



## 2020 LEGISLATURE: IMA STATUS REPORT

Week of March 2 – March 6, 2020

### Top Priority Issues:

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

**Great News!!** IMA was successful in advocating for 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.

The new law provides 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 and Senate, and is now awaiting the Governor's signature.*

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#### HB 582: Definition of “Recklessness” - **SUPPORT**

This legislation is sponsored by the Idaho Liability Reform Coalition (ILRC), which is a broad-based group of business, healthcare and industry organizations. ILRC's main goal is to uphold Idaho's existing tort reform laws.

As an ILRC Board member, IMA strongly supports HB 582 to provide a definition of “recklessness” in the law to ensure that a recent faulty Idaho Supreme Court jury instruction does not weaken Idaho's cap on noneconomic damages.

**Status:** *This legislation passed the House Judiciary Committee and is awaiting a vote on the floor of the House.*

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#### HB 317: Surgical Authority for Optometrists – **OPPOSE**

Even though HB 317 was voted down in the Senate Health & Welfare Committee on February 13, IMA and the Idaho Society of Ophthalmology were surprised to see the bill back on the committee's agenda this week.

Proponents of HB 317 were working behind closed doors on amendments to the bill, and were attempting to convince committee members to reconsider the bill to keep it alive. However, during a hearing on March 4, some senators voiced objections to this non-collaborative approach and the committee was ultimately unwilling to revive the legislation.

**Status:** *The Senate Health & Welfare Committee voted down reconsideration of HB 317 and it remains dead for the session.*

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### **SB 1395: Graduate Medical Education (GME) - *SUPPORT***

GME expansion opportunities continue to move 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.

**Status:** *JFAC approved the Governor's budget request for \$1.25M to expand GME training opportunities in Idaho. SB 1395 is awaiting a vote on the floor of the Senate.*

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### **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.

IMA has identified a few key issues that could possibly be addressed with additional legislation, and we are working diligently to find a way forward. Based on input from physician practices, we have learned that HB 515 may take away the ability for practices to immediately address bounced checks. Even more importantly, practices are informing IMA that the requirement to add so many new elements to statements will potentially cost tens of thousands of dollars in order to make changes to practice management and billing software.

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 vote on the floor of the Senate.*

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### **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. It appears that the bill will not move forward this session.

**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.

In addition to model state solutions, Congress is also considering several pieces of legislation that would address this issue. One of these, HR 5826: the Consumer Protections Against Surprise Medical Bills Act, looks to be the most fair and balanced approach.

We are grateful that IMA physician leaders have been asked to participate in high-level discussions on the future of this issue in Idaho. The first step in that process will be an initial meeting scheduled to take place later in March. IMA is committed to finding a solution that protects patients and holds both physicians and insurance companies accountable.

**Thank you to all IMA members who have taken the time to fight this bill and responded to IMA's requests for participation, your efforts have made a substantial difference.**

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

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## **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, was amended and passed in the Senate, and is now awaiting a vote in the House to accept the amended version.*

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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](#)

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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!

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