medical students, osteopathic students, physician assistant students and nurse practitioner students. IMA will advocate for a Concurrent Resolution directing the Idaho Legislature to authorize and support a broad workgroup of stakeholders to explore the creation of a statewide voluntary coordination system for clinical rotations by residents, medical students, osteopathic students, physician assistant students and nurse practitioner students that seeks to be free of program biases, be respectful and fair to all types of students, protect existing program/preceptor relationships and accommodate stakeholder requirements and concerns. (HOD 2015)

## **Residency Funding**

IMA adopts policy in support of the development of the Eastern Idaho Psychiatry Residency in Pocatello and will actively lobby the Idaho Legislature to support funding requests made by or on behalf of the Eastern Idaho Psychiatry Residency. (HOD 2017)

IMA supports Medicaid Graduate Medical Education funding for all Idaho Graduate Medical Education programs that receive funding from the State of Idaho. IMA will advocate on a legislative and administrative level for the development of Medicaid Graduate Medical Education funding for all Idaho Graduate Medical Education programs that receive funding from the State of Idaho. (HOD 2016)

IMA supports the Kootenai Health Family Medicine Coeur d'Alene Residency request for partial public funding from the State of Idaho and will actively lobby accordingly. (HOD 2013)

IMA supports the Boise Veterans Administration Hospital based internal medicine residency request for partial public funding. (HOD 2010)

## **Rural Physician Incentive Program**

IMA supports and will advocate for legislation to increase the Rural Physician Incentive Program awards to \$25,000 per year over a four-year period, to increase the number of awards that can be given to Idaho physicians, and allow access to the RPIP fund balance to achieve these goals. IMA will work with other stakeholders to explore additional funding resources, such as state matching funds, to further expand the reach and effectiveness of the Rural Physician Incentive Program. (HOD 2014)

IMA supports legislation that would shift governance of the Rural Physician Incentive Program from the Board of Education to the Department of Health and Welfare, Office of Rural Health. (BOT, October 2011)

IMA supports legislation modifying the Rural Physician Incentive Program to allow contributions from interested partners (e.g. hospitals, communities, legislative appropriations) to the current contributions of the medical students and that this new amount of money be distributed through the currently existing Rural Physician Incentive Program per their existing criteria. (HOD 2009)

# **HOSPITAL AND PHYSICIAN RELATIONS, CREDENTIALING & RELATED ISSUES**

## **Authentication of Hospital Records**

IMA supports legislation to clarify that hospitals' policies on authentication of orders are in compliance with state and federal law. (BOT, Feb 2013)

## **Bariatric Surgery**

IMA supports Idaho Medicaid adhering to the Centers for Medicare and Medicaid Services determination on facilities authorized for bariatric surgery. Further, IMA will seek administrative or legislative routes to advocate that Idaho Medicaid adheres to Centers for Medicare and Medicaid Services determination on facilities authorized for bariatric surgery. (HOD 2014)

## **Economic Credentialing**

IMA supports and will introduce a bill prohibiting economic credentialing. (BOT, February 2012)

IMA supports draft omnibus legislation to expand any willing provider and ban economic and negligent credentialing. (BOT, October 2011)

IMA reaffirms its current policy supporting hospital staff credentialing and privileges for physicians based on training, education, and quality of care, and further, IMA will introduce legislation to prohibit economic credentialing, as defined by the AMA, in order to ensure that hospital staff membership and privileges are granted and reviewed based on training, education, and quality of care. (HOD 2011)

## **Idaho Hospital Association Constitutional Amendment**

IMA supports the Idaho Hospital Association's Constitutional amendment to allow hospitals to finance capital construction and equipment purchases without a vote of the public. (HOD 2010)

## **IDAHO BOARDS AND AGENCIES**

### **Idaho Board of Medicine**

IMA supports the Idaho Board of Medicine's legislation to establish an interstate medical licensure compact. The legislation creates a new model for physician licensing that would significantly reduce barriers for physicians who wish to practice in multiple states and would facilitate multi-state practice without compromising patient safety or quality or federalizing medical licensure. (BOT, Feb 2015)

IMA opposes HB 426 as written. The legislation seeks to prohibit any occupational licensing board or governmental subdivision or entity from denying, revoking or suspending a person's professional or occupational license, certificate or registration due to certain conduct that is based on their religious beliefs and is problematic as written. (BOT, Jan 2014)

IMA supports legislation from the Idaho Board of Medicine that would make conviction of a DUI, or other drug or alcohol related charge, grounds for medical discipline. (BOT, Feb 2013)

IMA will contact the Board of Medicine and express the importance of IMA and physician input in any discussion and development of maintenance of competency/licensure programs. (BOT, April 2009)

### **Idaho Department of Health and Welfare**

IMA will partner with the Idaho Department of Health and Welfare and other appropriate organizations to develop policies that improve access to and encourage choice of healthier food options for Idaho citizens enrolled in the Idaho Food Stamp Program. (HOD 2013)

IMA supports legislative action to require the Department of Health and Welfare to provide a 90-day notice when modifying policy that results in decreased reimbursement and to perform due diligence by providing information and seeking comment on any change that has the potential to impact patient access to care prior to notification of any change. (HOD 2010)

## **Idaho Department of Insurance**

IMA will work with the Idaho Department of Insurance to develop a process for physicians to report possible violations while maintaining patients' privacy under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations. (HOD 2019)

IMA will remain neutral on the Governor's Executive Order and the guidance issued by the Department of Insurance that allow insurers to offer "skinny plans" that don't include all the required ACA essential benefits in Idaho. Executive Orders do not require any legislative action and become effective when signed. (BOT, Feb 2018)  
IMA adopts policy supporting physicians in all legitimate practice models. IMA will sponsor legislation clarifying that direct primary care retainer agreements are not insurance and are not subject to regulation as insurance in the State of Idaho. (HOD 2014)

IMA supports SB 243 (with amendments) that adds language to Idaho code to provide that medical retainer agreements are not subject to regulation as health insurance. (BOT, Jan 2014)

## **IMA FOUNDATION**

### **IMAF Board**

IMA received official notification from the IRS acknowledging the non-profit status of IMA Foundation has been received. Dr. Schmitz informed the Board that the Foundation currently does not have a Board and that it is essential that a Foundation Board be formed as soon as possible. After discussion, it was decided that the current IMA Board of Trustees serve as IMA Foundation Board of Directors with Dave Schmitz, MD serving as chair. (BOT, Oct 2014)

### **Transfer of Funds from MEST to IMA Foundation**

The current balance in the Medical Education Foundation account, \$214,833, which has remained untouched since 2008, will be transferred to IMA Foundation. (BOT, July 2011)

## **INSURANCE, PAYER AND REIMBURSEMENT ISSUES**

### **Any Willing Provider**

IMA continues to support Any Willing Provider when possible and will allow the Government Relations Team to determine if additional efforts to pass legislation are politically feasible. (BOT, May 2012)

IMA supports draft omnibus legislation to expand Any Willing Provider and ban economic and negligent credentialing. (BOT, October 2011)

IMA reaffirms its strong support of the original Any Willing Provider law and directs IMA BOT to give top priority to protecting the Any Willing Provider law from repeal. Further, IMA will support legislation clarifying the AWP law to allow non-network physicians to invoke AWP to obtain a contract from an insurance company. (HOD 2010)

IMA opposes legislation that would expand Any Willing Provider to require hospital network contracts to be open. (BOT, February 2009)

## Balance Billing – Network Adequacy

In order to facilitate more fully informed decisions by patients, IMA urges Idaho physicians to clearly disclose their fee schedules to patients upon request prior to care whenever possible, to be transparent about the health insurance products and networks in which they participate, to join networks when feasible, and to bill in a way that reflects the cost of providing care. IMA opposes unethical practices of inappropriately billing patients.

IMA adopt policy in support of requirements for health plans: 1) to maintain strong, measurable network adequacy standards that provide patients with timely access to and choice of providers; 2) to the degree possible to standardize the way in which they market and describe their out-of-network coverage to provide transparency for patients; 3) to be responsible for informing patients in a timely manner whether or not a physician or hospital is in network or out of network based on the patient's individual plan, and estimates of the allowable benefit for care, deductible and copay so patients may accurately assess their financial exposure; 4) to provide reasonable reimbursement to out of network physicians using an index of fair market values for services rather than payor fee schedules; and 5) to engage in arbitration with physicians to determine adequate reimbursement for out of network services.

IMA will engage with the Idaho Department of Insurance to insist insurance companies comply with appropriate network adequacy standards in all situations, and participate in a coalition of physician, hospital and patient advocates and associations to work with the Department of Insurance to adopt rules and guidelines, or if necessary, to sponsor and advocate for the passage of legislation to ensure that health plans: 1) maintain strong, measurable network adequacy standards that provide patients with timely access to and choice of providers; 2) to the degree possible to standardize the way in which they market and describe their out-of-network coverage to provide transparency for patients; 3) to be responsible for informing patients in a timely manner whether or not a physician or hospital is in network or out of network based on the patient's individual plan, and estimates of the allowable benefit for care, deductible and copay so patients may accurately assess their financial exposure; 4) to provide reasonable reimbursement to out of network physicians using an index of fair market values for services rather than payor fee schedules; and 5) to engage in arbitration with physicians to determine adequate reimbursement for out of network services. (HOD 2018)

IMA will oppose HB 495 on balance billing. (BOT, Feb 2018)

## Chronic Care Management Reimbursement

IMA will communicate support of Chronic Care Management reimbursement for rural health clinics, federally qualified health centers, and all other physician clinics managing chronic conditions for patients enrolled in a home health episode, to the Centers for Medicare and Medicaid Services to meet the needs of integrated healthcare in a Patient-Centered Medical Home. IMA delegation will present this resolution at the November 2017 American Medical Association interim meeting for action, and request that the American Medical Association advocate for the authorization of chronic care management during a home health episode to the Centers for Medicare and Medicaid Services for all physicians and, if federal law must be amended, to Congress. (HOD 2017)

## Chronic Eye Condition Medication Coverage

IMA adopts policy and will seek legislation to require insurers that cover prescription topical medication for chronic eye conditions to pay prescription claims when an early refill is requested by a covered patient: 1) not earlier than 21 days after a prescription for a 30-day supply is dispensed; 2) not earlier than 42 days after a prescription for a 60-day supply is dispensed; or not earlier than 63 days after a prescription for a 90-day supply is dispensed. The

prescriber must indicate on the original prescription that a specific number of refills are permitted and that early refills requested by the patient do not exceed the total number of refills prescribed. (HOD 2015)

## **Coverage for Oral Chemotherapy**

IMA will advocate and support legislation that will direct health benefit plans to provide coverage for prescribed, orally administered anticancer medication on a basis no less favorable than intravenously administered or injected cancer medications. (HOD 2009)

## **Denial Due to Illegal Acts**

IMA will investigate all avenues to limit or prohibit the denial of coverage for a claim under an insurance policy on the basis that the claim is associated with an illegal act. IMA will: 1) work with the Idaho Department of Insurance to adopt a rule limiting or prohibiting the denial of a claim on the basis that it is associated with an illegal act; or 2) sponsor legislation to prevent the denial of coverage for a claim on this basis unless a court of law has determined that the claim is the result of an illegal act committed by the patient. (HOD 2015)

IMA adopts a policy that all insurance claims should be honored and paid promptly regardless of the legality of the activities of the patient; and that IMA will work with the Idaho Department of Insurance to affirm this policy in statute or rule. (HOD 2014)

## **Dependent Coverage**

IMA adopts a soft support position on a bill that would change dependent coverage provisions to extend coverage to children up to age 25 if they are at least 50 percent dependent on parents' support. (BOT, February 2009)

## **Electronic Health Records**

IMA will introduce legislation that requires private health plans in Idaho to offer financial incentives to healthcare providers who adopt electronic health records. (HOD 2009)

## **End-Stage Renal Disease Coverage**

IMA adopts policy and will support legislation to require Idaho insurers offering Medicare supplement policies to persons sixty-five (65) years of age or older also offer Medicare supplement policies to persons in Idaho who are under sixty-five (65) years of age and eligible for and enrolled in Medicare by reason of End-stage renal disease. (HOD 2015)

## **Grace Period Notification to Providers**

IMA sponsors and will advocate for passage of legislation to create guidelines and time limits for health insurers to report extensive information as part of the notification to physicians and other providers that a patient has entered the second and third month of the grace period upon an eligibility check, to require insurers to disclose their policies and procedures for handling claims for patients in various stages of the grace period, and to establish that failure to provide notification or providing inaccurate information to physicians as required would result in a binding eligibility determination upon the insurer. (HOD 2014)

## Health Data System

IMA supports the collection of existing claims and other electronic data as it becomes available to improve patient care, access, and help control the cost of healthcare; and that this policy be communicated to State Government officials such as the Legislature and Governor.

IMA will take a lead role as defined by its Board of Trustees in working with the State of Idaho, the health insurers, and hospitals, and organizations including, but not limited to the Health Quality Planning Commission of the State of Idaho and the National Association of Health Data Organizations in developing an Idaho health data system, including an all payer claims database.

If the development of an Idaho healthcare data system requires legislation, IMA, as part of a coalition, will introduce and support legislation to securely implement and fund an Idaho health data system. (HOD, July 2012)

## Investigational Drugs

IMA is neutral on legislation that would allow terminally ill patients the right to try investigational drugs but does not obligate insurers to cover these treatments. The AMA has not taken a position on this practice and concerns have been raised about patients being removed from clinical trials. (BOT, Feb 2016)

## Liquid Oxygen Availability

IMA supports efforts by our American Medical Association to actively support policy to remove liquid oxygen from the competitive bidding system and return payments for liquid oxygen to a Medicare fee schedule basis. Further, IMA will issue a request to US Senator Mike Crapo that he enlist legislative and other support to escalate this issue to one of high priority. (HOD 2019)

## Mental Health Parity

IMA adopts policy in support of mental health parity and will participate in and support efforts of a coalition of stakeholders, including the Idaho Psychiatric Association, state chapters of patient advocacy groups such as the National Alliance on Mental Illness among other organizations, to work with insurers and the Department of Insurance to further the goal of mental health parity and, if necessary, support legislation similar to the model legislation identified by the Idaho Psychiatric Association. (HOD 2019)

## Nutrition Education

IMA adopts a policy to collaborate with and support Idaho Academy of Nutrition and Dietetics in efforts to obtain reimbursement from payers for outpatient nutrition education. (HOD 2015)

## Practice Performance Data

IMA supports and will co-sponsor legislation from the dental association that would require insurers, who provide quality data to influence patients' decision-making in choosing a dentist or physician, to provide to the provider the criteria that was used to determine this data and provide appeal rights. (BOT, Feb 2016)

## Prior Authorization Process

IMA adopts policy and will work with an organized coalition of physicians, payers, associations and the Idaho Department of Insurance to advocate that payers publicly post their utilization review data for all prior authorization services and medications, and eliminate prior authorization requirements for services and medications with approval rates of 85 percent or higher. If feasible, IMA will sponsor and advocate for the passage of said legislation. (HOD 2019)

IMA adopts policy in support of the American Medical Association's Prior Authorization and Utilization Management Reform Principles, in which Health plans will be required to use secure electronic transmissions using the standard electronic transactions for pharmacy and medical services benefit. IMA will form a coalition of physician, hospital and patient advocates and associations to work with the Idaho Department of Insurance toward a solution or, if necessary, to sponsor and advocate for the passage of legislation to add the following elements of the American Medical Association's Prior Authorization and Utilization Management Reform Principles to Idaho Code:

- (1) Health plans will prospectively provide criteria, on the application form, used to evaluate and approve prior authorization requests;
- (2) If a prior authorization denial is issued, health plans will provide a list of covered alternative treatment options;
- (3) If a prior authorization denial is issued, health plans will provide the specific clinical rationale used to make that determination;
- (4) If a prior authorization denial is issued, health plans will list the prescriber's appeal rights and the health plan's appeal processes, including links to website forms for the immediate filing of appeals along with telephone numbers and email addresses of health plan employees directly involved in the appeal process;
- (5) For non-urgent care, health plans will provide prior authorization determination and notification to prescriber within 48 hours of obtaining all necessary information. For urgent care, the determination will be made and communicated within 24 hours of obtaining all necessary information;
- (6) A prior authorization approval will be valid for the full duration of the prescribed/ordered course of treatment and will not expire or require repetitive reauthorizations. (HOD 2017)

IMA reaffirms its policy to work with payers and physicians to utilize the American Medical Association's automated, streamlined, standard Prior Authorization (PA) process. IMA will work with payers to:

- 1) Find ways to reduce the number of prior authorizations for medications;
- 2) Include same class formulary alternatives that do not require prior authorization;
- 3) Provide the specific medical, scientific, clinical or financial basis for prior authorization denial, and avoid statements such as "do not adhere to generally accepted guidelines." (HOD 2016)

IMA adopts a policy to work with payers and physicians to utilize the American Medical Association's automated, streamlined, standard Prior Authorization (PA) process and will provide resources to physicians on using the AMA's electronic prior authorization tool. (HOD 2015)

IMA adopts policy that any notices of prior authorization denial of medications by insurers include an alternative medication or medications acceptable to the insurer in order for the prior authorization process to work in favor of continuity of care. IMA will seek administrative or legislative changes to require that any notices of prior authorization denial of medications by insurers shall include an alternative medication or medications acceptable to the insurer. (HOD 2014)

IMA supports the ability of physicians to request an override of Medicaid Prior Authorization (PA) requirements for all patients who are stabilized on non-Preferred Drug List (PDL) agents, and who, based on their physician's clinical judgment, would be adversely impacted by a change in their prescription drug regimen. IMA will communicate this policy to Medicaid and request consideration of: 1) exceptions to PA requirements for patients who are stabilized on non-PDL agents, especially in cases where the Medicaid Pharmacy & Therapeutics Committee has made recent changes to the PDL or in cases where requiring the patient to change to a PDL agent would potentially endanger the patient or others, according to the physician's clinical judgment; and 2) simplification of the annual PA process by allowing the physician to provide notification of a previous PA. Further, IMA will seek increased involvement and participation in Medicaid Pharmacy and Therapeutics Committee, increase educational efforts, and provide regular updates to IMA members on the Committee's activities. (HOD 2013)

IMA will create an ad hoc committee to research, explore, and make recommendations to simplify the prior authorization process and work directly with Idaho insurers to implement any recommendations that would reduce the burden associated with an insurer's prior authorization process. (HOD 2010)

## **Primary Care**

IMA supports actions that increase payment for primary care services. (HOD 2009)

## **Provider Directory Accuracy**

IMA adopts policy in support of requirements for health plans to provide accurate provider directories to patients for every plan and network; and that health plans with incorrect directories that result in patients using out-of-network providers be subject to requirements to pay the non-contracted provider's usual, customary, and reasonable charges. IMA will form a coalition of physician, hospital and patient advocates and associations to sponsor and advocate for the passage of legislation to require health plans to provide accurate provider directories to patients for every plan and network; and that health plans with incorrect directories that result in patients using out-of-network providers be required to pay the non-contracted provider's usual, customary, and reasonable charges. (HOD 2017)

## **Recoupment of Overpayment**

IMA adopts policy in support of limiting commercial insurers' recoupment of overpayments to one year from the date of payment in all cases other than when fraudulent activity is identified. IMA will support legislation to add regulation to the Idaho Insurance Code limiting commercial insurers from recouping reimbursement beyond one year from date of payment. (HOD 2016)

## **Transparency of Fees**

IMA supports full disclosure of physician reimbursement disparities based on case mix and practice pattern assumptions during contractual negotiations. IMA will seek legislation to implement health insurance company price transparency as it relates to patient out-of-pocket expenses. (HOD 2010)

## **Uniform Idaho Practitioner Credentials Verification Application**

IMA adopts policy in support of developing a uniform Idaho Practitioner Credentials Verification Application that would be used by commercial payers and Idaho hospitals. Further, IMA adopts policy in support of allowing physicians and other healthcare providers to indicate in their commercial payer contracts the effective date they

plan to start treating patients. IMA will work with stakeholders, including commercial payers and Idaho Department of Insurance, to adopt the Idaho Practitioner Credentials Verification Application as the accepted form of credentialing with commercial payers and Idaho hospitals and will support legislation to require commercial payers and Idaho hospitals to accept the Idaho Practitioner Credentials Verification Application. (HOD 2019)

## Workers' Compensation

IMA will work with the Idaho Industrial Commission to modify its rules regarding payment for medical services, or support legislation if necessary, to require that the portion of workers compensation payments that represent reimbursements for medical services provided to a worker injured in an industrial accident, whether adjudicated or not, be made directly to the physician or facility and not to the patient. (HOD 2015)

IMA supports the reduction of the disparities in payment that currently exist within the Idaho Industrial Commission physician fee schedule. Further, IMA supports an increase in the Idaho Industrial Commission physician fee schedule for Medicine Group One and Two code ranges (90000–99607) but not at the expense of other areas of the IIC physician fee schedule. (HOD 2013)

IMA opposes legislation that would change the methodology by which the Idaho Industrial Commission would annually adjust physician reimbursement. (BOT, February 2009)

## HEALTHCARE REFORM

### IMA's Evolving Policies on Healthcare Reform

IMA opposes work reporting requirements as proposed in the 1115 Waiver. (BOT, July 2019)

IMA does not support any provisions in proposed bills 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 (BOT, Feb 2019)

IMA will work with partners throughout Idaho to advocate for the sustainability of the Statewide Healthcare Innovation Plan project goals of improved care coordination, aligning payment mechanisms across payers to transform payment methodology from volume to value and reduce overall healthcare costs and support the foundation of timely access to primary care to meet these goals through the Healthcare Transformation Council of Idaho. (HOD 2018)

IMA supports HB 464, the dual waiver proposal for expanded coverage for Idahoans. This plan is the most recent iteration of efforts to pass some form of Medicaid expansion in Idaho. (BOT, Feb 2018)

IMA supports the most recent iteration of legislation to pass some form of Medicaid expansion in Idaho. The most current plan is called, the "Idaho Health Care Plan." (BOT, Oct 2017)

IMA reaffirms its strong support for full healthcare coverage for the 78,000 Idahoans in the gap without health insurance by continuing to urge the Legislature to develop a complete gap solution that brings our federal tax dollars back to Idaho, replaces the costly and inefficient indigent/catastrophic system, and ensures that the gap population has full health coverage. IMA, in the event of continued inaction by the Idaho Legislature, will request that Governor Otter issue an immediate Executive Order to provide full health care coverage for the 78,000 Idahoans in the gap without health insurance. (HOD 2016)

IMA supports the latest iteration of legislation to pass a form of Medicaid expansion in Idaho. The current plan is called "First Health Home." (BOT, Oct 2015)

IMA reaffirms its support and advocacy for expanding Medicaid eligibility for adults up to 133 percent of the Federal Poverty Level; and that IMA support and advocate for the Medicaid Private Option, the Medicaid Managed Care Option, or other acceptable options to IMA Board of Trustees as a means of covering low-income Idahoans. (HOD 2014)

IMA supports and advocates for the expansion of Idaho Medicaid eligibility to 133 percent of the Federal Poverty Level by 2014, as required by the 2010 Patient Protection and Affordable Care Act. (HOD 2012)

IMA will not study implementation of a health insurance public utility corporate model but will forward information to the AMA for their review. (BOT, October 2010)

IMA supports health care reform that:

1. Improves the health care system through the expansion of health care access that:
  - Provides affordable, essential health care for all
  - Promotes an accountable private insurance market, which
    1. will not exclude potential insureds based on pre-existing conditions
    2. will provide portable insurance products
    3. will refrain from engaging in the practice of medicine
  - Ensures sustainable public programs for vulnerable populations
2. Improves quality of care through:
  - Providing real time data at point of care
  - Providing incentives rather than penalties to providers for implementation of health information technology (HIT)
  - Use of measurement as a tool, not an end point
  - Correction of problems with, and simplification of, the Physicians Quality Reporting Initiative (PQRI)
  - Encouraging the use of evidence-based guidelines
3. Reforms government programs by:
  - Ensuring adequate payments
  - Allowing balance billing and private contracting
  - Eliminating the Medicare sustainable growth rate (SGR)
4. Reduces cost by:
  - Rewarding physicians for cost reduction
  - Enacting medical liability reforms
  - Simplification of administrative burdens, including claim approval and payment requirements
  - Encouraging reasonable and sustainable pharmaceutical pricing with industry accountability
5. Increases focus on wellness/prevention through:
  - Aligning insurance benefit design with prevention evidence
  - Making public investments in education, community projects, and nutrition
  - Eliminating racial, ethnic, and gender disparities
  - Adopting policy to improve health and preventive care efforts by advocating for, and incentivizing, increased physical activity, proper diet, tobacco cessation, and personal responsibility

6. Reforms payment and delivery systems by:
  - Promoting the medical home and other steps to reward care coordination of chronic disease
  - Providing antitrust relief to improve quality and care coordination
  - Conducting adequate testing of new payment models consistent with freedom of choice, freedom of practice, and universal access for patients
  - Reducing health care access disparities for the rural population
7. Increases patient access by reducing physician workforce shortages through:
  - Increasing medical education and training
  - Reducing physician medical education debt burden (HOD 2009)

## **Idaho Health Insurance Exchange**

IMA supports legislation sponsored by the American Cancer Society's Cancer Action Network that would require insurers to offer plans on the health insurance exchange to provide information to users regarding the plans' prescription drug coverage, including costs. (BOT, Feb 2015)

IMA supports legislation to create an Idaho-based health insurance exchange. (BOT, Feb 2013)

IMA supports the creation of a state-run health insurance exchange and will advocate for a physician to be included on the exchange governing board. (BOT, October 2011)

## **LIABILITY, IMMUNITY AND GENERAL LEGAL**

### **Adherence to Affordable Care Act (ACA)**

IMA will sponsor legislation declaring that a physician's adherence to or failure to comply with ACA quality and delivery improvement initiatives shall not: 1) be admissible to prove medical negligence in Idaho; 2) be used to determine the community standard of care; or 3) be the legal basis for proof of negligence in any medical liability case in Idaho. (HOD 2013)

### **Criminal Penalties for Assaulting Healthcare Personnel**

IMA adopts policy to oppose efforts to repeal Idaho Code § 18-915C, that make it a felony to commit battery against a healthcare worker and adopts policy in support of creating limited exemptions to Idaho Code § 18-915C for those who commit battery against a healthcare worker, but who at the time suffered from mental illness that prevented them from acting with competence. (HOD 2018)

IMA supports enhanced criminal penalties for persons who criminally attack health care personnel including physicians, nurses, physician assistants, nurse practitioners, and others who routinely work in health care settings. (HOD 2012)

### **Death Sentence Not Allowed on Persons with Mental Illness**

IMA opposes and will support legislation to prevent the imposition of a death sentence upon individuals determined by a court following a court-ordered psychiatric assessment to have suffered from severe and persistent mental illness at the time of their criminal acts. (HOD 2016)

## **Forensic Interviews Admissibility**

IMA adopts policy and will work with interested stakeholders, including advocates for adults with cognitive impairment and minors, prosecutors, courts and other parties, to investigate the possibility of developing a consensus plan for legislation, if necessary, to allow recorded, properly conducted forensic interviews of adults with cognitive impairment and minors who are witnesses to or victims of crime to be admissible in court. (HOD 2016)

## **Immunity (Medical Recommendation for Revocation of Driver's License)**

IMA will pursue legislation to provide immunity for physicians who make medical recommendations for their patients to have their driving privileges revoked. (BOT, October 2009)

## **Immunity for Volunteer Healthcare Professionals**

IMA supports amendment of Idaho Code 39-7702 (4) to provide immunity from liability for all properly licensed, certified and registered healthcare professionals while volunteering their services in free clinics, and also 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. (HOD 2019)

IMA supports the removal or reduction of barriers and liability risks to health care providers who want to volunteer their participation in community health screenings. IMA will work with stakeholders to remove barriers and remove or reduce liability risks to health care providers who want to volunteer their participation in community health screenings. (HOD 2017)

## **Liability Protection for Peer-to-Peer Consultations/Peer Review**

IMA will sign on to the Amicus Brief in the case of Oregon PDMP v. DEA, if Mr. McClure and Ms. Pouliot find the brief acceptable in its final version. (BOT, Oct 2014)

IMA will submit an amicus brief on behalf of Saint Alphonsus in a lawsuit involving peer review immunity. (BOT, July 2010)

IMA supports legislation to clarify that both the furnishing of information and opinions, as well as the action and peer review decisions based upon the receiving and use of such information shall be given immunity from liability and shall not subject any healthcare organization or persons involved to any liability or action for money damages or other legal or equitable relief, provided however, that nothing shall prevent a suit by a person concerning that person's credentials based on information not obtained from a peer review proceeding. (HOD 2010)

IMA will pursue broad legislation to seek liability protection for consulting physicians who do not see or treat the patient nor receive compensation for the consultation. (IMA Exec. Comm., December 2009)

IMA will draft and introduce legislation to clarify that no patient-physician relationship is established when a consulting physician does not actually see the patient nor receive compensation for the consultation. (BOT, October 2009)

## Prudent Layperson Standard

IMA adopts a policy in support of maintaining the prudent person standard currently in Idaho Code 41-3903(7). IMA will actively and vigorously work to defeat any challenges to the prudent person standard currently in Idaho Code 41-3903(7). (HOD 2017)

## MEDICAID/MEDICARE (CMS)

### Medicaid

IMA supports the vital services provided by Federally Qualified Health Centers and Rural Health Clinics to Medicaid patients in under-served and rural areas of the state and supports additional Medicaid reimbursement to align with Medicare payment methodology for identified supplies and the technical component for radiology and laboratory services. Further, IMA shall communicate this policy to the Idaho Department of Health and Welfare and request revision of Medicaid guidelines to align with Medicare payment methodology and allow reimbursement of the encounter rate in addition to reimbursement for 1) identified supplies, and 2) the technical component of radiology and laboratory services. In addition, IMA will work with the Idaho Academy of Family Physicians and the Idaho Primary Care Association to advocate for the requested changes in Medicaid reimbursement for Federally Qualified Health Centers and Rural Health Clinics. (HOD 2014)

IMA supports Medicaid reimbursement for general anesthesia services provided by board certified anesthesiologists or Certified Registered Nurse Anesthetists administered in dental offices with a flat fee for the first hour with a per minute charge after the first hour at a rate that encourages practitioners to provide these services. To maximize patient safety, the participating anesthesiologist or certified registered nurse anesthetist must have active privileges to perform the same services at a hospital or Ambulatory Surgery Center within Idaho or a bordering state. IMA will communicate this policy to the Idaho Department of Health and Welfare and request revision of Medicaid guidelines to allow reimbursement on a flat fee structure for anesthesia services performed on pre-approved dental procedures in the dentist office. (HOD 2014)

IMA supports newborn circumcision as a covered benefit for eligible male Medicaid-insured infants in Idaho and will work with Medicaid to reinstate this coverage by regulation or statute. (BOT, October 2012)

IMA supports a provider-driven community care network model for implementing Medicaid managed care in Idaho. (BOT, October 2012)

IMA will introduce and support legislation to require Medicaid multiple procedure reimbursement guidelines be consistent with CMS Medicare guidelines. (HOD 2012)

IMA opposes the proposed legislation from the Idaho Department of Health and Welfare that would allow the state to accrue interest on overpaid claims and penalties from the date on which the provider is notified of the overpayment. (BOT, February 2011)

### Medicare (CMS)

IMA adopts policy in support of fair and reasonable auditing practices on the part of third-party payers that:

- a) provide clear definitions of, and distinction between, coding errors, misconduct, fraud and abuse;
- b) limit the use of probability sampling and extrapolation when overall compliance rates are high;
- c) follow due process guidelines that allow a physician to appeal and provide additional information.

IMA will partner with other appropriate organizations to advocate for language to be added to Idaho Administrative Procedures Act (IDAPA) that further defines the Idaho Department of Health and Welfare's authority to use probability sampling and extrapolation, and that such language should be consistent with language from federal Medicare guidelines (Federal Code 42 U.S.C. § 1395ddd(f)(3) (Section 1893(f)(3)). (HOD 2017)

IMA opposes implementation of ICD-10 and will partner with the AMA to urge Congress to stop implementation due to the significant burdens of ICD-10 requirements. While working to stop implementation, IMA staff is authorized to continue educating IMA physicians and their staff members on ICD-10 requirements and resources in preparation of ICD-10 implementation on October 1, 2014 should Congress not act to stop it. (HOD 2013)

IMA supports authorization of physician assistants and nurse practitioners under the supervision of a MD or DO to order care for Medicare beneficiaries for skilled nursing facilities, assisted living facilities, and home health agencies, including the ability to issue initial orders and other orders associated with the level of care provided, such as ancillary services, medication reconciliation, and lab services, among others, provided that such orders are within physician assistant and nurse practitioner scope of practice under state law. (HOD 2012)

IMA supports authorization of physician assistants and nurse practitioners under the supervision of an MD or DO to certify Medicare beneficiaries' need for therapeutic shoes and/or inserts. (HOD 2012)

IMA supports efforts to increase public and governmental awareness of the increased out-of-pocket expense incurred by Medicare patients due to provider-based clinics charging a separate facility fee in addition to the charge for the physician's professional services. (HOD 2010)

IMA requests the AMA develop a national collaborative to provide physicians with assistance and resources to respond to Recovery Audit Contractor findings. (HOD 2010)

IMA will post on IMA website a list of the constraints of each Medicare Advantage program so that physicians' office staff can discuss the limitations of coverage with the patient prior to the office visit. (HOD 2009)

With each Medicare Advantage contract reviewed, IMA will provide an analysis of the effect the contract has on deeming and non-contracting. (HOD 2009)

## **MENTAL HEALTH**

### **Children's Mental Health**

IMA adopts policy in support of physicians and other healthcare providers performing screening, intervention and treatment for Adverse Childhood Experiences (ACEs). IMA will partner with the American Medical Association to support their Adverse Childhood Experiences and Trauma Informed Care policy:

1. Evidence-based primary prevention strategies for Adverse Childhood Experiences (ACEs);
2. Evidence-based, trauma-informed care in all medical settings that focuses on the prevention of poor health and life outcomes after ACEs or other trauma occurs;
3. Efforts for data collection, research and evaluation of cost-effective ACEs screening tools without additional burden for physicians;
4. Efforts to educate physicians about the facilitators, barriers and best practices for physicians implementing ACEs screening and trauma-informed care approaches into a clinical setting; and

5. Funding for schools, behavioral and mental health services, professional groups, community and governmental agencies to support patients with ACEs or trauma. (HOD 2019)

IMA will support efforts of Idaho youth advocates to enact children's mental health reforms and will provide IMA logo for inclusion on the website. (BOT, Oct 2016)

IMA adopted a policy in support of third-party payers providing partial hospitalization benefits for youth in need of mental health services. Further, upon review and approval by IMA Board of Trustees, IMA will advocate for the passage of legislation to develop and implement a third-party payers partial hospitalization program benefit option for youth needing mental health care. (HOD 2014)

## **Idaho's Public Mental Health System**

IMA supports increased involvement of psychiatrists in the public mental health and substance abuse treatment systems. (HOD 2010)

### **Mental Health Holds**

IMA will work with stakeholders to analyze the current process for placing 24-hour mental health holds on patients outside of the Emergency Department and to seek changes to improve the process and make it more practical, safe and streamlined for patients, physicians and others involved. (HOD 2019)

IMA will sponsor and advocate for legislation that amends the Children's Mental Health Act (Chapter 24, Title 16) to confirm that physicians may order mental health holds on minors. These mental health holds will be established using a procedure similar to that set out in Chapter 3, Title 66, Idaho Code when the physician believes that the minor is gravely disabled due to mental illness or the minor's continued liberty poses an imminent danger to the minor or to others as evidenced by a threat of substantial physical harm. (HOD 2012)

## **OPIOID AND SUBSTANCE ABUSE PREVENTION**

### **Abuse-Deterrent Opioids**

IMA adopts policy and will seek legislation to:

- 1) Restrict the ability of payers to impose dollar limits, copayments, deductibles or coinsurance requirements on coverage for an abuse-deterrent opioid analgesic drug product that are less favorable to a patient than the dollar limits and cost share requirements that apply to coverage for any other opioid analgesic drug product;
- 2) Restrict the ability of payers to require a patient to first use an opioid analgesic drug product without abuse-deterrent labeling before providing coverage for an abuse-deterrent opioid analgesic drug product;
- 3) Restrict the ability of payers to create disparities in utilization review, including pre-authorization, for an abuse-deterrent opioid analgesic drug product, if the same utilization review requirements are not applied to non-abuse-deterrent opioid analgesic drug products. (HOD 2016)

### **Alcohol Poisoning and Overdose Good Samaritan Law**

IMA adopts policy to support creation of an Alcohol Poisoning and Overdose Good Samaritan Law to encourage early notification to rescue personnel, law enforcement, and/or initiating a 911 call by providing limited legal protections for witnesses who encounter an individual appearing to experience alcohol poisoning or overdose. IMA will work with stakeholders, including Idaho law enforcement, prosecuting attorneys, the Idaho Office of Drug Policy

and others to support creation of an Alcohol Poisoning and Overdose Good Samaritan Law, or a similar process, to encourage early notification to rescue personnel, law enforcement, and/or initiating a 911 call by providing limited legal protections for witnesses who encounter an individual appearing to experience alcohol poisoning or overdose. (HOD 2017)

## **Improvements in Pain Care**

IMA will work with policymakers and health insurance companies to ensure pain patients receive the individualized, comprehensive and compassionate care they deserve from qualified, well-credentialed pain medicine specialists. Further, IMA will work with policymakers and health insurance companies to remove administrative and other barriers to comprehensive, multimodal, multidisciplinary pain care and rehabilitation programs. Further still, IMA will work with policymakers and health insurance companies to reverse policies that limit the duration of opioid prescriptions or set maximum dose of morphine milligram equivalents (MME) per day. (HOD 2019)

## **Medication-Assisted Treatment (MAT)**

IMA adopts policy in support of improved access to Medication-Assisted Treatment. IMA will work with state and federal stakeholders at the organizational, administrative and/or legislative level to:

1. Remove prior authorization for Medication-Assisted Treatment in Medicaid and commercial insurance plans; and
2. Reduce training requirements for physicians to be able to offer Medication-Assisted Treatment; and
3. Improve access to Medication-Assisted Treatment for the duration of a patient's stay in the emergency room and until out-patient treatment is secured; and
4. Support state and federal legislation that allows expansion of the medications reportable to the Idaho Board of Pharmacy's Prescription Monitoring Program to include methadone and buprenorphine from opioid treatment programs. (HOD 2019)

## **Naloxone Availability**

IMA will work with stakeholders to find avenues for distributing detoxification medication to patients receiving a monitored prescription from a physician, physician assistant or nurse practitioner (such as buprenorphine or naloxone [Naloxone]), to access the medication through various Drug Enforcement Agency (DEA) approved locations (such as probation and parole offices, assertive community treatment (ACT) teams, drug treatment facilities, and pharmacies. IMA will partner with the American Medical Association to develop and distribute a statewide educational toolkit designed to help reverse the state's opioid epidemic and encourage physicians to remain committed to reducing prescription drug abuse. (HOD 2017)

IMA will remain neutral on legislation allowing prescribers and pharmacists to prescribe Naloxone (Narcan) to individuals at risk of experiencing an opioid-related overdose or to others who are likely to encounter an individual at risk for an opioid-related overdose (family members of individuals with opioid addiction, for example). IMA will consider a different position if concerns with the current draft of the legislation are satisfactorily answered. (BOT, Feb 2015)

IMA supports proposed legislation allowing third-party administration of Naloxone (Narcan), if evidence-based outcome data is provided. (BOT, Jan 2014)

## **Support for Joint Policy on Prescribing by ODP**

IMA supports the Joint Policy on Prescribing Pain Medicine developed by a multi-board coalition led by the Idaho Office of Drug Policy. IMA will ask for a word change in item #4 from “prevent” to “deter.” (BOT, Feb 2015)

## **Syringe Service Program**

IMA adopts policy in support of a governmental entity's right to implement syringe service programs in Idaho. IMA will work to remove barriers in Idaho law to a governmental entity's right to implement syringe service programs in the case of locally determined community needs or a designated public health crisis caused by shared needles between injection drug users. (HOD 2017)

## **Tax Increase – Beer/Wine**

IMA supports an increase in beer and wine taxes to provide additional funding for substance abuse treatment. (BOT, February 2009)

# **PHYSICIAN ISSUES**

## **Board Certification and Recertification**

IMA reaffirms existing policies from past years and will pursue legislation whereby maintenance of certification by a nationally recognized accrediting organization that specializes to a specific area of medicine shall not be required as a condition of licensure, hospital privileges, insurance company credentialing, reimbursement, network participation, liability insurance coverage or employment. (HOD 2018)

IMA adopts American Medical Association policy supporting a recertification process based on high quality, appropriate continuing medical education material directed by the American Medical Association recognized specialty societies covering the physician's practice area, in cooperation with other willing stakeholders, that would be completed on a regular basis as determined by the individual medical specialty, to ensure lifelong learning. IMA will partner with the American Medical Association and call for the immediate end of any mandatory, closed recertifying examination by the American Board of Medical Specialties or other certifying organizations as part of the recertification process. (HOD 2017)

IMA adopts policy in opposition to requirements for physicians to achieve Maintenance of Certification (MOC) as a condition of licensure, hospital privileges, insurance company credentialing, reimbursement, network participation, or employment. IMA will sponsor legislation to eliminate Maintenance of Certification (MOC) as a condition of licensure, hospital privileges, insurance company credentialing, reimbursement, network participation, or employment. (HOD 2016)

IMA will conduct outreach and education to its physician members, the Idaho Hospital Association, insurance companies and other relevant organizations about the existence and requirements of the National Board of Physicians and Surgeons as a viable alternative to the present board certification and maintenance of certification programs controlled by the American Board of Medical Specialties. (HOD 2015)

## **Physician-Patient Relationship**

IMA will place the highest priority on legislative issues affecting patient care and allocate resources as indicated by the Board. (BOT, October 2012)

IMA adopts policy opposing inappropriate interference by the government and third parties that causes a physician to compromise his or her medical judgment as to what information or treatment is in the best interest of the patient.

IMA will work with other organizations as appropriate to oppose legislation or state or federal rules or regulations that inappropriately interfere with the patient-physician relationship or that prevent physicians from freely discussing with, or providing information to, patients about medical care and procedures, or which direct physicians to provide specified information or perform specified tests that are not medically necessary.

IMA will communicate to government entities and to the public the concerns inherent in rules, regulations or statutes that restrict or direct communication between physicians and their patients as stated in this policy. (HOD 2012)

## Physician Wellness

IMA adopts policy in support of fair and transparent processes for the evaluation of a physician's mental health during licensure, credentialing and hiring or retention processes to reduce the stigma and potential for inappropriate negative professional consequences for physicians who disclose mental health conditions. IMA will work with stakeholders to improve established policies, rules and procedures and the communication about them for the evaluation of a physician's mental health during licensure, credentialing and hiring or retention processes to reduce the stigma and potential for inappropriate negative professional consequences for physicians who disclose mental health conditions. IMA will work with stakeholders to promote the proactive use of mental health services by physicians as part of a normative lifestyle of self-care in consideration of the unique stressors they face. IMA will work with stakeholders to promote the Quadruple Aim, adding the goal of "improving the work life of health care providers, including clinicians and staff" as a key plank in healthcare delivery systems which have adopted the Triple Aim. (HOD 2017)

IMA will form a workgroup with IMA, Saint Alphonsus, St. Luke's, the Idaho Board of Medicine, ACMS, IHA and PRN to improve current processes to allow physicians to access mental health services. (BOT, Oct 2017)

Physicians who are enrolled in and compliant with recovery programs such as IMA Physician Recovery Network and who have no restrictions on their medical licenses other than requirements for participation in a recovery program, should be permitted to sit for boards and/or undergo maintenance of certification. (HOD 2011)

## PUBLIC HEALTH AND SAFETY

### Tobacco/Nicotine Use Prevention

IMA will partner with existing coalitions that are aimed at promoting a tobacco-free lifestyle to develop and implement an education campaign directed at school age children and the community at large regarding the dangers and health consequences of electronic cigarette use. IMA will encourage the inclusion of electronic cigarettes as part of existing smoke-free policies in Idaho communities. (HOD 2014)

IMA supports a proposal to increase tobacco taxes to provide a tax break to small businesses. (BOT, February 2010)

IMA supports efforts to eliminate the smoking ban exceptions for bars and small businesses. (HOD 2010)

IMA supports individual communities' efforts to create stricter smoking bans. (HOD 2010)

## **Cardiopulmonary Resuscitation (CPR) Training in Idaho Public School Staff**

IMA will work with the American Heart Association and relevant education organizations to bring CPR programs to all Idaho schools and help create the next generation of lifesavers as well as encourage that the staff members at all schools are trained and that all staff members involved in any aspect of physical activity programs or athletics are trained in cardiopulmonary resuscitation. (HOD 2019)

## **Child Abuse Reporting**

IMA opposes a bill that would make failure to report child abuse a felony if the child abuse activity constitutes a felony because of overly punitive penalties. (BOT, February 2012)

## **Cystic Fibrosis**

IMA supports the continuation of funding at current levels for services beyond fiscal year 2010 for adults with cystic fibrosis through the Adult Cystic Fibrosis Program and opposes its repeal. IMA will actively participate in planned negotiated rulemaking and associated meetings with the Idaho Children's Special Health Program and the Idaho Department of Health and Welfare regarding the Adult Cystic Fibrosis Program pursuant to Senate Concurrent Resolution 112. (HOD 2009)

## **Decriminalization of HIV**

IMA will sponsor legislation to update Idaho's medically outdated HIV transmission statutes. (HOD 2013)

## **Disabilities and the Disabled**

IMA supports legislation that would remove extremely burdensome barriers to withholding or withdrawing care when a patient is developmentally disabled. (BOT, February 2009)

## **Firearm Safety**

IMA adopts policy in support of improving gun safety without infringing on second amendment rights. IMA will urge their members to increase awareness of gun safety among their patient populations and to use established screening and educational tools such as Eddie Eagle provided by the National Rifle Association and other professional associations such as the American Academy of Family Physicians and American Medical Association to educate patients on gun safety. IMA will also identify organizations providing free trigger locks and offer that information to members interested in furnishing them to their patients. (HOD 2019)

IMA opposes legislation that would require written notification to patients indicating that answering questions regarding ownership of firearms is voluntary. The Board had significant discussion about the difficulty or impossibility to comply with the proposed law, as most EHR templates do not allow for such notices to be incorporated. (BOT, Feb 2013)

## **Helmet Use**

IMA will not pursue legislation in 2012 requiring motorcycle riders who do not wear helmets to obtain health insurance due to political infeasibility. (BOT, October 2011)

IMA supports the non-profit organization Pro Helmet and their efforts to promote helmet use by children and adults for all sports that pose a risk of head trauma. (BOT, February 2010)

IMA will advocate for passage of legislation mandating the use of safety helmets in children under the age of 18 while operating bicycles, skateboards, and scooters and advocate for active police enforcement of any legislation that is enacted. (BOT, October 2009)

IMA will pursue legislation to mandate helmet use by children. (BOT, October 2009)

## **Hunger/Food Insecurity**

IMA adopts policy in recognition of food insecurity as one of the most important social determinants that impacts the health status of Idahoans. IMA will partner and explore opportunities to be educated about, and work with, the Idaho Foodbank and its 230 non-profit partners to help decrease food insecurity in our communities. (HOD 2016)

## **Immunizations and Vaccines**

IMA reaffirms policy in support of all efforts towards reducing barriers and improving childhood vaccination rates in Idaho. Further, IMA will support and advocate for legislation in Idaho that expands rights of minors fourteen years of age or older such that they can consent for vaccinations. (HOD 2019)

IMA opposes HB 494 that would require that any time an immunization be given to a child that certain notifications be given to the parent or guardian and that the notification is verified by signatures of the provider and the parent. (BOT, Feb 2018)

IMA adopts policy in support of, and will sponsor legislation, requiring all providers of vaccines, including physicians, pharmacists and other non-physician providers, to report all vaccines administered, with the exception of adult influenza vaccines, into Idaho's Immunization Reminder Information System (IRIS) unless the patient or the patient's parent, guardian or medical decision maker opt out of sharing their information. (HOD 2016)

IMA supports the Idaho Pharmacy Association's legislation that would lower the minimum age of children that pharmacists may vaccinate from 12 to 6. To get input from IMA members, staff polled members and received approximately 60 responses. The responses were split evenly between support and opposition for the proposal. (BOT, Feb 2016)

IMA supports efforts by the Idaho Department of Health and Welfare and, if necessary, will sponsor legislation to extend the sunset on the Idaho Immunization Assessment Board. (BOT, Nov 2013)

IMA supports modification of the state immunization registry statutes to allow bidirectional exchange of immunization information between the registry and providers' electronic health records either directly or through a health data exchange operating under the guidelines of HIPAA. Further, IMA will advocate for the passage of legislation that modifies the current immunization statutes to allow such exchange. (HOD 2013)

IMA supports the Centers for Disease Control and Prevention guidelines on genital human papillomavirus vaccination (HPV) and will provide information to IMA physicians regarding access to HPV vaccinations for their patients of both sexes at all income levels regardless of insurance coverage status. (HOD 2013)

IMA advocates that vaccine distribution to physician offices be of the highest priority and will work with District Health Departments to establish vaccine distribution protocol to ensure expeditious distribution of vaccines which protects the safety of patients. (HOD 2010)

IMA supports establishment of a Childhood Immunization Policy Commission charged with reviewing current rules and procedures and making IMA advocates for Idaho's Immunization Reminder Information System to be an opt-out registry through sponsoring legislation or supporting legislation sponsored by others. (HOD 2009)

IMA will assist in the development of a mechanism to sustain universal vaccine purchase by the State Vaccine Program. This process will require planning between private insurance plans and the Department of Health and Welfare. IMA will introduce legislation at the beginning of the 2010 legislative session to fund the State Vaccine Program. (HOD 2009)

## **Kratom**

IMA supports legislative or regulatory efforts to prohibit the sale or distribution of kratom in Idaho, provided proper scientific research is not inhibited by such legislative or regulatory efforts. (HOD 2019)

## **LGBT Patient Dignity**

IMA adopts policy in support of high-quality healthcare provided with equity and respect for lesbian, gay, bisexual, and/or transgender patients. Further, IMA will oppose legislative and regulatory proposals related to healthcare services that discriminate against lesbian, gay, bisexual, and/or transgender individuals and will, when directed by IMA Board of Trustees, engage in lobbying activities on such proposals. (HOD 2019)

## **Marijuana - Legalization of Medicinal Use of Cannabis/Marijuana**

IMA opposes legalization of cannabis/marijuana for medicinal reasons unless credible scientific studies are completed that demonstrate medicinal efficacy and then the legalization should be narrow and limited to the uses that the scientific studies support and only prescribed for those patients that have an appropriate medical need to use it and can use it with acceptable levels of risk. (HOD 2012)

## **Medical Interpreter Services**

IMA adopts policy and will partner with the American Medical Association to eliminate the financial burden to physicians, hospitals and healthcare providers for the cost of interpretive services for individuals who are hearing impaired or have Limited English Proficiency (LEP). IMA will also seek opportunities to contract with a reputable interpreter services entity to provide hearing impaired or Limited English Proficiency (LEP) interpreter services at a reduced rate for IMA members. (HOD 2018)

## **Newborn & Early Childhood Screening**

IMA will partner with the Idaho State Department of Health and Welfare and other stakeholders to establish regulations and hospital guidelines for newborn hearing screening and will work with private payers for newborn hearing screening to be an insurance covered benefit in the state of Idaho. (HOD 2019)

IMA adopts policy recognizing that newborn screening of spinal muscular atrophy in Idaho is an important public health issue and will partner with the Idaho State Department of Health and Welfare and other stakeholders to establish regulations and hospital guidelines for newborn screening of spinal muscular atrophy. (HOD 2019)

IMA adopts policy recognizing that newborn screening of critical congenital heart disease in Idaho is a public health issue. IMA will partner with the Idaho State Department of Health and Welfare and other stakeholders to establish regulations and hospital guidelines for newborn screening of critical congenital heart disease. IMA will support, and if necessary, sponsor legislation for newborn screening and reporting for critical congenital heart disease in the State of Idaho. (HOD 2016)

IMA supports appropriate early childhood vision screening and will work with other stakeholders to develop vision screening guidelines for pre-kindergarten and elementary school students. If necessary, IMA will work with other interested parties to introduce legislation to require childhood vision screening. (HOD 2010)

## **Organ Donation**

IMA supports legislation to allow voluntary contributions to an organ donation fund when applying for or renewing a driver's license. (BOT, Feb 2013)

## **Patient Safety (Radiology)**

IMA encourages Idaho radiologists to proactively work with health providers in their local areas to identify opportunities to improve imaging practices and protect patient safety. (BOT, Oct 2018)

IMA encourages clinicians and their offices to use appropriateness criteria, such as the American College of Radiology Appropriateness Criteria, in ordering imaging studies and encourages those facilities that offer imaging studies to meet accreditation standards, such as the American College of Radiology Accreditation Program, to maintain the quality and safety of these studies. (HOD 2009)

## **Pregnancy-Related Issues**

IMA supports evidence-based and peer-reviewed standards of care treatment for non-elective, medically necessary pregnancy termination procedures. IMA opposes legislation that forces physicians to perform medical treatments that are outside of the nationally recognized, evidence-based, and peer-reviewed standards of care. (BOT, Feb 2020)

IMA does not have a position on whether, to what extent or under what conditions abortion should be legal or illegal and believes that support for or opposition to abortion is a matter for IMA members to decide individually, based on personal values or beliefs. IMA will take no action which may be construed as an attempt to alter or influence the personal views of members regarding abortion. Further, IMA will take no action or position on the merits of abortion itself and will only consider engagement if legislation presents a significant encroachment into the sanctity of the physician-patient relationship and then only when directed by the IMA Board of Trustees. IMA will oppose any efforts to impose criminal penalties on physicians who are providing medical care that is legal at the time of service. (BOT, Feb 2020)

IMA adopts policy in support of the development of an Idaho Maternal Health Workforce Study Initiative with a goal of providing timely and useful information regarding the Idaho obstetric workforce and access to obstetric care for all women of Idaho, in order to inform policymakers of the urgency for more initiatives to improve regionalized maternity care across our state. (HOD 2019)

IMA supports the State of Idaho applying for a Medicaid Family Planning Waiver or pursuing a Medicaid State Plan Amendment from the Centers for Medicare and Medicaid Services to include family planning coverage for uninsured, low-income Idahoans. (HOD 2018)

IMA adopts policy in support of development of a maternal death review process in Idaho and will work with stakeholders to establish such a process in Idaho. (HOD 2017)

IMA adopts policy in support of treatment of substance use disorders during pregnancy that acknowledges the need for a variety of treatment options and settings including both outpatient and inpatient treatment, and with a variety of approaches including abstinence, withdrawal support and agonist therapy. IMA will partner with other appropriate organizations to advocate for expanded access to a range of treatment options for pregnant patients on Idaho Medicaid with substance use disorders including both outpatient and inpatient treatment, and with a variety of approaches including abstinence, withdrawal support and agonist therapy. (HOD 2017)

IMA opposes legislation requiring physicians to inform a woman seeking a medication-induced abortion that if she changes her mind after taking the first pill, she can halt the abortion by taking a course of progesterone injections. IMA Board of Trustees has concerns about the lack of scientific evidence supporting the protocol and believes mandating information of this type to a patient interferes with the physician patient relationship. (BOT, Feb 2017)

IMA adopts policy and will sponsor legislation in support of:

1. Recognition of gestational carrier agreements in the State of Idaho;
2. A uniform system for courts and the Idaho Bureau of Vital Records and Health Statistics to follow when recording a live birth under a gestational carrier agreement;
3. Establishment of effective standards to protect the interests of all parties subject to such an agreement.

Further, IMA will work with stakeholders in the field of Assisted Reproductive Technology and others to oppose any legislation that restricts the physician/patient relationship in decisions regarding the appropriate use of Assisted Reproductive Technology methodologies, including the use of a gestational carrier, or in any manner restricts a patient's access to Assisted Reproductive Technology. (HOD 2016)

IMA supports the March of Dimes initiative to eliminate non-medically indicated deliveries prior to 39 weeks gestation in Idaho. (BOT, February 2015)

IMA opposes legislation requiring cord blood banking information be given to pregnant patients by providers. (BOT, Feb 2013)

## **Religious Exemption: Parent Requirement (AKA Faith Healing)**

IMA adopts policy and will support legislation in support of the treating physician's determination that the life and long-term health of the child demands access to medical care over the right of the parents or guardians to exercise their right to deny treatment for religious or spiritual reasons. (HOD 2016)

## **STD/STI Testing and Treatment**

IMA adopts policy in support of the confidential consent to sexually transmitted disease and sexually transmitted infections testing and treatment for all minors regardless of age in an effort to decrease the prevalence and spread of sexually transmitted disease and sexually transmitted infections throughout the State of Idaho and provide a

safe and confidential environment for minors seeking healthcare. IMA will sponsor legislation to support the confidential consent to sexually transmitted disease and sexually transmitted infections testing and treatment for all minors. (HOD 2016)

IMA supports legislation that would authorize expedited partner therapy by physicians for the partners of patients who test positive for sexually transmitted diseases. (HOD 2011)

## **Suicide**

IMA will participate as a member of the Idaho Suicide Prevention Coalition. (BOT, Feb 2016)

IMA reaffirms its support for the certified and accredited Idaho Suicide Prevention Hotline that will become operational at the end of 2012 and continue to advocate for sustainable public and private funding sources to adequately fund the Idaho Suicide Prevention Hotline, a critical community resource. (HOD 2012)

## **Tanning Beds**

IMA will sponsor legislation to restrict the use of indoor tanning devices by minors. (HOD 2014)

IMA supports amendments to legislation to restrict children under the age of 18 from using indoor tanning devices to ban children under the age of sixteen but allow tanning by children aged sixteen and seventeen by parental consent. The reason for the amendment is that legislators will not agree to introduce legislation with the full ban for children under the age of 18. (BOT, Feb 2013)

IMA adopts the following policy on indoor tanning: 1) UV radiation is a known carcinogen; 2) Administration of UV radiation through artificial tanning is contributing to the rise in skin cancer incidence; and 3) Children under the age of 18 should be protected from exposure to dangerous, carcinogenic practices such as the use of indoor tanning devices.

IMA will sponsor legislation to restrict children under the age of 18 from use of indoor tanning devices. (HOD 2012)

IMA adopts the following policy: Indoor tanning devices are very harmful and known to cause skin cancer, therefore, IMA discourages their use especially by minors. (BOT, May 2012)

IMA supports a bill (with the provision referring to phototherapy devices removed) that would ban the use of tanning beds by minors under the age of 18. (BOT, February 2012)

IMA will pursue legislation prohibiting indoor tanning by children. (BOT, October 2009)

## **Texting While Driving**

IMA supports legislation that would ban texting while driving. (BOT, February 2011)

## **Zoonotic Diseases**

IMA supports the One Health Initiative, in order to foster collaboration with the Idaho Veterinary Medical Association and other applicable entities. (HOD 2015)

## SCOPE OF PRACTICE

### Licensure and Scope of Practice

IMA adopts policy in support of its ongoing involvement in the changes to scope of practice and licensure laws, rules and regulations proposed Non-Physician by non-physician healthcare providers and their licensure and regulatory boards for the purpose of protecting the health and safety of Idaho patients. IMA will work with stakeholders, including health profession advocacy groups, licensure and regulatory boards, legislators, individual providers and patients to uphold the highest education and quality standards for all healthcare providers to ensure the health and safety of Idaho patients. (HOD 2018)

IMA adopts policy and will create an internal process to gather information voluntarily shared by its members on adverse outcomes derived from care by non-physician providers in Idaho. The information gathered in this process would be for internal IMA use. If it is determined the use or release of this information outside of IMA would be advantageous for a specific purpose, IMA Board of Trustees would have authority to approve the use or dissemination of the information and set guidelines for its use. (HOD 2018)

IMA adopts policy in opposition to non-physician healthcare providers practicing independent interventional pain management and will partner with appropriate organizations including the Idaho Society of Anesthesiologists and the Idaho Society of Interventional Pain Physicians to sponsor legislation to restrict the independent practice of interventional pain management by non-physician healthcare providers. (HOD 2018)

IMA maintains its policy to be very selective in its decisions to actively oppose or support other healthcare providers' licensure or scope-of-practice issues. Further the criteria to oppose should be based on the significant deterioration of sound patient safety and/or public health policy caused by the expansion of the scope of practice or licensure of other healthcare practitioners. And other healthcare practitioners should be held to the same standard of care as a physician when they are providing similar services. If patient safety and/or public health is not being compromised, the legislature should be left to use its own judgment on licensure and scope of practice issues. (BOT, April 2017)

### Anesthesiologist Assistants

IMA will participate in discussions regarding licensure of anesthesiologist assistants in Idaho with the appropriate interested parties including, but not limited to, IMA, the Idaho Society of Anesthesiologists, the Idaho Hospital Association, the Idaho State Board of Medicine, and the Certified Registered Nurse Anesthetists Association, and will support legislation, if appropriate legislation can be agreed upon by the interested parties including, but not limited to, IMA, the Idaho Society of Anesthesiologists, the Idaho Hospital Association, the Idaho State Board of Medicine, and the Certified Registered Nurse Anesthetists Association, to authorize licensure of anesthesiologist assistants in Idaho, provided that such legislation require anesthesiologist assistants to practice under the direct and immediate supervision of an anesthesiologist. (HOD 2011)

### Assistant Physicians

IMA opposes the creation of assistant physicians in Idaho. IMA has been asked by a legislator whether IMA would support the concept of "assistant physicians" to address physician workforce issues in Idaho. This has been done in Missouri, which allows medical school graduates who have not completed residency to treat patients in rural and underserved areas. The AMA adopted a position in opposition to this proposal. (BOT, Feb 2016)

## Chiropractors

IMA supports legislation to clarify that chiropractors are not allowed to perform joint injections. (BOT, Feb 2016)

IMA will meet with the Idaho Board of Chiropractic Physicians to express physicians' concerns regarding inappropriate practices by some chiropractors and the patient safety concerns these practices raise, and request that the Idaho Board of Chiropractic Physicians strictly enforce the chiropractor scope of practice to remain within statutory limitations.

IMA will urge physicians to submit complaints to the appropriate licensing board and the Idaho State Board of Medicine on behalf of patients if the physician believes a limited license practitioner has engaged in providing services that are outside the practitioner's scope of practice (such as injection therapy) or has engaged in activities that endanger the health or safety of a patient.

IMA will ask health insurance companies in Idaho for their policies for reimbursement of lab tests ordered by limited license practitioners, compile this data and make it available to physicians. (HOD 2012)

## Dentists

IMA will participate in the Idaho Oral Health Alliance's Smiles for Life Program to educate physicians and other healthcare providers to recognize oral-systematic relationships. (BOT, February 2012)

## Laboratory Personnel

IMA opposes legislation that would require laboratory technicians to be licensed. The language indicates that anyone performing lab tests in a physician's office would need to become licensed and that failure to comply would result in criminal penalties. (BOT, Feb 2016)

## Midwives

IMA adopts a position of soft support for HB 401 to extend the sunset clause for the Idaho Midwifery Act. (BOT, Jan 2014)

IMA adopts a no opposition position on the midwifery licensure legislation as currently drafted. (BOT, February 2009)

IMA lobby team is authorized to continue to negotiate with midwives and to create an ad hoc committee of IMA Board members and other physicians to serve as advisors to the lobby team. (IMA Exec. Comm., January 2009)

## Naturopaths

IMA adopts a neutral position on legislation that would create state licensure under the Idaho State Board of Medicine for naturopathic physicians with 4-year post-graduate training. (BOT, Feb 2019)

IMA supports putting naturopathic licensure under administration of the Idaho State Board of Medicine. (BOT, Oct 2015)

IMA adopts a position of soft support for reinstatement of the naturopath licensure for only the most highly educated naturopaths with no scope of practice expansion from language in the repealed statute. (BOT, Jan 2014)

## **Nurse Practitioners/Advance Practice Professional Nurses**

IMA opposes legislation from the Idaho Board of Nursing that would redefine, and expand, the scope of practice for all nurses. (BOT, Feb 2016)

IMA adopts a neutral position on the revised bill authored by the Idaho State Board of Nursing pertaining to advanced practice nursing as the changes addressed many of IMA's major concerns. (BOT, February 2012)

IMA opposes a bill authored by the Idaho State Board of Nursing adopting several national initiatives pertaining to advanced practice nursing. (BOT, October 2011)

## **Nurses**

IMA will participate in the Idaho Nursing Action Coalition as a non-member. (BOT, July 2011)

IMA supports Public Health Departments granting nurses the authority to dispense those medications ordered by someone with prescribing authority in public health offices. (BOT, October 2009)

## **Occupational Therapists**

IMA opposes proposed legislation from the occupational therapists that removes Board of Medicine oversight and require occupational therapists to become licensed until an amendment exempting employees of physicians is reviewed. If the amendment addresses IMA concerns, IMA will adopt a neutral position. (BOT, February 2009)

## **Optometrists**

IMA supports the Idaho Society of Ophthalmology and the Idaho Optometric Physicians Association in their efforts to defeat legislation that would make unilateral pricing policies by contact lens manufacturers illegal in Idaho because it leads to decreased physician oversight and increased incidence of documented harm to patients. (HOD 2015)

IMA supports legislation to expand the sales tax exemptions to include glasses and contacts that are currently the only prescription items that are subject to sales tax. (BOT, Feb 2015)

IMA adopts a neutral position on expansion of the optometric scope of practice after the optometrists removed surgical procedures from the proposal. (BOT, February 2009)

IMA supports the ophthalmologists' position opposing an expansion of the optometric scope of practice to include surgery. (Exec. Comm., January 2009)

## **Pharmacists**

Between 2017 and 2019, the Idaho Board of Pharmacy began drafting legislation and administrative rules that ultimately led to the broadest pharmacist prescribing laws in the country. Despite IMA's ongoing, strenuous opposition to these pieces of legislation and administrative rules, the Board of Pharmacy was successful in passing them. IMA's opposition was based, in part, on:

- The legislation removed the need for future legislative oversight for changes to many types of pharmacist prescribing
- Insufficient notice to primary care providers of pharmacist prescriptions

- The statute could be interpreted to allow pharmacists to prescribe for an array of very serious conditions because it is too vaguely written to protect public safety
- The legislation is counter to Idaho's preferred method of healthcare delivery through patient-centered medical homes and coordination of care
- No limitation on vulnerable populations, including pediatric patients, the elderly, pregnant women, immune-compromised patients, patients with chronic health conditions, and mentally ill patients

IMA supports legislation to allow pharmacists to substitute a drug in the same therapeutic class that is in a patient's formulary if a physician authorizes the substitution. The physician would indicate "substitution allowed" on the prescription. (BOT, Oct 2017)

IMA supports legislation to require pharmacists to notify providers when a substitution of a biosimilar medication is made. (BOT, Feb 2015)

IMA opposes HB216a, the Pharmacist Freedom of Conscience Bill. (IMA Exec. Comm, April 2009)

## Psychologists

IMA will not oppose the Idaho Psychological Association's psychologist prescribing legislation, due to protracted negotiations between the psychological association and the psychiatry association that led to a compromise where psychologists would be required to get additional education equivalent to nurse practitioners. (BOT, Feb 2017)

IMA will support the Idaho Psychiatric Association's efforts to work with the Idaho Psychological Association regarding psychologist prescribing legislation. (BOT, Oct 2016)

IMA adopts policy opposing prescriptive authority for Idaho psychologists. IMA will support efforts by the Idaho Psychiatric Association, American Psychiatric Association, and American Medical Association to inform, educate and lobby against the granting of prescriptive authority for Idaho psychologists. (HOD 2015)

## Physician Assistants

IMA will form a workgroup with IMA, the Idaho Academy of Physician Assistants and the Idaho Board of Medicine to work on potential improvements to PA practice in Idaho. (BOT, Oct 2017)

IMA will distribute a PA supervision survey to members asking members for their position on maintaining PA supervision requirements. (BOT, July 2017)

IMA adopts policy in opposition to any legislative proposal to remove the supervisory relationship between a Physician Assistant and the physician with whom he or she practices, as is currently required by Idaho law. IMA and the Idaho Academy of Physician Assistants, ideally with involvement of members of the Board of Medicine, will form a workgroup to make recommendations for improvements to the regulatory environment for PAs and the physicians who employ them, while keeping a firm commitment to physician assistants practicing exclusively in collaboration with physicians. Physicians will remain in their current role as the center of the medical team. (HOD 2017)

## **Radiology Technicians**

IMA opposes legislation to license radiology technicians due to concerns the bill would be problematic in rural areas of the state leading to access issues for radiology. (BOT, Feb 2013)

## **Truth in Advertising for Healthcare Professionals**

IMA will provide an additional \$5,000 for the truth in advertising project, approach other organizations for their financial support, and contact the AMA regarding availability of additional grant funding. (BOT, July 2014)

IMA will reaffirm its support for and seek introduction and passage of truth in advertising legislation that would require any practitioner who uses the term “doctor” in any form of advertising to include a descriptive word or phrase that clearly explains what kind of “doctor” the practitioner is.

IMA will provide education for the public and policy makers which outlines the differences in education and training between physicians (MD/DO) and the chiropractic profession and other limited license practitioners, through use of educational materials such as the “Know Your Physician” wheel from the American Medical Association, and through advertising that encourages patients to ask key questions of health providers before seeking services, such as professional education background and appropriate scope of practice training. (HOD 2012)

IMA supports healthcare providers clearly and honestly stating their level of training, licensing, degree, and credentials in all advertising and marketing materials, and that healthcare providers wear nametags clearly identifying their professional degree. (HOD 2010)

## **Visiting Sports Teams**

IMA adopts a policy in support of visiting sports team medical professionals engaging in the treatment of their team’s injured athletes or traveling staff members, provided they are fully and appropriately licensed in their own state, have an agreement in place with their sports team to provide care while traveling, do not seek to practice in Idaho healthcare facilities, and do not seek prescriptive authority in Idaho. IMA will support legislation sponsored by the Idaho Orthopaedic Society for an Idaho law allowing visiting sports team medical professionals to engage in the treatment of their team’s injured athletes or traveling staff members, provided they are fully and appropriately licensed in their own state, have an agreement in place with their sports team to provide care while traveling, do not seek to practice in Idaho healthcare facilities, and do not seek prescriptive authority in Idaho. (HOD 2017)

## **TELEMEDICINE/TELEHEALTH**

### **Idaho Telehealth Council**

IMA supports current telemedicine legislation, as amended. (BOT, Feb 2015)

IMA will participate in the Idaho Telehealth Council to be convened by the Idaho Department of Health and Welfare as set forth in House Concurrent Resolution 46. IMA, upon review and approval of the Board of Trustees, shall advocate for the passage of legislation created by the Council that seeks to develop a comprehensive set of standards, policies, rules and procedures for the use of telehealth and telemedicine in Idaho. (HOD 2014)

## Telehealth Reimbursement

IMA will sponsor legislation to seek reimbursement for the telehealth services code set that is eligible for coverage under Medicare. (BOT, Feb 2016)

IMA will form an advisory group of IMA Board of Trustees to review reimbursement of telehealth services and provide recommendations to the Idaho Telehealth Council. (BOT, Oct 2015)

IMA adopts policy supporting reimbursement by all private and governmental third-party payers for telehealth services for consultation or referral arrangements equitable to their reimbursement for comparable non-telehealth services that meet the applicable Idaho community standard of care. IMA will work with stakeholders, including the Idaho Telehealth Council, the Idaho Hospital Association, and others to seek reimbursement by all private and governmental third-party payers for telehealth services for consultation or referral arrangements equitable to their reimbursement for comparable non-telehealth services that meet the applicable Idaho community standard of care. (HOD 2015)

## TRAUMA SYSTEM AND EMERGENCY MEDICAL SERVICES

### Emergency Medical Services

IMA supports legislation seeking to establish Community Paramedics, a program that would allow paramedics to provide additional services to certain patients outside the hospital setting (the homeless, for example), with the goal of reducing hospital visits. (BOT, Feb 2015)

IMA supports legislation to remove from Idaho statute the requirement for a prescription and physician oversight for acquisition and use of AEDs. (BOT, Jan 2014)

IMA will actively participate with other interested parties in any negotiations intended to produce an emergency medical services governance compromise and support compromise legislation similar to SB 1391 from the 2010 legislative session. (HOD 2011)

IMA supports extending liability coverage to out-of-state responders when working in Idaho. (BOT, February 2010)

### Life Support Certification

IMA will conduct outreach and education to its members, the Idaho Hospital Association, hospital medical staffs, and other relevant organizations about the Comprehensive Advanced Life Support (CALS) certification and its potential to meet requirements to obtain separate certification in Advanced Cardiac Life Support (ACLS), Advanced Trauma Life Support (ATLS), Pediatric Advanced Life Support (PALS), Advanced Life Support in Obstetrics (ALSO), or Neonatal Resuscitation Program (NRP), or any combination thereof. (HOD 2015)

### Statewide Trauma System

IMA will participate in the working group set forth in House Concurrent Resolution 10 to work on creation of an Idaho time sensitive emergencies system of care. IMA Board of Trustees will review proposals from the working group and, if approved, will direct IMA lobby team to advocate for the passage of legislation that seeks to develop a comprehensive system of care in Idaho for time-sensitive emergencies with an implementation plan that uses the trauma component as the initial framework in a deliberate, incremental implementation approach for plan development. (HOD 2013)

IMA supports legislation requiring that first responders shall provide certain information to organ procurement organizations regarding deceased individuals in a motor vehicle accident to help ensure that timely notice is given to enable procurement of vital organs and tissues. (BOT, Feb 2013)

IMA supports a bill to establish a Trauma Care Advisory Committee. (BOT, February 2010)

IMA continues to support the development of a statewide trauma system. As such, IMA supports movement beyond the current trauma registry to the next stage of development, specifically; the development of a state-designated system of trauma centers and a coordinated statewide dispatch system to direct severely injured patients to the most appropriate destinations. (HOD 2009)

IMA supports continued funding of the trauma registry pilot project. (IMA Exec Comm., January 2009)

# INDEX

<b>ADVANCE DIRECTIVES, CORONERS, DEATH AND DYING .....</b>	<b>1</b>
ADVANCE DIRECTIVES .....	1
CORONER ISSUES .....	1
PHYSICIAN-ASSISTED SUICIDE.....	1
<b>DRUGS AND PHARMACY .....</b>	<b>2</b>
COMPOUNDING DRUGS IN PHYSICIAN OFFICES .....	2
EPILEPSY DRUGS .....	2
EPINEPHRINE AUTO-INJECTORS (EPI-PENS) .....	2
E-PRESCRIBING OF CONTROLLED SUBSTANCES.....	2
MEDICATION MANAGEMENT IN SCHOOLS .....	2
PHARMACY BENEFIT MANAGERS (PBMS).....	2
PRESCRIBING AUTHORITY.....	3
PRESCRIPTION DRUG ABUSE .....	3
PRESCRIPTION DRUG DISPOSAL OPTIONS .....	3
PRESCRIPTION DRUG PRICES.....	3
PRESCRIPTION MONITORING PROGRAM.....	3
PRESCRIPTION REFILL TIME LIMIT .....	4
<b>MEDICAL EDUCATION, PHYSICIAN WORKFORCE &amp; RELATED ISSUES.....</b>	<b>4</b>
CONRAD 20 J-1 VISA WAIVER PROGRAM.....	4
CONTINUING MEDICAL EDUCATION.....	4
FUNDING FOR NEW MEDICAL EDUCATION STUDY.....	5
IDAHO COLLEGE OF OSTEOPATHIC MEDICINE (ICOM) .....	5
IMA POLICY ON UME AND GME (INCLUDING CRITERIA).....	5
IDAHO PRIMARY CARE SCHOLARS PROGRAM .....	6
MEDICAL STUDENT DEBT RELIEF .....	6
MANDATORY PRACTICE IN IDAHO FOR WWAMI AND U OF UTAH STUDENTS.....	6
PRECEPTORS .....	6
RESIDENCY FUNDING.....	6
RURAL PHYSICIAN INCENTIVE PROGRAM .....	7
<b>HOSPITAL AND PHYSICIAN RELATIONS, CREDENTIALING &amp; RELATED ISSUES .....</b>	<b>7</b>
AUTHENTICATION OF HOSPITAL RECORDS .....	7
BARIATRIC SURGERY .....	7
ECONOMIC CREDENTIALING .....	8
IDAHO HOSPITAL ASSOCIATION CONSTITUTIONAL AMENDMENT .....	8
<b>IDAHO BOARDS AND AGENCIES.....</b>	<b>8</b>
IDAHO BOARD OF MEDICINE .....	8
IDAHO DEPARTMENT OF HEALTH AND WELFARE .....	8
IDAHO DEPARTMENT OF INSURANCE.....	9
<b>IMA FOUNDATION .....</b>	<b>9</b>
IMAF BOARD .....	9

TRANSFER OF FUNDS FROM MEST TO IMA FOUNDATION .....	9
<b>INSURANCE, PAYER AND REIMBURSEMENT ISSUES .....</b>	<b>9</b>
ANY WILLING PROVIDER .....	9
BALANCE BILLING – NETWORK ADEQUACY .....	10
CHRONIC CARE MANAGEMENT REIMBURSEMENT.....	10
CHRONIC EYE CONDITION MEDICATION COVERAGE .....	10
COVERAGE FOR ORAL CHEMOTHERAPY .....	11
DENIAL DUE TO ILLEGAL ACTS.....	11
DEPENDENT COVERAGE .....	11
ELECTRONIC HEALTH RECORDS .....	11
END-STAGE RENAL DISEASE COVERAGE .....	11
GRACE PERIOD NOTIFICATION TO PROVIDERS.....	11
HEALTH DATA SYSTEM.....	12
INVESTIGATIONAL DRUGS.....	12
LIQUID OXYGEN AVAILABILITY .....	12
MENTAL HEALTH PARITY.....	12
NUTRITION EDUCATION .....	12
PRACTICE PERFORMANCE DATA.....	12
PRIOR AUTHORIZATION PROCESS .....	13
PRIMARY CARE .....	14
PROVIDER DIRECTORY ACCURACY .....	14
RECOUPMENT OF OVERPAYMENT.....	14
TRANSPARENCY OF FEES .....	14
UNIFORM IDAHO PRACTITIONER CREDENTIALS VERIFICATION APPLICATION .....	14
WORKERS’ COMPENSATION.....	15
<b>HEALTHCARE REFORM.....</b>	<b>15</b>
IMA’S EVOLVING POLICIES ON HEALTHCARE REFORM .....	15
IDAHO HEALTH INSURANCE EXCHANGE.....	17
<b>LIABILITY, IMMUNITY AND GENERAL LEGAL .....</b>	<b>17</b>
ADHERENCE TO AFFORDABLE CARE ACT (ACA).....	17
CRIMINAL PENALTIES FOR ASSAULTING HEALTHCARE PERSONNEL.....	17
DEATH SENTENCE NOT ALLOWED ON PERSONS WITH MENTAL ILLNESS .....	17
FORENSIC INTERVIEWS ADMISSIBILITY .....	18
IMMUNITY (MEDICAL RECOMMENDATION FOR REVOCATION OF DRIVER’S LICENSE) .....	18
IMMUNITY FOR VOLUNTEER HEALTHCARE PROFESSIONALS .....	18
LIABILITY PROTECTION FOR PEER-TO-PEER CONSULTATIONS/PEER REVIEW .....	18
PRUDENT LAYPERSON STANDARD.....	19
<b>MEDICAID/MEDICARE (CMS) .....</b>	<b>19</b>
MEDICAID.....	19
MEDICARE (CMS) .....	19
<b>MENTAL HEALTH .....</b>	<b>20</b>
CHILDREN’S MENTAL HEALTH .....	20

IDAHO’S PUBLIC MENTAL HEALTH SYSTEM .....	21
MENTAL HEALTH HOLDS .....	21
<b>OPIOID AND SUBSTANCE ABUSE PREVENTION .....</b>	<b>21</b>
ABUSE-DETERRENT OPIOIDS .....	21
ALCOHOL POISONING AND OVERDOSE GOOD SAMARITAN LAW .....	21
IMPROVEMENTS IN PAIN CARE .....	22
MEDICATION-ASSISTED TREATMENT (MAT) .....	22
NALOXONE AVAILABILITY .....	22
SUPPORT FOR JOINT POLICY ON PRESCRIBING BY ODP .....	23
SYRINGE SERVICE PROGRAM.....	23
TAX INCREASE – BEER/WINE .....	23
<b>PHYSICIAN ISSUES .....</b>	<b>23</b>
BOARD CERTIFICATION AND RECERTIFICATION .....	23
PHYSICIAN-PATIENT RELATIONSHIP.....	23
PHYSICIAN WELLNESS.....	24
<b>PUBLIC HEALTH AND SAFETY.....</b>	<b>24</b>
TOBACCO/NICOTINE USE PREVENTION .....	24
CARDIOPULMONARY RESUSCITATION (CPR) TRAINING IN IDAHO PUBLIC SCHOOL STAFF.....	25
CHILD ABUSE REPORTING .....	25
CYSTIC FIBROSIS.....	25
DECRIMINALIZATION OF HIV .....	25
DISABILITIES AND THE DISABLED.....	25
FIREARM SAFETY.....	25
HELMET USE.....	25
HUNGER/FOOD INSECURITY.....	26
IMMUNIZATIONS AND VACCINES .....	26
KRATOM .....	27
LGBT PATIENT DIGNITY .....	27
MARIJUANA - LEGALIZATION OF MEDICINAL USE OF CANNABIS/MARIJUANA .....	27
MEDICAL INTERPRETER SERVICES .....	27
NEWBORN & EARLY CHILDHOOD SCREENING.....	27
ORGAN DONATION .....	28
PATIENT SAFETY (RADIOLOGY).....	28
PREGNANCY-RELATED ISSUES.....	28
RELIGIOUS EXEMPTION: PARENT REQUIREMENT (AKA FAITH HEALING).....	29
STD/STI TESTING AND TREATMENT .....	29
SUICIDE .....	30
TANNING BEDS .....	30
TEXTING WHILE DRIVING .....	30
ZOONOTIC DISEASES .....	30
<b>SCOPE OF PRACTICE .....</b>	<b>31</b>
LICENSURE AND SCOPE OF PRACTICE .....	31
ANESTHESIOLOGIST ASSISTANTS.....	31

ASSISTANT PHYSICIANS ..... 31

CHIROPRACTORS ..... 32

DENTISTS..... 32

LABORATORY PERSONNEL..... 32

MIDWIVES..... 32

NATUROPATHS..... 32

NURSE PRACTITIONERS/ADVANCE PRACTICE PROFESSIONAL NURSES..... 33

NURSES ..... 33

OCCUPATIONAL THERAPISTS ..... 33

OPTOMETRISTS ..... 33

PHARMACISTS ..... 33

PSYCHOLOGISTS..... 34

PHYSICIAN ASSISTANTS ..... 34

RADIOLOGY TECHNICIANS ..... 35

TRUTH IN ADVERTISING FOR HEALTHCARE PROFESSIONALS ..... 35

VISITING SPORTS TEAMS ..... 35

**TELEMEDICINE/TELEHEALTH ..... 35**

IDAHO TELEHEALTH COUNCIL..... 35

TELEHEALTH REIMBURSEMENT ..... 36

**TRAUMA SYSTEM AND EMERGENCY MEDICAL SERVICES..... 36**

EMERGENCY MEDICAL SERVICES ..... 36

LIFE SUPPORT CERTIFICATION..... 36

STATEWIDE TRAUMA SYSTEM ..... 36