



2020 LEGISLATURE: IMA STATUS REPORT

Week of February 24 – February 28, 2020

Top Priority Issues:

Graduate Medical Education (GME) - **SUPPORT**

Great news!! This week, GME expansion opportunities took another successful step forward! On Feb. 26, the Joint Finance and Appropriations Committee (JFAC) voted to approve Gov. Little's budget recommendation. The third year of the GME expansion plan seeks \$1.25M to build out 25 residency positions and keeps the amount of funding for existing programs at current levels.

While there are no new residency positions created by this proposal, the State Board of Education's GME Subcommittee will continue to flesh out expansion plans for the coming years. Future plans include new positions in new specialties and continued outreach in rural areas.

Status: *On February 26, JFAC approved the Governor's budget request for \$1.25M to expand GME training opportunities in Idaho.*

HB 506: Balance Billing Legislation – **OPPOSE**

HB 506 is still sitting in the House Health & Welfare Committee. This is the latest version of three legislative proposals to address balance billing pushed by insurance companies.

IMA agrees that a fair solution to this issue must be found, and agrees patients should be protected from predatory billing practices. However, legislation imposing government price controls on private business is not an acceptable solution. Nor should any proposal be totally lopsided in favor of one party. IMA seeks a collaborative solution; other states have had great success by requiring doctors and health insurance companies to use an independent dispute resolution (IDR) process to work out differences.

Proponents of HB 506 are claiming that physicians do not want to be in insurance networks so they can charge patients exorbitant fees. This is simply not true. According to information provided by the insurance companies themselves, over 95% of Idaho physicians participate in networks. The vast majority of Idaho physicians have in-network contracts with as many insurance companies as possible, for negotiated fair rates, so that they can care for as many patients as possible. It's also important to note that due to a loophole in Idaho's Any Willing Provider law, networks can exclude physicians who want to be in-network providers.

As written, HB 506 will hurt access to care as hospitals will struggle to provide on-call physician services for their local communities. This will especially impact rural communities, where the existing physician shortage is felt more acutely. This legislation will also disproportionately harm independent physician practices, most of which are small businesses. IMA member Dr. Jonathan Miller makes this point in his recent interview with KTVB, [watch it here](#).

Physicians are speaking out and making a difference! Even though it is unclear if HB 506 will be scheduled for a hearing or not, we need to remain vigilant and keep reminding legislators and the public why HB 506 is bad policy. Please reach out to your elected officials to let them know how this will impact your practice and your patients.

Ask Legislators to OPPOSE HB 506:

<https://www.votervoice.net/IDMA/campaigns/70435/respond>

Legislators need to know HB 506 will **STILL**:

- Decrease patient access to care in rural areas
- Impose government price controls on physicians and hospitals
- Allow insurers to set physician reimbursement rates unilaterally
- Drive physicians out of independent practice

Status: HB 506 is awaiting a hearing in the House Health & Welfare Committee.

Help Raise Awareness on the Dangers of HB 506

We need your help sharing the truth and stopping HB 506. We are looking for physicians who would be willing to submit a letter to the editor to their local paper. IMA member Dr. Steven Ozeran's letter appeared in the Moscow Daily News, [read it here](#).

If you would like to write a letter about HB 506, please email IMA Communications Director, Amika Empey, at amika@idmed.org.

HB 392: Liability Protection for Volunteer Healthcare Providers - *SUPPORT*

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

Status: This legislation passed the House on a unanimous 69-0 vote and is awaiting a vote on the floor of the Senate.

HB 465: Criminalization of Transgender Medical Care – *OPPOSE*

This bill would criminalize physicians for providing gender-affirming medical care to transgender youth. Any violations of the proposed law would be a felony punishable by up to life in prison. While we typically do not get involved in social issues due to the variance of opinions among our members, IMA has general policy in opposition to the criminalization of legal and medically appropriate treatments that meet the recognized standard of care.

HB 465 amends the section of code that criminalizes female genital mutilation, or FGM. The Idaho Legislature passed this law in 2019 – with unanimous votes in the House and Senate. The changes made to this section of law severely diminish the original intent and take away necessary protections for girls who are subjected to this serious crime.

IMA is strongly supportive of the existing FGM law, and we are very concerned about technically deficient language in HB 465 that amends the statute to an extent that the terminology and appropriate definitions of FGM no longer exist.

Status: *After a hearing on February 25 in the House Judiciary & Rules Committee, the chair determined that HB 465 will not receive a vote, killing the bill for the 2020 session.*

HB 515: Idaho Patient Act (Melaleuca Legislation) - NEUTRAL

This legislation is an ambitious effort to revamp physician and hospital billing processes in response to concerns about medical debt collection practices.

IMA spent extensive time and effort to work with Melaleuca to remove the most burdensome provisions from the legislation – such as a previous requirement to send notices via registered mail, which would have been exorbitantly expensive. Most of IMA's concerns have been addressed, but some have not. Because of IMA's desire to stay at the table for these negotiations, our Board has officially taken a neutral position on the bill.

Here are some of the main provisions of the bill that impact physician offices:

- Within 45 days of the patient's visit, a claim must be submitted to insurance. Under certain circumstances, an additional 45 day grace period is granted.
- Within 60 days of the visit, a "Consolidated Summary of Services" (CSS) must be provided to the patient with the names and contact information for all the entities that may bill the patient separately. This is not required for physician visits that do not entail services outside the medical practice.
- For physicians that provide services in a hospital or other facility, that entity has the responsibility to send the patient a CSS listing the physician's name. If the facility doesn't include the physician's name for whatever reason, the physician is subject to the stipulated restrictions in the bill on debt collection. IMA believes this is one of the most troubling provisions of the bill. In an attempt to address this unfair situation, Melaleuca provided an additional 90 day grace period for the physician to reconcile the problem and then rightfully seek payment from the patient for the services provided.
- After the claim has been adjudicated by insurance, the physician must then send what is called a "Final Statement" to the patient. This terminology is inaccurate and confusing because it doesn't align correctly with billing terminology commonly used in medical practices. What the legislation refers to as a Final Statement is actually the first bill that a physician will send to the patient.

- The legislation requires the Final Statement to contain many new pieces of information. Physicians will have to work with their software and billing vendors to make these changes. Medical practice managers tell IMA that this provision could be expensive to implement. IMA encourages physicians to review their vendor contracts to determine if vendors will cover changes required by new statutory provisions.
- After the Final Statement is sent, physicians must wait 60 days before transferring outstanding debt to a collection agency.
- After the Final Statement is sent, physicians must wait 90 days before taking an “Extraordinary Collection Action” (ECA) on outstanding debt. ECA is defined as transferring to a collection agency before 60 days, reporting to a credit reporting agency, or taking the patient to court.
- The legislation sets limits on interest, fees and costs on various aspects of the collection process.

IMA is still gathering information from medical practices about how this legislation can be implemented with minimal administrative burden and costs. We are trying to identify issues that could possibly be addressed with additional legislation.

We urge physicians and their medical practice managers to carefully assess the provisions of the legislation to determine how compliance can occur. Please continue to bring specific issues of concern to our attention.

Status: *HB 515 passed the House on a 49-20 vote and is awaiting a hearing in the Senate State Affairs Committee.*

HB 342: Weakening of Telehealth Laws

As originally written, HB 342 would allow for a telephone call, as well as a secure voicemail or email, to establish a physician/patient relationship and for a patient to receive an evaluation, diagnosis and treatment, including prescription medication. IMA physician leaders do not believe this upholds the Idaho standard of care. After considerable effort, IMA has been successful in obtaining an amendment to HB 342 to remove the voicemail or email language as originally proposed. The amendment would change current language regarding the creation of a provider-patient relationship from use of “two-way audio and visual interaction” to instead say use of “two-way audio or audio-visual interaction.”

IMA is a member of the newly-formed Telehealth Task Force under the Healthcare Transformation Council of Idaho. The TTF is taking a comprehensive look at the existing Idaho Telehealth Act and doing an intensive six-month review to determine if changes are necessary to our state’s telehealth infrastructure. HB 342 is being proposed by a commercial telehealth provider, whose purpose is not in alignment with a holistic review of Idaho’s telehealth system.

Status: *This bill passed the House on a 68-0 vote, was amended in the Senate, and is now awaiting a vote on the Senate floor.*

HB 386: Pharmacy Benefit Managers (PBM) - SUPPORT

This legislation helps regulate pharmacy benefit managers (PBMs). PBMs are companies that manage prescription drug benefits on behalf of health insurers, Medicare Part D drug plans, large employers, and other payers. By negotiating with drug manufacturers and pharmacies to control drug spending, PBMs have a significant behind-the-scenes impact in determining total drug costs for insurers, shaping patients' access to medications, and determining how much pharmacies are paid.

PBMs have faced growing scrutiny about their role in increasing prescription drug costs and spending and, in fact, face very little regulation and, therefore, are not required to be transparent about their activities.

This legislation regulates PBMs in four ways:

1. Adds transparency by requiring PBMs in Idaho to register annually with the Department of Insurance
2. Prohibits gag clauses so that pharmacists can inform patients how they can pay less for prescriptions
3. Requires PBMs to be transparent in how they determine the maximum allowable cost (MAC) they reimburse pharmacies for prescriptions and to regularly update MAC changes
4. Prohibits PBMs from retroactively denying or reducing a claim for reimbursement, except for legitimate reasons

Status: *This bill passed the House on a 51-17 vote and is awaiting a vote on the floor of the Senate.*

To view a list of ALL healthcare-related bills and their statuses, visit the IMA Bill Tracker

[Click Here to View the IMA Bill Tracker](#)

Support IMPAC the IMA's Political Action Committee!



Give \$220 to Make a Difference in 2020

Or become a Diamond Club member! There are three membership levels—Silver/\$250; Gold/\$500; and Gem/\$1,000. Diamond Club members receive special IMA recognition.

Gem members also receive a special IMA gift

Make your IMPAC donation [HERE](#)

The IMA Political Action Committee (IMPAC) Board uses your contributions to support a variety of bi-partisan candidates based on the best interests of Idaho physicians and their patients. The 2020 election year is going to be interesting and, as the voice of medicine in Idaho, it is critical that IMA has the resources to support legislators who will listen to our concerns.

IMPAC needs your contributions now to support the house of medicine in Idaho!

If you would like to update your email address or subscribe an additional email to receive these reports, please send your information to membership@idmed.org or call us at (208) 344-7888. For more frequent legislative updates, follow the IMA on [Facebook](#) or [Twitter](#)!