Idaho Medical Association

REPORT OF THE PRESIDENT

Joseph H. Williams, MD, President, Meridian

Over the past year it has been my honor to serve this board, administration, organization, and membership as president. I believe that we have done a good service to the people of Idaho and to their health and health care.

All aspects of our work have been overshadowed and influenced at every turn by the COVID-19 pandemic. Specifically, we have been successful in keeping the ship on course through our House of Delegates meeting held virtually last fall. Dr. Beth Martin presided over this meeting which was very successful and outlined our strategic program goals for this past year.

The IMA staff and legislative team have led a multi-organizational effort in working with legislators and representatives of the Melaleuca Corporation in negotiating measures to make the Idaho Patient Act more reasonable and feasible for medical practices and health care systems to comply. IMA worked alongside several organizations on this issue including the Idaho Hospital Association, Independent Doctors of Idaho, Idaho State Dental Association, Treasure Valley Hospital, and Idaho Association of Nurse Anesthetists. We were able to delay the full implementation of the law via legislation to July 1, 2021. Meetings and negotiations are ongoing.

The legislative team had a surprisingly successful season in unsure waters, with a sometimes unstable Legislature, as summarized in the final legislative update published May 21, 2021, see attached.

The IMA Board has worked extensively with Gov. Brad Little’s office during the pandemic. The governor’s office has worked to promote COVID testing, mask wearing, and immunization. Obviously, that work is still ongoing.

The Legislature and the governor have brought about an extensive reorganization of professional licensure for the state, including the Idaho State Board of Medicine (BOM). BOM is no longer an independent board but is now under the Division of Occupational and Professional Licenses (DOPL). This reorganization will inherently change the function and scope of the BOM’s administrative staff and executive director. Programs that inherently involve the IMA, including the Physician’s Recovery Network (PRN), are being redesigned. The IMA and our Board of Trustees are actively working with the new DOPL leadership to set priorities for redesign, preserving aspects of the PRN program that are meaningful to physician’s health and that must be preserved. In the current era of increased physician burnout, the scope of programs like PRN need rethinking and expansion. I implore the membership to become informed regarding these fundamental changes in licensure, credentialing, and services for Idaho physicians and stand ready to comment.

The IMA Board and staff have worked extensively with the Ada County Medical Society to envision a statewide Physician Vitality Wellness Program as a member benefit for all IMA members. This proposed new service could ultimately fill in gaps of service left by the redesigned PRN program. There will be a resolution from Ada County Medical Society on this topic at the House of Delegates.

The Board has reinstated an old committee of the IMA called the Public Health Committee. We thought it would be useful to consolidate lessons learned as we grapple with the current pandemic to help with future statewide planning. Dr. Laura McGeorge chairs the Committee and Idaho Department of Health & Welfare medical director and state epidemiologist Dr. Christine Hahn has agreed to be on the Committee. The entire Committee is a great group of physician leaders from around the state. We are very encouraged that the new IMA Public Health Committee can develop as an important voice in Idaho.

Since our state has the fastest population growth in the union, the Board has taken on a workforce monitoring project that was begun several years ago in conjunction with the Department of Labor and the Board of Medicine. We have also asked the Idaho Hospital Association to participate in coordinating efforts to answer these astounding and challenging trends.

In 2019, the Board decided at our board retreat strategic planning process under Dr. Bill Woodhouse's presidency, to envision and work toward a Physician Leadership Training Program. This large and complicated process is crystalizing quickly, with coordinated work from surrounding state medical associations who have developed similar programs.

In 2012, the IMA HOD adopted policy statements regarding legislative efforts concerning medical and recreational marijuana use. This year, the Board has undertaken several in-depth discussions with local and national experts, resulting in resolutions for this year's House of Delegates. We look forward to the discussion.

I will quote Dr. Beth Martin from last year's Report of the President when she wrote, "Your Idaho Medical Association continues to be an active, growing, fiscally sound and relevant professional and political resource for Idaho's physicians." Assisted and advised by a truly national class medical association staff, we have had a vigorous and successful year. The IMA is poised for success into 2022 as Dr. Steven Kohtz of Twin Falls begins his presidency.

Respectfully Submitted,

Joseph H. Williams, MD, President, Meridian

Attachment

IMA IDAHO MEDICAL ASSOCIATION

IMA Website | COVID-19 Resources | Join/Renew

IMA IDAHO MEDICAL ASSOCIATION

2021 LEGISLATIVE REPORT

May 21, 2021

IMA Final 2021 Legislative Report

The 2021 Idaho legislative session was certainly not a normal year. Whether it was the two-week pause due to a COVID-19 outbreak in the House, many challenging debates on Idaho's pandemic response and education-related issues, or the fact it was the longest session in Idaho's history, the first five months of 2021 threw many curveballs. Fitting with that theme, the Idaho Legislature ended the season with a nontraditional adjournment. The Senate voted to adjourn sine die (with no appointed date for resumption) while the House voted to recess, meaning the Speaker can call the House back later this year if necessary. The House can also vote to bring the Senate back into session. The Speaker indicated that the Legislature's interest to return would be to appropriate any new federal funds that may come to the state.

This year's legislative session was dominated by debate over COVID-19 policies, the emergency authority of the governor, property tax issues, and education policy related to critical race theory. While the IMA lobby team was focused on ensuring the best science was followed concerning COVID-19 policies, there was still plenty of non-pandemic related business to keep track of. While the session was challenging at times, the IMA lobby team succeeded in advancing legislative priorities as directed by the IMA Board of Trustees and House of Delegates. The bill details and links are below and online on the **IMA Bill Tracker** but, in summary, our lobby team was able to:

- Successfully advocate for the fourth year of funding for the GME program expansion plan (SB 1175)

Successfully advocate for a delay to certain provisions of the Idaho Patient Act (HB 42) (details of delay found here)
Successfully advocate for supplemental and full-year funding for the Medicaid program in its first full year of Medicaid expansion (SB 1185 and HB 216)
Successfully defend against legislation to ban mask mandates, harm vaccine distribution, and limit the governor's ability to respond during future pandemics
Pass legislation through the Senate that modernizes and builds on telehealth utilization during the pandemic, which builds the groundwork for 2022 (SB 1126)
Successfully worked with the governor and IDHW to create capacity grants which are available to physicians who provide the COVID-19 vaccine
Extended the liability protections related to COVID-19 that were passed during the 2020 special session
Fight off legislation that would license uneducated naturopaths to practice medicine far beyond their education and training (SB 1128)

Priority issues:

SB 1175: Graduate Medical Education - SUPPORT

On April 16, the governor signed SB 1175 into law. This legislation is the health education portion of the State Board of Education (SBOE) budget that provides $900,000 of state funding for 15 new GME positions throughout the state in family practice and psychiatry. This is the fourth year of expansion and represents a critical step forward in building more residency programs in Idaho and signals that GME is a priority even in a challenging political environment at the Idaho Legislature.

The IMA lobby team is grateful to all the medical students and residents who wrote to legislators in support of SB 1175. Strong advocacy makes a difference! Stay tuned for more opportunities this year to raise awareness about GME and the need to build more residencies in Idaho.

The SBOE's GME Committee – of which IMA is a member – will continue to meet to monitor existing growth and plan legislative budget requests for future years.

Status: LAW

HB 42: Idaho Patient Act Delay - SUPPORT

On March 1, Gov. Brad Little signed HB 42 which allows for a delay to the Idaho Patient Act until July 1, 2021, while maintaining some key protections to patients under the existing law. IMA thanks Sen. Kelly Anthon (R-Burley) and Rep. Jason Monks (R-Meridian) for their leadership in advancing the bill through the legislature and Gov. Little for signing HB 42 into law. The bill was sponsored by IMA, IHA, and Melaleuca; IMA CEO Susie Keller testified in support of the legislation in both the House and Senate.

To help physicians comply with the specific provisions of the delay, IMA has **created a fact sheet** on what this means for your practice. This fact sheet also includes a flow chart produced by Melaleuca that will help physicians understand how to process services delivered before and after July 1, 2021. IMA highly recommends practice managers review this information so they can accurately comply with HB 42 and the existing Idaho Patient Act statute.

IMA is continuing to meet with Melaleuca for opportunities to lessen the burdens of the Idaho Patient Act with the intent to bring legislation in the 2022 session that fixes problems with the law identified by IMA members.

Status: LAW

HB 216 and SB 1185: Medicaid Funding – SUPPORT

In the challenging political climate, Medicaid budgets faced an uphill battle in 2021. In March, HB 216, which was the supplemental appropriations bill for Medicaid expansion, passed the House and Senate. In April and May, SB 1185, which funds the Medicaid budget for fiscal year 2022, passed the legislature, but only by a one-vote margin in the House.

This legislative session saw increased challenges with the Medicaid program due to concerns with expansion and the "growth of government" due to costs that exceeded the initial projections. A significant reason that funding for Medicaid ultimately passed this year, was the increased federal matching funds tied to the 6.2% increase in FMAP which will continue for the duration of the federal emergency declaration related to COVID-19.

Thanks to your efforts in contacting legislators, the Medicaid budget passed the House in the most challenging of political environments. Advocacy works!

Status: HB 216 and SB 1185 were signed into LAW

IMA advocates for science on public health measures

One of the central themes of the 2021 legislative session was the governor's emergency powers and his response to the COVID-19 pandemic. Throughout the session, IMA joined many organizations in supporting the state public health emergency and sent a letter to senators asking them to withdraw legislation that would preemptively end the public health emergency.

If the state public health emergency were to end, tens of millions of dollars in emergency funding to the State of Idaho for vaccine distribution, PPE, and more could have been lost. Ultimately, four bills were signed into law that would alter Idaho laws on emergency response. However, they were significantly watered down from initial drafts and will allow the governor to respond in a timely fashion to future emergencies and pandemics.

HB 391, 392, 393, and SB 1217: Emergency Powers – NEUTRAL

The four separate bills revise the emergency statutes regarding the authorities of the executive and legislative branches. Three of the bills (HB 391, 392, and 393) are various individual elements of HB 135, which was vetoed by the governor and sustained in the legislature. The modifications give the legislature an expanded role in the decision-making process when an emergency is declared but also allows the governor to quickly and effectively respond. Specifically, those three bills clarify that during an emergency, constitutional rights cannot be suspended, the governor cannot change the law, and narrows the restrictions that can be placed on workers.

The fourth piece of legislation the governor signed is SB 1217, this bill replaced SB 1136 which was vetoed and sustained by the legislature. SB 1217 requires that emergencies lasting more than 90 days be revoked unless the legislature is in session or the governor calls the two chambers back to consider extending the emergency declaration. It also protects constitutional rights to bear arms and exercise religion, declares all Idaho workers essential, and prevents the governor from altering statutes during an emergency. The governor stated that this legislation would still allow the executive branch to respond in a timely manner during future emergencies.

Status: HB 391, 392, 393, and SB 1217 were signed into LAW

IMA is grateful to Gov. Little for his leadership in response to COVID-19 and will continue to engage with him on COVID-19 and future pandemics. The IMA is also reconstituting the IMA Public Health Committee, which will be a key platform to advise the state on public health policy. **To become a member of the IMA Public Health Committee, please contact IMA Director of Government Affairs Jamie Neill at jamie@idmed.org.**

There were many pieces of legislation the IMA helped defeat in 2021, including bills that would penalize providers for not allocating vaccines, prohibit physicians from making business decisions related to masks in their practices, ban physicians who contract with Medicaid from setting vaccine policies in their practices, and more. To view the full list, visit the **IMA Bill Tracker**.

SB 1126: Telehealth Modernization Act - SUPPORT

A priority for IMA during the session was advancing legislation to sustain the high utilization of telehealth spurred by the pandemic. The bill would improve and sustain telehealth utilization by modernizing definitions, upholding a high standard for establishing a provider-patient relationship, and creating a virtual care advisory board to make recommendations for increasing virtual care adoption and utilization in Idaho. IMA CEO Susie Keller, who was an appointed member the Telehealth Task Force (TTF) that created the recommendations for the text of SB 1126, testified in favor of the legislation during Senate Health and Welfare Committee consideration. The legislation passed the Senate by a vote of 30-5.

The legislation stalled in the House when the IMA lobby team became aware of efforts to eliminate the legislative text of SB 1126 and replace it with language replicating HB 179, which would permanently allow out-of-state providers to practice telehealth on Idaho patients without an Idaho license.

Eliminating the recommendations of the Telehealth Task Force (TTF) to maintain and expand telehealth in Idaho and replacing it with policy that significantly disadvantages Idaho patients and physicians was an outcome the IMA and other stakeholders chose to avoid. IMA will continue to work with telehealth proponents, payers, and others to advance provisions that will strengthen and streamline Idaho's telehealth statute.

Status: SB 1126 was held in the House Health and Welfare Committee and did not advance this session

IMA supported capacity grants created by governor

In January, IMA worked with the governor's staff to ensure adequate financial resources make it into the hands of physicians and the health workforce to build capacity to administer the COVID-19 vaccine. The funding, known as capacity grants, are distributed to providers of the COVID-19 vaccine and to ensure physicians do not bear the burden of the cost to administer the vaccine. The IMA applauds the governor for committing resources to safely and successfully administer COVID-19 vaccines.

If you would like to learn more about these capacity grants, contact **COVID19VaccineProvider@dhw.idaho.gov**.

HB 149: COVID-19 Liability Protection Extension - SUPPORT

Last August, the Idaho Legislature passed legislation that provided liability protections to ensure businesses were not the subject of unnecessary lawsuits related to COVID-19. The IMA was strongly in support of the legislation led by IMA Legal Counsel Ken McClure and the Idaho Liability Reform Coalition. Specifically, the bill ensured employers who make good faith efforts to provide COVID-19 precautions for their employees are provided some immunity from liability.

The protections were temporary and as a result required additional legislation to extend the original law passed in August. HB 149 was introduced by Rep. Julianne Young (R-Blackfoot) and extends the liability protections for employers in relation to COVID-19 to July 1, 2022.

Status: LAW

SB 1128: Uneducated Naturopaths Licensing - OPPOSE

The Senate Health and Welfare Committee held several hearings on SB 1128 which would license naturopaths who have not graduated from an accredited naturopathic medical school. IMA Legal Counsel Ken McClure and IMA Director of Government Affairs Jamie Neill testified in opposition to the legislation expressing concerns with the significant overreach in the scope of practice for unlicensed naturopaths. SB 1128 was ultimately sent to the amending order in the Senate where the legislation did

not proceed. IMA will continue to oppose any legislation that allows licensure of naturopaths beyond their scope of education and training.

Status: SB 1128 was sent to the amending order in the Senate and did move forward this session

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

IMA Bill Tracker

Support IMPAC the IMA's Political Action Committee!

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.

With the pandemic and constantly changing health care policies, it is more important now than ever 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!

Donate to IMPAC today!

To subscribe additional emails to receive the IMA Legislative Reports, **click here**.

Idaho Medical Association
P.O. Box 83701 | 208-344-7888
idmed.org | **Unsubscribe**

Idaho Medical Association

REPORT OF THE PRESIDENT-ELECT

Steven Kohtz, MD, President-Elect, Twin Falls

The Idaho Medical Association, its Board of Trustees, and the IMA staff have restarted in-person meetings (with video conference options) and are sincerely looking forward to a safe House of Delegates meeting in 2021. We hope you are reading this in preparation to attend annual meeting, either in-person or virtually. Your Idaho Medical Association continues to represent you, the practicing physician, throughout the pandemic and beyond as we look to another legislative session and gubernatorial election in 2022.

You, the front-line practicing physician, and physician leaders throughout the state, continue to be our greatest asset as an organization. You know the influential political leaders from exam rooms and social settings. There is nothing quite like a personal connection in driving the effectiveness of the IMA. What we have consistently heard over the years from our highly capable lobbying staff, is that our one-on-one conversations with legislators makes a big difference in supporting our causes.

As we look toward the challenges and opportunities of practicing medicine in Idaho in 2021 and 2022, there is much to be thankful for. We practice in a state with very few regulations on businesses and a favorable medicolegal environment. Most of this is due to the years of hard work by IMA and the long-term relationships we have built over decades working with the Idaho Legislature and Executive Branch. We were able to postpone full enactment of the recent Idaho Patient Act (IPACT) which requires several notifications to patients over a short timeframe and IMA continues to engage in ways to make IPACT more palatable for clinics trying to make ends meet as a business. Our membership numbers continue to grow as recognition of our value in effectively representing the physicians of Idaho.

One of the top issues we may need to keep our eye on this legislative session is protecting the Idaho standard of care. To do this, providers who practice on patients residing in Idaho need to continue carrying an Idaho State Board of Medicine license. The idea to allow out of state providers to practice telehealth in Idaho without an Idaho license was proposed in 2021. Thankfully, it was defeated but will surely be back in 2022. IMA will need individual physicians to engage on this issue. Of course, IMA also anticipates the ever-present and important scope of practice issues. Medical marijuana will continue as a large topic within the next legislative session, or it may become a ballot initiative. Additionally, we are likely to continue seeing ‘pet-project’ bills coming across legislative sub-committees which we will address on a case-by-case basis.

Thank you to Dr. Joe Williams for his hard work and leadership this past year as IMA President. Additionally, I continue to be amazed at our level of influence

within the Idaho Legislature which is primarily due to the passion and hard work of your IMA staff as well as your engagement as practicing physicians and citizens in your local communities. Thank you for the opportunity to serve on the Board the last several years and to serve as President in 2021-2022. I look forward to another successful year for the Idaho Medical Association.

Respectively submitted,

Steven Kohtz, MD, President-Elect, Twin Falls

October 2021

IDAHO MEDICAL ASSOCIATION, INC.

AUDITED FINANCIAL STATEMENTS
and
OTHER FINANCIAL INFORMATION

YEARS ENDED DECEMBER 31, 2020 and 2019

CONTENTS

Haynie & Company
Certified Public Accountants
& Management Consultants

1110 N Five Mile Road
Boise, ID 83713
208-323-7655
208-323-7660
www.HaynieCPAs.com

INDEPENDENT AUDITORS' REPORT

Board of Directors.
Idaho Medical Association
Boise, Idaho

We have audited the accompanying statements of financial position of Idaho Medical Association as of December 31, 2020 and 2019, and the related statements of activities and changes in net assets, cash flows and the related notes to the financial statements for the years then ended.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgement, including the assessment of risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the organization's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion the financial statements referred to above present fairly, in all material respects, the financial position of Idaho Medical Association as of December 31, 2020 and 2019, and the changes in its net assets and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Our audits were made for the purpose of forming an opinion on the basic financial statements as a whole. The additional information presented on pages 11 through 14, is presented for additional analysis and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting records used to prepare the financial statements. This information has been subjected to the auditing procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements, or to the financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America, and in our opinion, is fairly stated in all material respects in relation to the financial statements taken as a whole.

Haynie & Company

Boise, Idaho
February 12, 2021

IDAHO MEDICAL ASSOCIATION, INC.
STATEMENTS OF FINANCIAL POSITION

ASSETS	December 31, 2020 Operating Fund	Physician Recovery Network Fund	Total	December 31, 2019 Operating Fund	Physician Recovery Network Fund	Total
Current Assets:						
Cash and cash equivalents	$ 808,509	$ 34,033	$ 842,542	$ 821,574	$ 12,388	$ 833,962
Accounts receivable	35,419	11,750	47,169	35,376	11,824	47,200
Investments, net of market adjustments	1,581,467	-	1,581,467	1,401,517	-	1,401,517
Prepaid expenses	4,192	-	4,192	5,829	-	5,829
Total Current Assets	2,429,587	45,783	2,475,370	2,264,296	24,212	2,288,508
Property and Equipment:						
Land & building	994,714	-	994,714	994,714	-	994,714
Furniture and equipment	147,766	-	147,766	147,766	-	147,766
	1,142,480	-	1,142,480	1,142,480	-	1,142,480
Less accumulated depreciation	523,584	-	523,584	492,261	-	492,261
	618,896	-	618,896	650,219	-	650,219
Other Assets:						
Funds with deferred compensation administrators	300,747	-	300,747	436,726	-	436,726
	$ 3,349,230	$ 45,783	$ 3,395,013	$ 3,351,241	$ 24,212	$ 3,375,453
LIABILITIES AND NET ASSETS						
Current Liabilities:						
Accounts and other payables	$ 41,136	$ 21,133	$ 62,269	$ 73,025	$ 10,133	$ 83,158
Deferred revenue	620,503	-	620,503	614,273	-	614,273
Due to other associations- AMA & local	51,799	-	51,799	254,805	-	254,805
Current portion of capital lease obligations	10,190	-	10,190	9,709	-	9,709
Total Current Liabilities	723,628	21,133	744,761	951,812	10,133	961,945
Long-term Liabilities:						
Deferred compensation payable	300,747	-	300,747	436,726	-	436,726
Capital lease obligation- due after one year	12,398	-	12,398	22,588	-	22,588
Total Long Term Liabilites	313,145	-	313,145	459,314	-	459,314
Total Liabilities	1,036,773	21,133	1,057,906	1,411,126	10,133	1,421,259
Net Assets:						
Unrestricted	2,312,457	-	2,312,457	1,940,115	-	1,940,115
Restricted	-	24,650	24,650	-	14,079	14,079
	2,312,457	24,650	2,337,107	1,940,115	14,079	1,954,194
	$ 3,349,230	$ 45,783	$ 3,395,013	$ 3,351,241	$ 24,212	$ 3,375,453

The accompanying notes are an integral part of the financial statements.

IDAHO MEDICAL ASSOCIATION, INC.
STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS

	Year Ended December 31, 2020			Year Ended December 31, 2019		
	Operating Fund	Physician Recovery Network Fund	Total	Operating Fund	Physician Recovery Network Fund	Total
Revenues:						
Dues	$ 972,263	$ -	$ 972,263	$ 972,321	$ -	$ 972,321
Contributions and support	-	132,475	132,475	-	66,825	66,825
Other	287,607	-	287,607	337,790	-	337,790
Total Operating Revenues	1,259,870	132,475	1,392,345	1,310,111	66,825	1,376,936
Expenses:						
Committees	1,747	-	1,747	12,933	-	12,933
Administration:						
Officers and trustees	20,859	-	20,859	105,718	-	105,718
Operating	1,014,947	-	1,014,947	1,197,891	-	1,197,891
PRN program	-	121,920	121,920	-	131,685	131,685
Total Operating Expenses	1,037,553	121,920	1,159,473	1,316,542	131,685	1,448,227
Income (Loss) From Operations	222,317	10,555	232,872	(6,431)	(64,860)	(71,291)
Other Income (Expense):						
Depreciation	(31,323)	-	(31,323)	(35,778)	-	(35,778)
Investment activity:						
Interest & dividends	56,403	16	56,419	48,695	94	48,789
Investment fees	(3,262)	-	(3,262)	(2,033)	-	(2,033)
Investment gains (losses) and market value adjustments	129,891	-	129,891	133,353	-	133,353
Total Investment Activity	183,032	16	183,048	180,015	94	180,109
Special projects	(1,684)	-	(1,684)	(9,394)	-	-
Total Other Income (Expense)	150,025	16	150,041	134,843	94	134,937
Increase (Decrease) in Net Assets	372,342	10,571	382,913	128,412	(64,766)	63,646
Net Assets at Beginning of Year	1,940,115	14,079	1,954,194	1,811,703	78,845	1,890,548
Net Assets at End of Year	$ 2,312,457	$ 24,650	$ 2,337,107	$ 1,940,115	$ 14,079	$ 1,954,194

The accompanying notes are an integral part of the financial statements.

IDAHO MEDICAL ASSOCIATION, INC.
STATEMENTS OF CASH FLOWS- OPERATING FUND
December 31,

	2020	2019
From operating activities:		
Received from members	$ 978,480	$ 852,853
Other revenues	287,607	337,790
Other income and expense	181,348	134,843
Interest paid	(1,354)	(1,813)
Paid to employees and vendors	(1,269,457)	(1,115,863)
NET CASH PROVIDED (USED) BY OPERATIONS	176,624	207,810
From investing activities:		
Purchase of equipment	-	-
Net (purchase) proceeds from investments	(179,980)	(219,088)
NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	(179,980)	(219,088)
From financing activities:		
Loans & notes payable activity	(9,709)	(9,250)
NET CASH PROVIDED (USED) BY FINANCING ACTIVITIES	(9,709)	(9,250)
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	(13,065)	(20,528)
Cash and cash equivalents at beginning of year	821,574	842,102
CASH AND CASH EQUIVALENTS AT END OF YEAR	$ 808,509	$ 821,574
Reconciliation of excess revenues over expenses to net cash provided by operating activities:		
Excess of revenues (expenses)	$ 372,342	128,412
Adjustments:		
Depreciation add back	31,323	35,778
(Increase) decrease in non-cash current assets	1,594	18,856
Increase (decrease) in current liabilities	(228,635)	24,764
Net cash flow from (used by) operating activities	$ 176,624	$ 207,810

The accompanying notes are an integral part of the financial statements.

IDAHO MEDICAL ASSOCIATION, INC.
NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

1. **Summary of significant accounting policies**

This summary of significant accounting policies of Idaho Medical Association, Inc. Is presented to assist in understanding the Association's financial statements. The financial statements and notes are the representations of the Association's management, which is responsible for their integrity and objectivity. These accounting policies conform to generally accepted accounting principles.

Organization

The Association is a non-profit organization incorporated under the laws of the State of Idaho. It is organized to represent and serve the medical industry in Idaho. Responsibility for the Association's operations is vested in an independent board of trustees, with day-to-day operations conducted by an administrative staff.

Income taxes

The Association is exempt from income taxes under Section 501(c)(6) of the Internal Revenue Code. The Association is not a private foundation.

Financial reporting

The accompanying financial statements are presented in accordance with recommendations contained in the industry audit guide, Audit and Accounting Guide for Not-For-Profit Entities of the American Institute of Certified Public Accountants.

Use of estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Basis of accounting

Accounting for the Association is on the accrual basis, under which revenues and accounts receivable are recognized at the time services are provided, and expenses and liabilities are recorded at the time supplies and services are received. Membership dues received in advance are recorded as deferred revenue and are recorded in the period to which such dues pertain. The Association accounts for operations through two funds, an unrestricted General Operating Fund and a restricted Physician Recovery Network Fund.

1. **Summary of organization and significant accounting policies (continued)**

Cash and cash equivalents

Cash and cash equivalents include certain investments in highly liquid securities and debt instruments that have varying maturities of three months or less. Such investments are recorded at fair market value.

Property and equipment

Property and equipment acquisitions are recorded at cost if purchased or fair market value if received by donation. Depreciation is provided over the estimated useful lives of depreciable assets and is computed using the straight-line method. Maintenance, repairs and renewals which neither materially add to the value of the property nor appreciably prolong its useful life are charged to expense as incurred. Gains or losses on dispositions of property and equipment are included in operations in the year such dispositions occur.

2. **Liquidity and availability of funds**

The Association's financial assets available for general expenditures within the next year of the Statement of Financial Position date (December 31, 2020) are as follows:

Cash	$ 808,509
Accounts receivable	35,419
Investments	1,581,467
	$2,425,395

As part of the Association's liquidity management, it intends to structure its liquid, financial assets to be available as its general expenditures, liabilities and other obligations come due. In addition, the Association may invest funds in excess of daily requirements in short-term investments.

3. **Concentration of credit risk**

The Association maintains accounts at more than one bank. Aggregate bank balances at each bank are insured up to $250,000 by the FDIC. At various times during the year, the Association's bank balances, temporarily, exceed that insured limit. The Association has never experienced a loss of funds from the financial institutions that they do business with, and believes that the financial strength of these institutions is great enough to avoid any possible future fund loss.

4. **AMA and local Medical Society dues**

A portion of the dues collected by the Association are to be paid to the American Medical Association (AMA) and local Medical Societies. Since funds are received on behalf of these organizations and remitted directly to them, the Association does not record either their collection or their remission as Association revenue or expense.

5. **Retirement plan**

The Association has a 401(K) plan which is available to all full-time employees. For participating employees, The Association contributes 15% of qualifying employees' annual wages to the plan. Plan contributions and associated plan costs were $70,063 and $79,381 for the years ended December 31, 2020 and 2019, respectively.

6. Deferred compensation plan

The Association has had a deferred compensation plan created in accordance with Section 457 of the Internal Revenue Code. The plan is presently sealed and is no longer available to Association employees. When active, the plan permitted designated employees to defer a portion of their salaries to future years. The Association made no contributions to the plan, at any time. The deferred compensation contributions previously made by participating employees are not available to the employees until termination, death, retirement or other defined unforseen emergency events. Two former employees are presently receiving distributions from the plan.

All assets of the plan are the sole property of the Association until paid or made available to the plan participants or beneficiaries, and are subject to the rights of the Association's general creditors. Plan participants' rights to plan assets are equal to those of general creditors, in amounts equal to the fair value of the deferred account value for each participant. It is the opinion of Management that the Association has no liability for potential losses under the plan and Management further believes that it is unlikely that plan assets would be used to satisfy general creditors' future claims.

7. Capital lease obligations

The Association has entered into capital lease agreements to which it is obligated as follows:

Lessor	Balances at December 31, 2020	2019
US Bank:		
-Konica Minolta copying system; payable monthly at $722 including interest at 4.91% per annum; payments to conclude January, 2023; secured by equipment.	$ 17,165	$ 24,815
-Folding Machine; payable monthly at $199 including interest at 5.15% per annum; payments to conclude May, 2023; secured by equipment.	5,423	7,482
	22,588	32,297
Less amount due in one year	(10,190)	(9,708)
Due after one year	$ 12,398	$ 22,589

7. Capital lease obligations (continued)

Annual capital lease maturities for the next five years are as follows:

Year ended December 31,	
2021	$ 10,190
2022	10,695
2023	1,703
2024	-

The Association has no operating leases.

8. Impairment of long-lived assets

The Association reviews long-lived assets, including property, equipment and any intangible assets, for impairment whenever events or changes in operational circumstances indicate that the carrying value of an asset may not be fully recoverable. An impairment loss would be recognized when the estimated future cash flows from the use of an asset and that asset's fair value are less than the carrying amount of the asset. The Association has not recognized any impairment of long-lived assets during the years ended December 31, 2020 or 2019.

9. Fair value measurement of financial instruments

Generally accepted accounting principles establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy gives the highest priority to unadjusted, quoted prices in active markets for identical assets or liabilities (Level 1 measurements), a middle priority to other significant, observable inputs for similar, but not identical, assets or liabilities (Level 2 measurements) and the lowest priority to unobservable, estimate valued, inputs (Level 3 measurements). The Association has only Level 1 measured assets and liabilities.

The inputs and methodology used for valuing the Association's financial assets and liabilities are not indicators of the risks associated with those assets and liabilities.

10. Subsequent events

The Association evaluated events subsequent to December 31, 2020 through February 12, 2021, the date that this report is available for distribution, and determined that no additional disclosures or adjustments to these financial statements are required.

OTHER FINANCIAL INFORMATION

Property and equipment

Changes in property and equipment and related accumulated depreciation during the year ended December 31, 2020, are presented in the following summary:

	Property and Equipment				Accumulated Depreciation				Net Book Value at December 31 2020
	Balances at December 31 2019	Additions	Deletions	Balances at December 31 2020	Balances at December 31 2019	Deoreciation	Deletions	Balances at December 31 2020	
Land	$ 280,881	$ -	$ -	$ 280,881	$ -	$ -	$ -	$ -	$ 280,881
Building and Improvements	713,833	-	-	713,833	389,018	17,485	-	406,503	307,330
Furniture and equipment	147,766	-	-	147,766	103,243	13,838	-	117,081	30,685
	$ 1,142,480	$ -	$ -	$ 1,142,480	$ 492,261	$ 31,323	$ -	$ 523,584	$ 618,896

Revenue

Details of revenue for the years ended December 31, 2020 and 2019, are presented as follows:

	Year ended December 31	
	2020	2019
Dues:		
State membership dues	$ 972,263	$ 972,321
Other revenue:		
Annual meeting other income	$ 150	$ 6,255
Annual meeting displays	29,500	77,310
Miscellaneous income	159	(6,456)
Publication income	1,394	948
Coding book sales	13,951	10,422
AMA dues reimbursements	2,232	1,226
CME support	-	-
Association administrative support	99,274	96,059
Rents- building	38,082	36,094
Rents- parking lot	10,780	9,360
MIEC peer review	26,867	28,659
MIEC per diem	9,600	22,400
Business partnership royalties	28,888	27,266
Advertising revenue	14,855	14,536
Reimbursement seminars	10,940	8,475
Practice management consulting	935	5,236
Total other revenue	$ 287,607	$ 337,790
Total revenue	$ 1,259,870	$ 1,310,111

Expenses

Details of expenses for the years ended December 31, 2020 and 2019, are presented as follows:

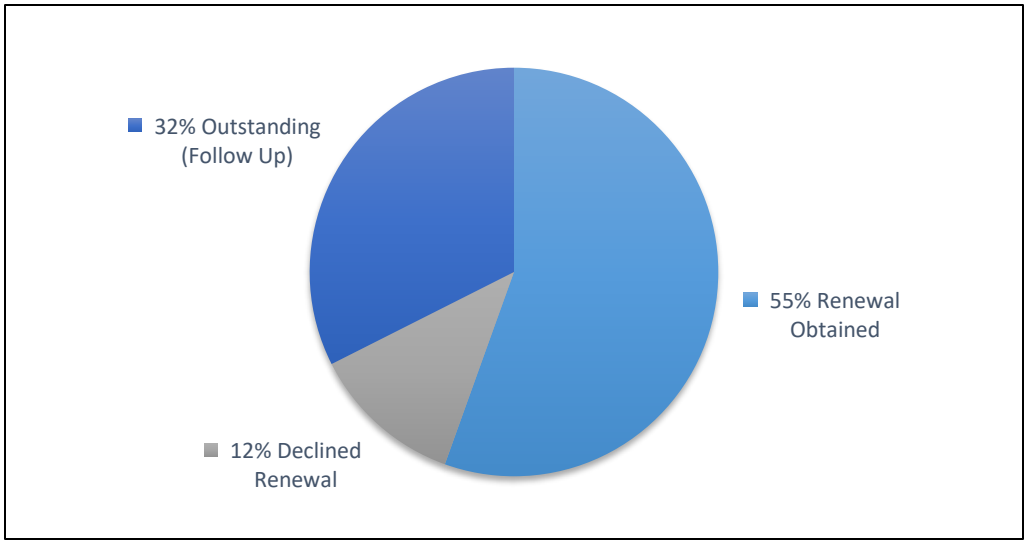
	Year ended December 31	
	2020	2019
COMMITTEES:		
Continuing Medical Education	$ -	$ 12
Federal activities	-	-
PAC West conference	-	1,050
State Legislative activities	1,595	11,279
Other	152	592
	1,747	12,933
ADMINISTRATION:		
Officers and Trustees-		
President	2,585	6,434
President Elect	2,134	6,492
Past President	157	2,549
Secretary/Treasurer	-	306
Trustees	2,264	17,145
AMA Delegate & Alternate	6,214	13,063
Speaker & Vice Speaker	491	4,389
Medical student representative	314	906
Young Physician representative	-	2,417
Resident Physician representative	-	625
Chief Executive Officer	2,270	10,587
Policy Director	465	1,448
Board of Trustees meeting	3,796	28,214
Director of operations	65	3,361
Communication director	65	1,604
Reimbursement specialists	39	6,178
	20,859	105,718
Operating expenses-		
Salaries	526,385	590,943
Association administration expense	(4,775)	19,336
Staff training	692	3,198
Insurance	6,680	6,107
Payroll taxes	40,311	44,967
Dues & subscriptions	2,178	12,139
Materials & supplies	5,075	6,039
Accounting & auditing	11,306	12,323
Legal service	42,511	41,697
Coding book expense	7,724	11,229
Annual meeting expense	6,664	74,810
Postage	9,795	13,178
Printing & copying	2,754	1,539
Telephone	6,334	5,907
Web site & electronic communication	21,143	22,013
Miscellaneous office expenses	1,641	1,907

(continued on following page)

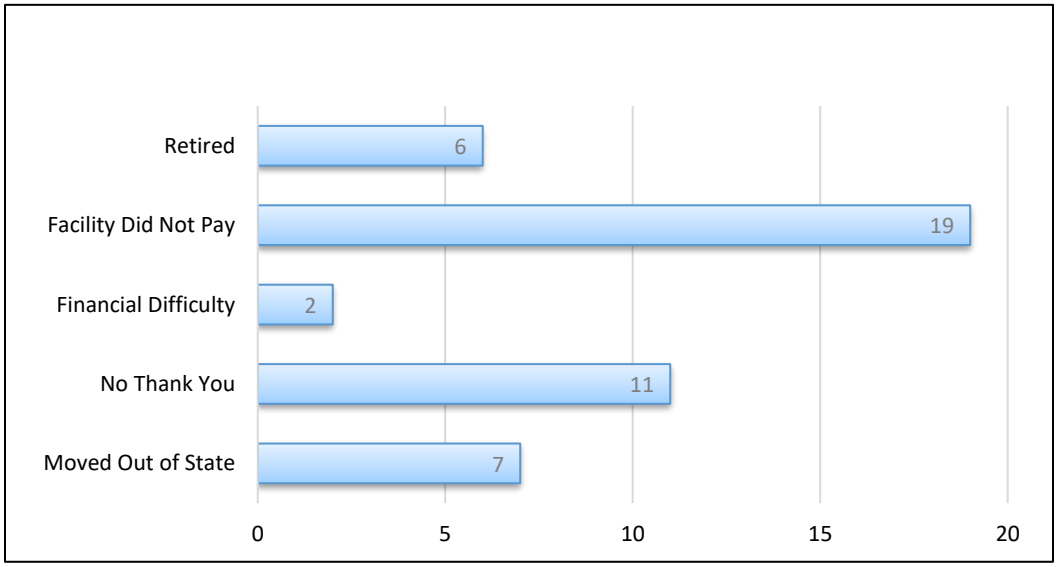
Expenses (continued):

Equipment rent	3,685	5,415
Pension administration & contributions	70,063	79,381
Equipment repairs & services	4,508	4,696
Health & accident insurance	34,326	43,062
Public relations	150	500
Property taxes	12,713	12,287
Government relations	141,115	136,628
Building repairs & maintenance	22,666	18,732
Utilities	8,358	7,941
Publications & resale expense	4,750	9,127
Reimbursement seminars expense	17,112	1,476
Bank charges	7,379	9,501
Income taxes	350	-
Interest	1,354	1,813
	1,014,947	1,197,891
Total expenses	$ 1,037,553	$ 1,316,542

2021 RENEWAL PROJECT - INITIATED 2/1/21



Invoice Type	2020 Non-Renewals	Contact Attempted	2021 Renewal Obtained	Decided Not to Renew	Outstanding (Following Up)
Individual	190	147	65	18	107
Group	183	129	142	27	14

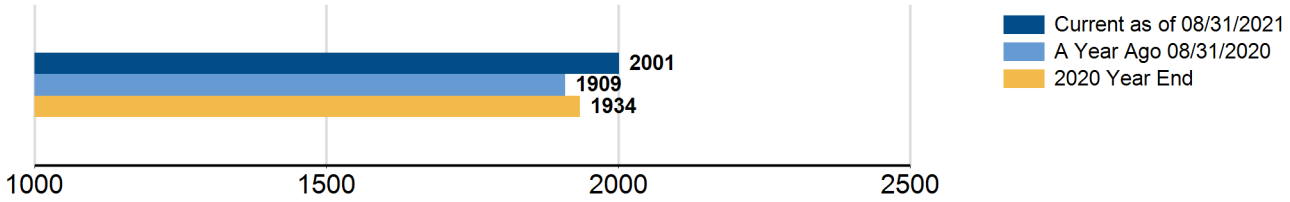


Reason for Non-Renewal	#
Retired	6
Facility Did Not Pay – Financial	19
Financial Difficulty	2
No Thank You	11
Moved Out of State	7
Total	45

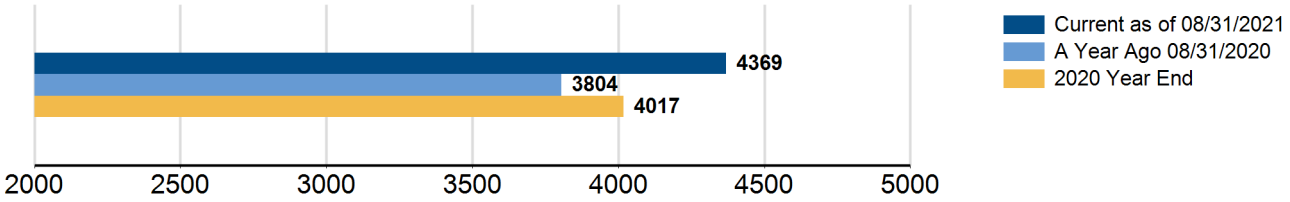
2021 MONTHLY MEMBERSHIP REPORT

August 31, 2021

TOTAL ACTIVE IMA MEMBERSHIP



TOTAL IMA MEMBERSHIP

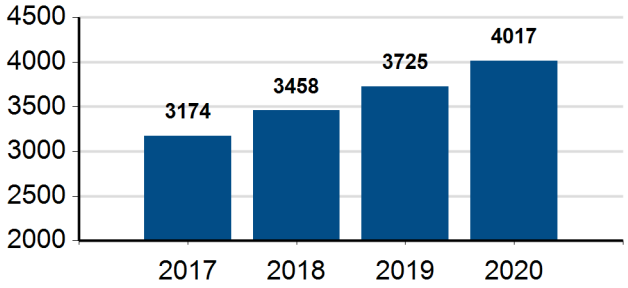


		8/31/2021	8/31/2020	(+/-)	%(+/-)	2020 YE	% of 2020 YE
Active (practicing Physicians)	Active	1731	1652	+79	4.8%	1723	100.5%
	Active First Year	117	103	+14	13.6%	49	238.8%
	Active Second Year	93	93	0	0.0%	103	90.3%
	Government Employee	22	26	-4	-15.4%	25	88.0%
	Part Time	38	35	+3	8.6%	34	111.8%
	TOTAL	**2001**	**1909**	**+92**	**4.8%**	**1934**	**103.5%**
Affiliate	Resident	193	215	-22	-10.2%	166	116.3%
	Student	815	453	+362	79.9%	659	123.7%
	TOTAL	**1008**	**668**	**+340**	**50.9%**	**825**	**122.2%**
Assistant	Nurse Practitioner	423	393	+30	7.6%	393	107.6%
	Physician Assistant	502	443	+59	13.3%	443	113.3%
	TOTAL	**925**	**836**	**+89**	**10.6%**	**836**	**110.6%**
Life & Retired Physicians	Retired IMA	358	330	+28	8.5%	340	105.3%
	Exempt	76	61	+15	24.6%	82	92.7%
	TOTAL	**434**	**391**	**+43**	**11.0%**	**422**	**102.8%**
UNKNOWN	Resident	1	0	+1	Infinity	0	Infinity
	TOTAL	**1**	**0**	**+1**	**Infinity**	**0**	**Infinity**
	TOTAL MEMBERSHIP	**4369**	**3804**	**+565**	**14.9%**	**4017**	**108.8%**

YE TOTALS

	YE Totals	(+/-)	% (+/-)
2020	4017	292	7.8%
2019	3725	267	7.7%
2018	3458	284	8.9%

YE TOTALS



2021 NEW MEMBERS

Category	Total
Active	91
Active First Year	54
Active Second Year	7
Govt Employee	1
Part Time	3
Retired IMA	1
Nurse Practitioner	80
Physician Assistant	77
TOTAL	**314**

2021 MONTHLY MEMBERSHIP REPORT

August 31, 2021

	IMA MEDICAL SOCIETY MEMBERSHIP TOTALS BY DISTRICT						
DISTRICT	MEDICAL SOCIETY	8/31/2021	8/31/2020	(+/-)	%(+/-)	2020 YE	% of 2020 YE
	Out of State	58	36	+22	61.1%	28	207.1%
	Unknown CMS	0	0	0	NaN	23	0.0%
	Unknown CMS	1	0	+1	Infinity	0	Infinity
	TOTAL	**59**	**36**	**+23**	**63.9%**	**51**	**115.7%**
1	Bonner Boundary District MS	26	24	+2	8.3%	24	108.3%
	Kootenai Benewah District MS	249	235	+14	6.0%	236	105.5%
	Shoshone County MS	2	2	0	0.0%	2	100.0%
	TOTAL	**277**	**261**	**+16**	**6.1%**	**262**	**105.7%**
2	North Idaho Medical Society	211	181	+30	16.6%	181	116.6%
	TOTAL	**211**	**181**	**+30**	**16.6%**	**181**	**116.6%**
3	Southwestern Idaho District MS	449	427	+22	5.2%	421	106.7%
	TOTAL	**449**	**427**	**+22**	**5.2%**	**421**	**106.7%**
4	Ada County MS	2624	2299	+325	14.1%	2504	104.8%
	TOTAL	**2624**	**2299**	**+325**	**14.1%**	**2504**	**104.8%**
5	Mini-Cassia MS	34	33	+1	3.0%	33	103.0%
	South Central Idaho District MS	256	137	+119	86.9%	138	185.5%
	Wood River Valley District MS	59	57	+2	3.5%	57	103.5%
	TOTAL	**349**	**227**	**+122**	**53.7%**	**228**	**153.1%**
6	Idaho Falls MS	235	203	+32	15.8%	204	115.2%
	Upper Snake River Valley MS	33	33	0	0.0%	34	97.1%
	TOTAL	**268**	**236**	**+32**	**13.6%**	**238**	**112.6%**
7	Bear River Valley District MS	8	8	0	0.0%	8	100.0%
	Bingham County MS	7	15	-8	-53.3%	9	77.8%
	Southeastern Idaho District MS	117	114	+3	2.6%	115	101.7%
	TOTAL	**132**	**137**	**-5**	**-3.6%**	**132**	**100.0%**
	TOTAL MEMBERSHIP	**4369**	**3804**	**+565**	**14.9%**	**4017**	**108.8%**

2021 AMA MEMBERSHIP TOTALS		
	COUNT	TOTAL
Paid Direct to AMA	455	
Paid Thru the IMA	146	$37,104.00
Idaho AMA Membership	601	

Idaho Medical Association

REPORT OF THE TREASURER AND MEMBERSHIP

TJ Kemp, MD, Meridian

Attached to this report are three exhibits: the completed Audit for 2020 (Exhibit I), the IMA Monthly Membership Report (Exhibit II), and the IMA Renewal Report (Exhibit III).

Exhibit I, the 2020 Audit, contains line item and summary figures for the General Fund operating account, as well as the Physician Recovery Network account.

The IMA Board of Trustees has reviewed the Association's financial status in detail and recommends the following action to the House of Delegates.

Recommendation: Idaho Medical Association membership dues for the following categories remain at the present levels for 2022, which are:

1st Year Member	$173
2nd Year Member....	$347
Full Paying Member…….	$520
Part-Time/Government Associate Member	$260
Affiliate (Resident) Member……	$ 25
Retired Member..……	$ 0
Physician Assistant	$ 50
Nurse Practitioner…….... ...	$ 50
Medical Student……	$ 0

The active physician membership, which includes: 1st year, 2nd year, full paying and part-time/government associates in the IMA was 2,001 on August 31, 2021. Membership as of August 31, 2020 was 1,909. In addition, there were a combined number of 925 physician assistant and nurse practitioner members as of August 31, 2021, compared to a combined number of 836 physician assistants and nurse practitioners in 2020. The IMA also has a combined number of 434 retired and dues exempt members – See Exhibit II, IMA Monthly Membership Report, August 31, 2021.

A summary report on 2021 renewal efforts made by the membership department for providers that were members in 2020 and the renewals obtained by these efforts are listed in Exhibit III. Deciding factors for non-renewal are listed on this report. In many cases, the facility was no longer covering membership fees because of budget cuts. Some providers are nearing retirement, and others will be or have already left the state.

Respectfully submitted,

TJ Kemp, MD, Treasurer, Meridian

Attachment

REPORT: ADM IX

Idaho Medical Association

TRUSTEE REPORT OF DISTRICT FIVE

Frank Batcha, MD, Hailey

South Central Idaho District Medical Society reports that they meet periodically throughout the year.

Due to the COVID pandemic all meetings were canceled in 2020. Despite this, we are seeing our overall membership increasing. We are looking forward to a time when we can get past the COVID pandemic and restart society activities.

As of September 1, 2021, District Five membership was as follows:

2021 Members	2021 Non-Members	2020 Members	2020 Non-Members
193	120	128	167

Respectfully submitted,

Frank Batcha, MD, Trustee, District Five, Hailey

October 2021

REPORT: ADM V

Idaho Medical Association

TRUSTEE REPORT OF DISTRICT ONE

Beth A. Martin, MD, Interim Trustee, Coeur d'Alene

There has been ongoing engagement from younger physician members and renewed interest in the local Kootenai Benewah District Medical Society. Strides are being made to offer quality meetings with relevance to physicians' practices. There is also now an active affiliated Medical Alliance providing community level activities as well as a woman's physician group meeting quarterly.

Our area has a total of eight hospitals including three critical access hospitals as well as one long-term acute care hospital and one rehabilitation hospital. These include:

- Boundary Community Hospital (48 beds)
- Bonner General Hospital (25 beds)
- Northwest Specialty Hospital (34 beds)
- Rehabilitation Hospital of the Northwest (30 beds)
- Northern Idaho Advanced Care Hospital (40 beds)
- Kootenai Health (330 beds)
- Shoshone Medical Center (25 beds)
- Benewah Community Hospital (19 beds)

We also have three Federally Qualified Health Centers (FQHC) including Heritage Health which provides integrated medical, dental, and behavioral health services in Kootenai, Benewah, and Shoshone counties. Heritage also has two mobile clinics, one for the local school district and one serving the homeless population. Marimn Health & Wellness Center on the Coeur d'Alene Tribe reservation also provides integrated medical, dental, and behavioral health services as well as a wellness center including a recently announced additional Youth/Rec Center for both tribal and non-tribal members of the area community. Kaniksu Health Services serves Bonner and Boundary counties in a similar fashion as the above.

We are also fortunate to have the second mental health crisis center in the state with the opening of the Northern Idaho Crisis Center as a non-profit community organization, created to help people who are having a mental health crisis or a drug or alcohol problem. The Crisis Center is a joint project between Panhandle Health District (PHD), Kootenai Health and Heritage Health. Kootenai Health also has adult and child/adolescent inpatient psychiatric units as well as a chemical dependency inpatient unit.

The PHD provides over 40 different public health programs to families, individuals, and organizations in northern Idaho. From food and drinking water

safety to health education and disease control; public health services are critical to ensure our community is a safe and healthy place to live, work and play. PHD is one of two Idaho Health Districts to receive accreditation from the Public Health Accreditation Board (PHAB).

The Kootenai Clinic Family Medicine Coeur d'Alene Residency, an affiliate of the University of Washington Family Medicine Residency Network, has graduated its fourth class of family physicians. Many of the graduates have stayed in the area. The quality of the graduates continues to be outstanding. This is an ongoing valuable resource for District One and will certainly provide much needed care to the northern residents of the state: 30 residents have graduated from the program, the majority of which stayed here in Idaho.

Kootenai Care Network, as the area's primary Accountable Care Organization (ACO), continues to evolve and negotiates contracts to help maintain quality care and control costs. Work is in progress to meet quality measures in the practices and hopefully attain the goals set forth by the ACO. Of particular note, they have recently signed a contract with Medicaid to participate in the Value Care Organization in Kootenai County with local physician's offices as well as some critical access hospitals.

The Veterans Affairs (VA), North Idaho Community Outpatient Clinic is affiliated with the Mann-Grandstaff VA Medical Center in Spokane, Washington and provides primary care; blood draw; addiction counseling; a substance abuse treatment program; combat related post-traumatic stress counseling; military sexual trauma counseling; psychiatry; social work; metabolic clinic covering diabetes and lipid management; nutrition for diabetics and lipid management; and depression counseling.

Kootenai Health is a comprehensive regional medical center and continues to expand. Its third-floor east wing construction was completed. This added 30,000 square feet to the hospital and 32 more hospital beds to help keep up with demand in the growing area. This is on top of a recent expansion of the emergency department, a Level II Trauma Center (State of Idaho Time Sensitive Emergency System), to 36 rooms. With the expansion, it is now better designed to handle up to 55,000 patients per year. Other recent additions include an expansion and modernization of the operating rooms to a total of 11 suites including robotic surgery. The hospital will transition its electronic medical records system from Meditech to Epic by Spring of 2022. Kootenai Health is also an active member of the Mayo Clinic Care Network for access to further expertise and resources for complex medical situations via eConsults. Kootenai Health has been transparent to the public about the financial and operational impact of the pandemic. It continues to attempt to educate the public about the effectiveness of the vaccines and encourages the public to get vaccinated to help stop the pandemic. As of mid-August, all elective surgeries have been canceled due to the surge of the delta variant. As Covid-19 rages on in the community, I fear it may eventually overwhelm our resources.

Finally, the non-profit Hospice of North Idaho expanded the state's only free-standing hospice inpatient facility from 14 to 21 beds. They even established a five bed isolation unit for end-of-life COVID-19 patients if needed as well as a COVID-19 response team of nurses to serve facility and home COVID-19 patients.

As of August 19, 2021, IMA District One (the Panhandle Health District region) has had 28,193 COVID-19 cases with 350 deaths and 92 hospitalizations. The case rate is currently increasing daily.

As of September 1, 2021, District One membership was as follows:

2021 Members	2021 Non-Members	2020 Members	2020 Non-Members
155	531	150	535

Respectfully submitted,

Beth A. Martin, MD, Interim Trustee District One, Coeur d'Alene

October 2021

REPORT: ADM VI

Idaho Medical Association

TRUSTEE REPORT OF DISTRICT TWO

Darby Justis, MD, Lewiston

North Idaho Medical Society (NIMS) has been relatively quiet over the past two years due to the ongoing COVID-19 pandemic. A social gathering was held in August 2021 at Saute restaurant where members enjoyed camaraderie and live music. NIMS President Dr. Darby Justis provided a brief update of last year's legislative session and how it may affect physicians and healthcare in Idaho.

In other business, the NIMS Executive Committee, Dr. Sherry Stoutin, Treasurer, and Dr. Darby Justis, President, welcomed a new Executive Director, Ashlee Grunenfelder.

It is important that physicians continue to monitor the agreement made in 2017 under the Idaho Non-Profit Hospital Sale Act by Attorney General Lawrence Wasden which negotiated a deal that the purchaser of St. Joseph's Regional Medical Center (SJRMC) would invest $57M in capital improvements over five years. To date, the hospital's current owner, LifePoint Health (formerly Regional Care Capella Healthcare prior to merging with LifePoint) has spent or committed to spend $22M by April 30, 2022. Big ticket items have been IT equipment, a second Cath Lab, DaVinci robotic technology, and 3D mammography. Other tentative project plans for SJRMC include an updated Behavioral Health Unit and a new medical office building.

SJRMC seeks federal mediation for the ongoing contract dispute with the nurses' union which requests that the hospital follow nationally recognized safe nurse-to-patient ratios, maintains adequate CNA support, and restores a night pharmacy. Since the night pharmacy was discontinued, the nurses are responsible for mixing patient prescriptions. SJRMC also eliminated an in-house crisis team which conducted suicide assessments for mental health patients in the emergency department. ED nurses are now required to complete mental health assessment forms for patients that take 45 to 60 minutes.

The Lewis-Clark Valley Healthcare Foundation was established in 2017. Its mission is to benefit the health needs in the nine-county region SJRMC hospital once served, including Clearwater, Idaho, Latah, Lewis, and Nez Perce. In 2021, the Foundation awarded approximately $500,000 to 70 organizations which ranged from $5,000 to $30,000. Examples include the Suicide Prevention of the Inland Northwest in Lewiston ($10,000), and Clearwater County Ambulance in Orofino ($9,800). Impact Grants of $75,000 will be awarded later this year. Nonprofit tax-exempt organizations or government entities using it for charitable purposes only are eligible to apply.

The transition in healthcare delivery continues to evolve. The IMA represents the interests of both independent and hospital-employed physicians. Public health, patient advocacy, post-graduate medical education, and access to care are topics which continue to be important to all of us.

I encourage everyone to participate with our state and local medical societies. It's always best to be proactive and work for a better future for healthcare in Idaho rather than be reactive to detrimental legislation and regulatory changes. Staying informed of upcoming changes is the first step in helping to steer the future of medicine.

As of September 1, 2021, District Two membership was as follows:

2021 Members	2021 Non-Members	2020 Members	2020 Non-Members
76	157	83	135

Respectfully submitted,

Darby Justis, MD, Trustee, District Two, Lewiston

October 2021

REPORT: ADM VII

Idaho Medical Association

TRUSTEE REPORT OF DISTRICT THREE

Megan Kasper, MD, Nampa

My name is Megan Kasper, a general obstetrician-gynecologist practicing in Nampa. It is my honor to serve as Trustee for District Three. Our district is a large geographic area that covers Adams, Boise, Canyon, Gem, Owyhee, Payette, Valley, and Washington counties. In addition to my private practice, I provide OB hospitalist services at a local hospital in Nampa.

Our local medical society is Southwestern Idaho Medical Society (SWIMS). Liz Hatter and Shelbi Morris have continued to provide administrative support for our society. They have done a wonderful job learning our group and navigating the ever-changing restrictions that COVID-19 has brought. We also have a fantastic physician leadership team on our SWIMS Board: Christopher Partridge, MD; Ralene Wiberg, MD; Robin Sebastian, MD, and Robbie Crouch, DO.

This past year we were still able to coordinate physically distanced activities, such as a drive-in movie. Our first in-person event in over a year was the new resident welcome in July celebrating the third starting class of FMRI Nampa, giving the residency a full slate of all three years.

COVID-19 has continued to dominate the societal and healthcare landscape in our district. The various hospital systems and community groups did an outstanding job of rolling out the vaccine availability, moving down the prioritizations lists faster than some neighboring states. Large vaccination events have gradually shifted to one-on-one counseling and availability in many clinics, creating accessibility for patients as they access other healthcare. Plans are in place to roll out hospital discharge vaccination next.

The landscape of this part of the southwest Idaho medical community continues to evolve alongside the rapid growth in our region. Saint Alphonsus, St. Luke's, Saltzer Health, Terry Reilly, Primary Health, West Valley, and a healthy number of independent practices all work to meet the needs of our population. The most recent challenge is adequate staffing to meet the demand of a growing community, alongside difficulty with recruitment because of high housing prices and difficulty with retention due to evolving vaccination requirements.

As of September 1, 2021, District Three membership was as follows:

2021 Members	2021 Non-Members	2020 Members	2020 Non-Members
213	113	214	124

Respectfully submitted,

Megan Kasper, MD, Trustee District Three, Nampa

October 2021

REPORT: ADM VIII

Idaho Medical Association

TRUSTEE REPORT OF DISTRICT FOUR

Stacia Munn, MD, Meridian
Mary Barinaga, MD, Boise

The current voting officers of ACMS include: President, Thomas Pintar, MD; President Elect, Alice Blake, MD; Secretary-Treasurer, James Whitaker, DO; Past-President, Stephanie Hodson, MD; Members-at-Large: Deb Roman, DO; Naya Antink, MD; Amy Baruch, MD and Mary Ann Huntington, MD; and Resident Representative, Matthew Harrison, MD.

2020-2021 Events Held

2020 House of Delegates - A total of 23 ACMS delegates (including those representing the IMA Board or other specialty society/education) registered to attended IMA's Virtual Annual Meeting and House of Delegates (HOD) in October. Since no travel expenses were incurred, we provided lunch gift cards to those who attended.

After consultation with Central District Health (CDH), we were able to hold a **Trunk-or-Treat** activity for members, hosted outside at the Idaho College of Osteopathic Medicine. About 30 families, with approximately 75 children attended; 7 booths handed out candy using safely-distanced activities like fishing booths or RC cars delivering candy.

Our **Legislative Update Night** was held via Zoom and turned out very well. We had about 50 people in attendance, including six legislators, the IMA lobby team, and members. After a brief presentation of the key priorities for the 2021 legislative season by the IMA team, we sent participants into virtual breakout rooms, assigning them to their respective district legislator/s. This was a successful way to connect many members with several lawmakers.

This year, we surprised physicians and randomly assigned them to be a **Secret Santa** for another physician member. We provided some generic ideas and contact/address information for the member to find a way to bolster them at the end of a long hard year. We communicated that this was optional, and we understood financial or time limitations might prevent some from participating. Feedback was overwhelmingly positive.

Our fourth annual **Residents' Career Readiness Training** for second-year residents was held in late January. We had 33 residents from our four Treasure Valley residency programs attend and two from Idaho State University Family Medicine Residency in Pocatello. The entire event was via Zoom and we had breakout rooms for private conversations on various topics and also conversations with attending physicians by specialty in each breakout room. Other activities included a round robin financial panel Q&A session and

discussions on CV development, interviews/site visits, and employment contracts.

In December, our Winter Clinics committee and board chose to preemptively flip the upcoming **62nd Annual Winter Clinics** into a completely virtual event due to the pandemic. Our topics this year were focused on the intersection of public health and clinical practice and were condensed down to two full days of medical education. While we had about half of our normal in-person attendance, the event was very well attended.

In April, we hosted our first ever **Medical Student Specialty Career Fair**, via Zoom. We had strong attendance from our specialty physicians (about 30) and a disappointing turnout from our students (about 17 out of 50 registered). Students could sign up for up to five 15-minute solo consults with various specialists, which were held in Zoom breakout rooms. Patrice Burgess, MD provided the introduction to the evening.

Our annual **New Residents Welcome Dinner** was held at the C.W. Moore Plaza rooftop cafe in late June to welcome new residents to the Boise area, including FMRI, UW Psychiatry and categorical University of Washington Internal Medicine residents. Over 60 people were in attendance.

ACMS attempted to provide some **summertime picnic gatherings** for members in May, June, and July. But a lack of general interest and attendance, combined with an extreme heat wave and poor air quality led us to cancel three out of the five scheduled picnics.

The **August 2021 Go Wild at Zoo Boise** annual event was co-hosted with Southwest Idaho Medical Society and drew 371 guests.

Community Engagement around COVID-19

We continue to support and promote the use of masks, social distancing, and vaccinations through our Facebook page.

In December, the ACMS Board released a statement to its members supporting Central District Health's leadership in its response to Covid-19 and related public health decisions and recommendations. We affirmed diverse perspectives, respectful dialogue, peaceful protests, and opposed the intimidating tactics on display that silence or disrupt civil processes.

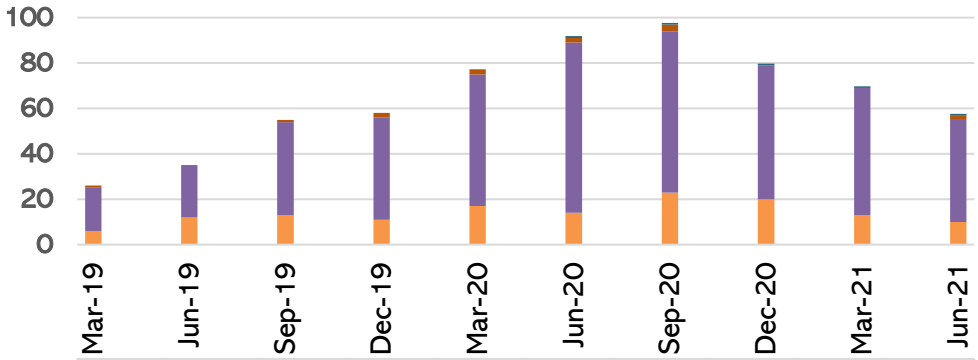
In January, we encouraged members to contact the Ada County Commissioners when they reconsidered their initial appointment of Raul Labrador to the CDH board. An ACMS op-ed advocated in favor of infectious disease specialist Dr. Sky Blue's nomination. Ultimately, the Commissioners voted in favor of Labrador to serve on the board.

In July, we advocated for members to reach out to the county commissioners again in favor of Dr. Sky Blue after not renewing Dr. Ted Epperly's term.

Physician Well-Being

Overall, we saw a 100 percent increase of appointments in the Physician Vitality Program compared to the same period in 2019. Members and therapists have commented how much more convenient it is to schedule and keep appointments via telehealth. Numbers appear to be tapering off to previous levels. However, we expect continued mental health challenges for physicians. Anecdotally, we have heard of a number of actual and anticipated early retirements of physicians.

Physician Vitality Program Utilization by Quarter 2019-present



	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20	Jun-20	Sep-20	Dec-20	Mar-21	Jun-21
Telehealth %					23%	92%	65%	76%	80%	64%
No-Shows	1	0	1	2	2	2	3	0		2
Follow-Up Appts	19	23	41	45	58	75	71	59	56	45
First Time Appts	6	12	13	11	17	14	23	20	13	10

In March 2020, our Board voted to temporarily extend its Physician Vitality Program (PVP) coverage to include these eligible classes a.) all Ada/County licensed practitioners who are not ACMS members and b.) all currently licensed physicians, physician assistants, and nurse practitioners that are practicing IMA members. As of August 8, the ACMS board voted to reestablish this expansion, in partnership with the IMA Foundation, due to the ongoing challenges for clinicians around the COVID-19 pandemic. These classes are allowed up to three appointments during this temporary eligibility expansion.

Board Actions

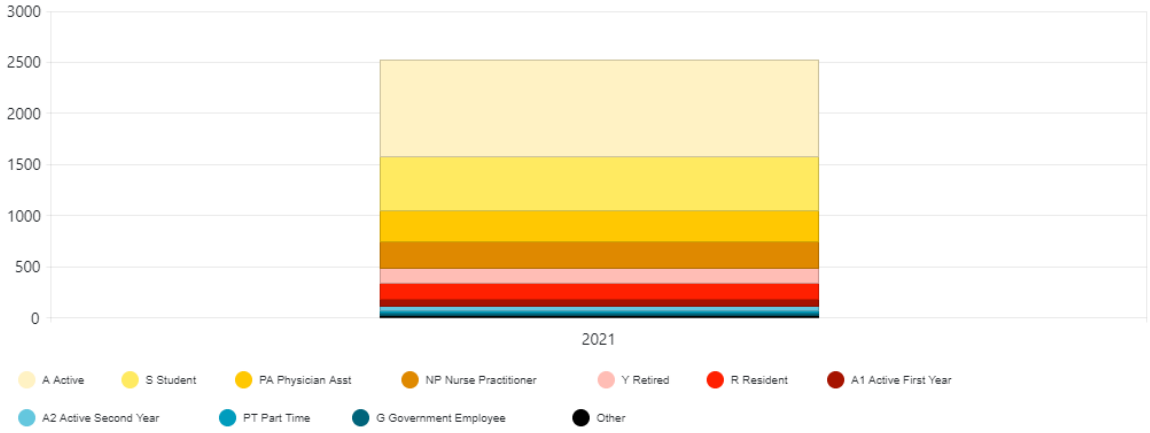
St. Luke's Internal Medicine physician Mary Ann Huntington, MD was elected to the board starting in November.

ACMS Foundation
In December, the ACMS Foundation board created a new **Medical Student and Resident Emergency Fund** for assistance to local trainees. Three grants totaling $4,500 were provided to medical students for unanticipated emergency expenses in 2020.

IMA Foundation grants in 2020-2021 were distributed to the Ada Canyon Medical Education Consortium, WWAMI Idaho, Genesis Community Health, Interfaith Sanctuary, Terry Reilly Health Services, and in support of our own Physician Vitality Program.

Due to COVID19, the area **High School Pre-Participation Sports Exams** were scaled back in 2021, after being cancelled in 2020. In 2021, ACMS provided volunteer sign-up assistance.

Member Composition
Our member composition continues to stratify with just 47 percent of members who are actively attending physicians, vs. APPs (21%), medical students (21%), medical residents (5%), and retirees (6%). We consider it a responsibility to provide programming to help trainees as they enter their medical careers.



ACMS is staffed by a full-time Executive Director, Steven Reames with part-time assistance from Jennifer Hawkins.

Respectfully submitted,

Stacia Munn, MD, Trustee, District Four, Meridian, Seat A
Mary Barinaga, MD, Trustee, District Four, Boise, Seat B

October 2021

REPORT: ADM X

Idaho Medical Association

TRUSTEE REPORT OF DISTRICT SIX

Barry Bennett, MD, Idaho Falls

This year, medical education remained a prominent issue in Idaho Falls. The rollout of the family medicine residency (six positions per year) at Eastern Idaho Regional Medical Center (EIRMC) went quite smoothly. The internal medicine (IM) residency graduated their first class of 10 physicians. Both residencies are filled with a new class of physicians and running with more finesse than in the past. Some of the growing pains seem to be resolving with the IM program. They have a new program director who has many years of experience in running residency programs and this seems to be helpful. Both programs have experienced directors now. Plans are being analyzed to possibly begin a psychiatry residency program in one or two years with other programs potentially following.

COVID has had a continued major impact on the medical community here as in all areas of the state. The rollout of the vaccines for COVID has made a very positive impact on getting our community emotionally and physically closer to normal. Vaccine hesitancy is a major obstacle currently. Early access to booster doses is beginning and is expected to at least give many peace of mind and likely better protection. Throughout the pandemic, the medical resources for caring for patients with COVID have been adequate, although at times they were strained. Most surgeries were able to be performed with only some modifications. Many patients put off necessary care due to fears. This is beginning to resolve.

Idaho College of Osteopathic Medicine (ICOM) has several students that are training in our area. This has been well accepted by those who have chosen to participate in their training.

The presence of Idaho Falls Community Hospital has taken a solid place within our medical community and the area as a whole. Most physicians and nurses feel that having more choices for health care has improved the overall quality of care available to our patients. Our population continues to grow along with most areas in Idaho. This growth has brought many new clinicians to our area. It is probable that this will be a continued course in the future.

Idaho Falls has a fairly mature physician base due to aging physicians. Some of these physicians are beginning to retire. So far, it appears that the influx of new doctors is keeping pace to meet the community's needs. The expansion of hospital services has been associated with recruitment of new doctors which is offsetting our losses. It is also expanding the base of specialty services to allow more complete care with less need for sending patients out of our area. Our community is the major referral center for southeast Idaho for medical care.

As of September 1, 2021, District Seven membership was as follows:

2021 Members	2021 Non-Members	2020 Members	2020 Non-Members
161	211	148	208

Respectfully submitted,

Barry Bennett, MD, Trustee, District Six, Idaho Falls

October 2021

REPORT: ADM XI

Idaho Medical Association

TRUSTEE REPORT OF DISTRICT SEVEN

Zachary Warnock, MD, Pocatello

For our district, this year continues to be one of constant adaptation and change. We were able to meet this year to discuss possible and proposed resolutions at our annual Southeastern Idaho District Medical Society meeting.

Ardent Health Services through Legacy Health Partners Hospital Group (LHP) continues ownership of Portneuf Medical Center (PMC) in Pocatello. The commitment of PMC and Ardent to medical education remains strong.

Plans for a new medical facility in north Pocatello associated with PMC and a coordinated effort between Bingham Healthcare and local physicians to develop a multi-specialty medical center in Chubbuck, Idaho have both not yet been realized.

Idaho State University, in partnership with University of Utah, the Veterans Administration, State Hospital South, and numerous stakeholders, created the Eastern Idaho Psychiatry Residency. Three residents matched to the program and had their first rotations in our district in January 2021 and will be in the area permanently later in residency. Also, planning continues, in collaboration with Health West, for a new interdisciplinary clinical training facility. This facility will meet the needs of the Department of Family Medicine, the Psychiatry Residency, and other programs of the Kasiska Division of Health Sciences.

The ISU Family Medicine Residency Core Program and Rural Training Track again enjoyed a very busy interview season and matched eight outstanding interns who started in June. Five of the seven 2021 graduates have gone on to practice in Idaho, specifically, two in Pocatello, one in Rigby, one in Preston, and one in Eagle.

As of September 1, 2021, District Seven membership was as follows:

2021 Members	2021 Non-Members	2020 Members	2020 Non-Members
67	181	65	184

Respectfully submitted,

Zachary Warnock, MD, Trustee, District Seven, Pocatello

October 2021

REPORT: ADM XII

Idaho Medical Association

REPORT OF THE AMA DELEGATION

A. Patrice Burgess, MD, AMA Delegate, Boise
Keith E. Davis, MD, AMA Alternate Delegate, Shoshone

The most recent American Medical Association (AMA) annual meeting was held virtually for the third time during this pandemic on June 11-16, 2021. This was the second virtual meeting where debate and policy was conducted as well as elections. (The first virtual meeting in June, 2020, was very abbreviated and primarily accomplished elections and bylaw requirements). Please note this is a challenging, yet impressive format, where one logs into one platform to observe speeches and testimony and a different platform to submit your own testimony and vote. A minimum of two computer screens is required with three being ideal, so you can have a screen to read the language that is being voted on to its full extent. AMA highlights are outlined below:

- The new AMA President, Gerald Harmon, MD, a family physician from Pawleys Island, South Carolina, was inaugurated. Dr. Harmon had a 35-year military career in addition to his private practice in family medicine. He retired as a major general. He has served in many roles at the AMA, is very approachable and both IMA delegates know him well. We are very happy to have him as the AMA President!
- This meeting was the most robust of our three virtual meetings so far. While we try to keep the agenda to “urgent” items, there was a lot of pent up demand that had to be addressed.
- Elections were conducted successfully with a new electronic platform that will likely be used even when we are in person.
- Some of the main issues addressed at this meeting were:
    - The AMA has adopted a Health Equity Plan, not without some controversy. One arm of that plan is to work on creating a more diverse physician workforce to reflect our diverse population
    - The AMA continues to seek relief for medical student and resident financial burdens
    - The House of Delegates expressed concern about the PA’s changing their designation to Physician Associates and how that could be even more confusing to patients
    - The AMA continues to advocate for alternatives to immigration detention centers
    - Actions were taken to try to stem the tide of youth suicide
    - Resolutions were passed for advocacy for more research, funding, and education to help Americans with long-haul COVID syndrome
    - The AMA is requesting more flexibility around the information blocking rules
    - As always, there were discussions about cost of medication for patients and health plan policies forcing patients to switch

medications, even when they are stable on their current medications

- There was discussion of cracking down on social media disinformation.
- The AMA is advocating for ongoing telehealth parity even beyond the pandemic.
- Medicinal marijuana policy was not debated as was originally planned.

We invite you to review what the AMA is working on and advocating for on our behalf and either maintain or reconsider your membership status. The AMA website is www.ama-assn.org and is full of helpful information on these and other issues being addressed. We frequently ask the AMA for help on issues and our IMA staff use AMA resources frequently to provide additional knowledge and support on the state level. Your membership helps the AMA continue to provide that level of support. If you do sign up for AMA, please do so through IMA so the state association receives a portion of your dues.

Please do not hesitate to contact us with any questions or concerns.

Respectfully submitted,

A. Patrice Burgess, MD, AMA Delegate
Keith E. Davis, MD, AMA Alternate Delegate

October 2021

Idaho Medical Association

REPORT OF THE IDAHO MEDICAL POLITICAL ACTION COMMITTEE

The Idaho Medical Political Action Committee (IMPAC) is involved in every primary and general election. IMPAC committee members and staff gathered information and supported candidates of both parties in the May 2020 primary election and also supported candidates in the November 2020 general election from both parties. It is important that members continue to contribute to IMPAC, even though the political climate in Idaho is difficult. IMPAC's work is critically important in advancing the IMA legislative agenda on behalf of physicians and their patients. We are gratified by the response of IMA members who see the need to create a legislative environment that is open and fair when considering the interests of Idaho physicians and their patients.

This report summarizes IMPAC activities since the 2020 IMA House of Delegates meeting:

1. Membership and Dues Collection: Participation in IMPAC includes 35 dues-paying members in 2021 (compared to 124 members during the same period the prior year for a decrease of 72 percent). In 2019, also a non-election year, IMPAC had 107 dues paying members.

IMPAC has collected $5,220 during this period (compared to $21,045 during the same period the prior year for a decrease of 75 percent). IMPAC sent a postcard to prompt the IMA membership to pay their dues, stressing the importance of pending issues in the upcoming 2022 legislative session.

IMPAC currently has $8,408.79 cash on hand. The $2,000 contribution to the Idaho Democrat Legislative Campaign Committee is the only IMPAC expenditure so far in 2021.

2. State Legislative Candidate Support: Candidates supported by IMPAC are "friends of medicine" and have established voting records or positions that are supportive of IMA legislative issues. Special consideration is also given to friendly incumbents, members of relevant legislative committees, and those in legislative leadership positions.

The IMPAC Board reviewed input from physicians, the IMA lobby team, candidate forums and interviews, and other sources throughout the state on candidates' backgrounds and their positions on healthcare-related issues. Ultimately, the IMPAC Board made contributions to 40 candidates and legislative PACs totaling $14,100 in the 2020 primary election. The success rate for endorsements in the 2020 primary was 82.5 percent. In the 2020 general election, IMA made contributions to 28 candidates and PACs which amounted to $8,700. The success rate for general election endorsements was 100 percent.

3. Statewide Candidates and Party Leadership PACs: In December 2020, IMPAC made a contribution to Gov. Little's PAC, the Idaho Victory Fund in the amount of $2,500. Also in December 2020, IMPAC contributed $1,000 to the Idaho Democrat Legislative Campaign Committee.

In 2021, IMPAC has donated $2,000 to the Idaho Democrat Legislative Campaign Committee. IMPAC has a planned expenditure of $5,000 to Brad Little for Governor at an October 1st event at IMA Annual Meeting.

4. Federal Candidate Support: The American Medical Association Political Action Committee (AMPAC) makes evaluations and contributions independently from IMPAC for Idaho's federal candidates. Federal law does not allow IMA or IMPAC to make contributions to federal candidates, but we do encourage member physicians to make individual contributions to candidates for federal positions based upon their own political positions and preferences.
We thank those who contributed to AMPAC (in addition to IMPAC) and thereby help candidates who listen to physicians and vote to support issues important to medicine. Every election cycle is very important.

AMPAC received approval from IMA in May for a $2,000 contribution to Sen. Mike Crapo's reelection campaign based on the feedback IMA provided to AMA. IMA staff also provided feedback to AMA on Sen. Jim Risch, Rep. Mike Simpson, and Rep. Russ Fulcher. AMPAC is currently considering supporting Rep. Simpson at a fall event.

In the 2022 legislative session, IMA will continue to advocate for healthcare coverage for all Idahoans, additional medical education and residency training funding, improvements in reimbursement, scope of practice laws that prioritize patient safety and appropriate provider education, and other vital healthcare issues as directed by the IMA House of Delegates. Each time there is an election (every two years for Idaho legislators), there are significant changes in the makeup of the Idaho Legislature that have a real impact on the success or failure of issues of concern to Idaho physicians.

With so many critical issues at the forefront of legislative activity, we need additional physician participation and contributions to ensure that IMPAC maintains its strong reputation of support for quality candidates. Joining IMPAC is now more convenient, as contributions can easily be made online at www.idmed.org.

Respectfully submitted,

Suzanne Allen, MD, Boise
Bruce Belzer, MD, Boise
Erich Garland, MD, Idaho Falls
Megan Kasper, MD, Nampa
TJ Kemp, MD, Meridian
David Peterman, MD, Meridian

Steve Williams, MD, Boise
William Woodhouse, MD, Pocatello (considering being a chair)
Ken McClure, JD, Government Relations, Boise
Susie Keller, IMA CEO, Boise
Jamie Neill, IMA Director of Government Affairs, Boise

October 2021

REPORT: CR2

Idaho Medical Association

REPORT OF THE COMMITTEE ON MEDICAL EDUCATION AFFAIRS

Mary Barinaga, MD, Co-Chair, Boise
Melissa “Moe” Hagman, MD, Co-Chair, Boise

Resolution 18, as passed by the 1997 Idaho Medical Association House of Delegates, directed the IMA to actively support Idaho medical education programs in the legislature and other venues. In response to this directive, the IMA Board of Trustees increased the size of the IMA Medical Education Affairs Committee (MEAC) and gave it additional charges.

1. Committee Charges

The original charge of the Committee was to ensure IMA’s presence in the medical education arena and to give input to the Idaho State Board of Education (SBOE) and Idaho Legislature on medical education issues. Specifically, the Committee was a leader in formulating IMA policy on the funding of medical education programs in Idaho. The Committee was created to be a resource for medical education to the SBOE, the Legislature, and to the IMA, specifically to the IMA lobby team.

The Committee was structured to include: all areas of medical education and residency training in Idaho, including representatives from the University of Washington School of Medicine (Idaho WWAMI), University of Utah School of Medicine, Idaho College of Osteopathic Medicine (ICOM), all Idaho residency programs, SBOE, and physicians involved at all levels of the physician training pipeline in Idaho, high school through residency.

The Committee and its subcommittees were very active until 2018. At that point, SBOE created not only a Graduate Medical Education (GME) Coordinator position but also an official Idaho GME Council to advise the Board. Many of the members of the IMA MEAC have been appointed to the SBOE Idaho GME Council. The IMA MEAC Committee will continue as an informal body to assist the SBOE Idaho GME Committee as needed. Essentially, the IMA MEAC is dormant but stands ready to assist where needed based on the status and needs of the GME Council.

The SBOE, as a state entity, is not allowed to lobby the Legislature for funding. They can only answer questions and clarify budget requests. Therefore, the IMA’s critical role will continue as the primary lobbyists working for funding of medical education and residency programs in Idaho.

2. State Board of Education Report

The Graduate Medical Education Council (GMEC) of the SBOE was created in 2018 and IMA is a member. As stated in previous reports, newsletter articles,

and other communications, the GMEC developed a ten-year plan for GME program creation and growth in Idaho. The medical education community has been successful in making this plan a priority in state funding of health education programs. Since the state of Idaho is making a significant investment in growing GME programs to enhance the Idaho physician workforce, there must be corresponding outcome metrics to determine the return on investment and success of this effort. The following metrics of success will be applied to all programs that receive state funding and will be collected on an annual basis by the GMEC:

1. All programs will have 100 percent fill rates for their program's first year class on July 1 of each academic year once they have started.
2. All residency and fellowship programs will maintain ongoing accreditation with ACGME (as applicable).
3. All sponsoring institutions will maintain ongoing accreditation by the ACGME for Sponsoring Institution requirements.
4. Graduates practicing in Idaho as measured by rolling 5-year average:
   - ≥50% - Family Medicine
   - ≥40% - Internal Medicine
   - ≥30% - Psychiatry
   - ≥30% - Emergency Medicine
   - ≥30% - Surgery
5. All residency/fellowship programs will have at least 30 percent of their graduates that remain in Idaho serve in rural or underserved areas as defined as communities of less than 35,000 people or counties defined as Health Professional Shortage Areas (HPSAs).
6. All programs will maintain at least an 80 percent Board Certification pass rate for their graduates as measured on a rolling five-year average.

3. Medical Education Funding 2021

During the last three legislative sessions, GME programs have been able to expand because of increased state funding, which was supported by the Idaho Legislature and Governor Brad Little. Last legislative session, the Idaho Legislature passed the governor's budget request for $900,000 in new funding for the fourth year of GME expansion. This funding will increase residency positions by another 15 slots across Idaho in family practice and psychiatry. However, the votes were closer than in prior years due to increased polarization of health and education, funding battles, and general "growth of government" concerns. The Senate had a strong showing with a 33-2 vote in favor of GME funding and the House had a closer vote of 38-29. The IMA is engaged in setting up meetings with legislators and residency programs to better educate lawmakers about the value of this program in Idaho.

For fiscal year 2023, the governor limited funding increases to 3.1 percent, which would be roughly $729,000 in new funding for expansion of GME. The GME Council has two backup options should increased funding flexibility become

available in the upcoming legislative session. We will keep you informed as we learn of new budget developments.

4. Programs

Idaho's medical education and residency training programs report a successful year. They are working together to advocate for implementation of the ten-year GME plan, as well as working within their own programs to promote excellence in Idaho's system of medical education at all levels. It is well known that Idaho needs to increase its number of physicians. To do that, the members of the IMA Medical Education Affairs Committee are in a constant process of assessing and planning for today, tomorrow and the future to grow Idaho's physician workforce in a positive, thoughtful way.

Respectfully submitted,

Mary Barinaga, MD, Co-Chair, Boise
Melissa "Moe" Hagman, MD, Co-Chair, Boise

October 2021

REPORT: CR 3

Idaho Medical Association

REPORT OF THE PHYSICIAN RECOVERY NETWORK

Willis Parmley, MD, Chair, Pocatello

Mission, History and Operation of the Physician Recovery Network:

The mission of the Idaho Physician Recovery Network (PRN) is prevention, identification, intervention, and rehabilitation for Idaho physicians/physician assistants who have, or are at risk for, developing disorders which are associated with functional impairment. This will be done in a manner consistent with the laws and medical practice acts of the state of Idaho.

PRN was formed in 1986 with the support of the Idaho Medical Association (IMA) House of Delegates. It was created to advocate for and help any Idaho physician or physician assistant who is impaired with a substance use disorder, mental illness, or senility. This protects the public from unsafe medical practice by impaired professionals. The PRN is designed to provide a means of confidential recovery from impairment without necessarily jeopardizing one's medical license.

PRN also operates outside the confines of where a physician is employed, so the physician can feel comfortable seeking assistance outside their employer.

PRN functions by providing a network of trained physicians and other healthcare professionals to aid in confidential investigations of alleged physician impairment. When appropriate it conducts interventions, coordinates placement in a treatment program, and develops and coordinates an individualized long-term monitoring recovery program.

PRN also seeks to educate Idaho physicians and other involved parties about the problems of impaired physicians and how PRN operates. It also establishes liaisons with other professional organizations concerned with these issues.

Currently, PRN is partially funded through a contract with the Idaho Board of Medicine (BOM), which is the official diversion program for impaired physicians in the state. Subsequently, IMA contracts with Southworth Associates (SA) and Benjamin Seymour (co-owner of SA) to provide impaired physician services that the IMA cannot perform in-house. The IMA and Ada County Medical Society also support PRN through funding and staff resources.

The PRN Process

Outreach and Enrollment

Most individuals join the program through some form of "benevolent coercion," seeking assistance because of external pressure that comes primarily from professional colleagues, but also spouses, administrators, and lawyers too. Many voluntarily enroll in the program.

When a call is made to SA or the PRN committee, SA program staff initiates a discreet inquiry. If substantial evidence of impairment is discovered after a complete and confidential investigation, an intervention takes place. The program coordinator sets up an appointment with the individual and facilitates a caring confrontation.

Evaluation
If the person agrees, he or she is sent to a selected facility for a complete evaluation. If the evaluation indicates impairment and in need of treatment, the licensee is asked to sign a contract with PRN. Generally, it requires the person to abide by the PRN contract for a period of five years. This typically includes completing an inpatient program with a complete medical and psychiatric work-up as well as counseling.

PRN Contract
After successful completion of primary treatment, the participant signs a monitoring contract and recovery plan. Assuming the impairment is chemical dependency, they would be asked to commit to total abstinence from addictive chemicals, continuing treatment, behavioral monitoring, random toxicology testing, worksite monitoring, and attendance at 12-Step meetings. Initially, therapy is weekly and urine testing is frequent.

This contract serves as a powerful tool in documenting the recovery process and helping participants return to the practice of medicine. Success depends on the positive outcome of the participant's recovery and a supportive peer network that ensures that appropriate monitoring is followed. When participants follow their recovery program, the PRN can be a strong advocate. In the past, the PRN has advocated on behalf of physicians/physician assistants to the BOM, federal agencies, judges, malpractice insurance carriers, and hospitals.

PRN offers continued monitoring to graduates of the program through Phase III monitoring which includes participation in random drug screenings approximately three times per year. Through extended monitoring, the PRN will continue advocating for the recovering participant even after the initial five-year monitoring contract has been completed.

Interaction with BOM
PRN maintains an arms-length relationship with the Board of Medicine but still interacts with it in a way that develops trust and satisfies legal requirements. If a participant complies with PRN program requirements, he/she will not be reported to the Board. However, PRN will contact the Board if a licensee refuses to comply with its recommendations.

PRN Committee Structure
PRN consists of the Idaho Medical Association Committee of 13 volunteer members (11 physicians, one physician assistant, and one lay person) from around the state. Willis Parmley, MD, of Pocatello serves as Chair of the

Committee; Mark Broadhead, MD, of Reno, Nevada serves as the Associate Medical Consultant.

The Committee meets quarterly and ordinarily the meetings in April and October are in person at the Idaho Medical Association office. COVID-19 has forced restructuring so that all meetings are Zoom format. Many, but not all, committee members are in active recovery themselves and have the desire to see others achieve long-term sobriety. The Committee agenda includes:

1) Review of client requests for change in monitoring schedule. These are carefully considered with input solicited from workplace monitors and counselors. Reduction in monitoring frequency is approved only in accordance with a set schedule which is established in advance of requests.
2) New client interviews. Individuals who self-refer or who are referred by the Board of Medicine are invited to meet with the Committee in person. Events leading up to referral are reviewed and the monitoring process is outlined. The client is reassured that the PRN will be a supportive advocate so long as the monitoring program is followed.
3) Review of potential clients. A list of those for whom concern has been raised is maintained and updated as needed.

A Rapid Response Subcommittee exists to deal with more urgent issues which arise between meetings. Issues include relapse, worrisome behavior changes, concerns raised by peers, etc.

Contract with Southworth Associates

The IMA and PRN Committee have contracted with SA since 1994. Performing interventions, monitoring participants, providing educational outreach, and offering administrative support. The terms of the contract are controlled and established by the IMA and the PRN Committee, including the treatment, monitoring, and post-inpatient treatment requirements for the participants. Program participants are required to pay SA part of the cost for monitoring services, but the amount a participant may be charged must be approved by the PRN Committee.

PRN also contracts with First Source Solutions which provides drug testing programs for monitoring healthcare and other professionals who have been identified with substance use disorders.

Idaho Board of Medicine: Re-contracting and Restructuring

Over the past two years, the contract between IMA and BOM for the diversion program has been in flux. In early 2019, BOM decided to directly bid the contract for a diversion program through the Idaho State Department of Purchasing (ISDP), rather than through the IMA; that RFP was cancelled. Two new RFPs were also issued in 2020 and 2021 and then cancelled. Each time, the BOM has extended the IMA's contract to manage the operation of this program.

In the spring of 2020, the BOM, formerly an independent licensing board of the state, was consolidated into the Division of Occupational and Professional Licenses (DOPL). This was the result of a multi-year study and 2020 law to, "Improve oversight of occupational licensure, following on the heels of the FTC's guidance on active state supervision of regulatory boards controlled by market participants" and, "enhance consistency across occupational licensure by standardizing disciplinary processes."

The IMA Board of Trustees and PRN Committee have been in frequent contact with the BOM and DOPL leadership throughout these gyrations. Feeling that the long-time success of the program was at risk of being dismantled or possibly consolidated with other licensing boards, we have been vocal in our opposition to anything that undermines the current operations of the PRN. DOPL/BOM leadership has heard our concerns, provided some conciliation and recognition of IMA's PRN success, but with a view towards the governor's goals stated above, has made no firm promises about the future. As of September 2021, IMA will continue to be the contractor with BOM for probably another year. We will continue to maintain that physicians have particular occupational stressors and needs that may not be shared with other licensed professionals, and thus need a unique recovery process built for them.

PRN Outreach:

One of the most important activities of the PRN is the education of physicians, healthcare administrators, hospitals, and the public regarding the prevention, early identification, intervention, and treatment of substance use disorders and other illnesses affecting physicians and physician assistants. As more people are educated about substance use disorders and its effect on health professionals, we are seeing earlier identification and intervention taking place, alleviating some of the problems that arise as the disease progresses. It is our desire to reach out to more hospitals and organizations to help educate them on identifying the signs and symptoms of the "troubled colleague" and inform them of the purpose of the PRN program.

PRN Outputs and Outcomes

Nationally, professional health programs have high success rates ranging from 85 to 90 percent. Idaho's PRN's recent experience is consistent with those results. Success is generally defined as a participant achieving a chemically free and professionally productive lifestyle.

Please see the attached statistical report for the number of participants, their specialty, and other pertinent information. Additional information on the PRN, including a question and answer article, are available on the IMA website at: www.idmed.org.

Respectfully submitted,

Willis Parmley, MD, Chair, Pocatello

Nina Abul-Husn, MD, Nampa
David Adams, PA-C, Rexburg
Mark Broadhead, MD, Medical Consultant, Reno, NV
Stephen Bushi, MD, Boise
Jonathan Cree, MD, Pocatello
T. Barry Eschen, MD, Boise
Dan Scott Fairman, MD, Ketchum
Gary Fletcher, Boise
Mary Hafer, MD, Nampa
Michael Minick, MD, Lewiston
Ryan Owsley, MD, Nampa
Christopher Partridge, MD, Nampa
D. Kurt Seppi, MD, Sandy, UT

October 2021

Attachment

Physician Recovery Network Statistic Report as of 7/19/2021

Box #1

Active Clients at Time of Report

Participation Type	Active Clients	%	Referral Type	Active Clients	%
CD	13	61.9%	Board Ordered	10	47.6%
Dual	8	38.1%	Self	11	52.4%
Mental Health	0	0.0%	Phase III	0	0.0%
TOTAL	**21**		TOTAL	**21**	
Total Number of Pending PRN Clients	**3**				

Box # 2

Total Number of Clients by Referral Type	2021		2020		2019		2018		2017	
Board Ordered	103	*2*	101	*3*	98	*1*	97	*3*	94	*1*
Self	101	*2*	99	*3*	96	*4*	92	*2*	90	*3*
TOTAL	**204**	*4*	**200**	*6*	**194**	*5*	**189**	*5*	**184**	*4*

Total Number of Clients by Referral Type	2016		2015		2014		2013		2012	
Board Ordered	93	*0*	93	*4*	89	*3*	86	*5*	81	*5*
Self	87	*0*	87	*1*	86	*5*	81	*2*	79	*6*
TOTAL	**180**	*0*	**180**	*5*	**175**	*8*	**167**	*7*	**160**	*11*

Box # 3

Inactive Clients by Discharge Reason Board referred vs. self referred	2021	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010
Discharge-Completed Program-*Board*	1	3	4	1	4	2	2	3	2	1	3	4
Discharge Completed Program-*Self*	0	1	3	2	6	5	2	3	1	1	1	2
D/C Completed Short Term-*Board*	0	0	0	0	0	1	0	0	1	3	1	0
D/C Completed Short Term-*Self*	0	0	0	1	0	0	0	0	0	1	1	0
Discharge-Deceased	0	0	0	0	0	0	0	0	1	0	0	0
Discharge-Terminated-*Board*	0	0	0	0	0	2	0	2	1	3	1	0
Discharge-Terminated-*Self*	0	0	0	0	0	1	0	0	0	0	0	1
Discharge-withdrew from program-*Board*	0	0	1	0	0	0	1	1	0	0	0	0
Discharge-withdrew from program-*Self*	0	0	0	0	0	0	0	1	0	0	0	2
Total by Year	**1**	**4**	**8**	**4**	**10**	**11**	**5**	**10**	**6**	**9**	**7**	**9**

Box #4

Total # of Graduates from 2010-Present	**66**
# Graduates who re-entered after 2010	10
% of Graduates who re-entered after 2010	15.2%
# of Graduates who are currently pending	0

Box # 5

	2021	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010
Number of Pending-Inactives	1	0	3	1	1	13	5	9	12	15	7	2
Number of Pending-Inactives who were sent for an Evaluation but did not enter	0	0	0	0	1	5	2	1	0	0	1	2

Physician Recovery Network Statistic Report as of 7/19/2021

Box # 6

Relapses/Slips	2021	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010
	0	1	1	2	1	2	1	2	3	4	1	1

Box # 7

TOTAL # Relapse from 2010-Present	**19**
# of clients who relapsed (2010 - present)	**13**

Box # 8

Relapse Year	Year 1	Year 2	Year 3	Year 4	Year 5
	9	5	3	1	1
Percentage	47.4%	26.3%	15.8%	5.3%	5.3%

Box # 9

PRN Primary Recommendation/Action Following Relapse*			
Attend PRN mtg	1	Other	1
Continued with program	1	Re-evaluation	7
Contract Extension	0	Report to Board	8
Increased Requirements	0	Treatment	1

*primary action following relapse - may have had secondary action as well

Box # 10

Method of Detection for Relapse			
Employer	2	Self	6
Family Member	1	Treatment Center	0
Monitor	1	UA	7
Other	2		

Box # 11

First Drug of Choice	All Cts.
Alcohol	120
Alprazolam (Xanax)	2
Ambien (Zolpidem)	1
Benzodiazepines	2
Butorphanol (Stadol)	2
Cannabinoids (Marijuana)	3
Clonazepam (Klonopin)	1
Cocaine	3
Codeine (Tylenol with codeine)	2
Dextromethorphan	1
Fentanyl(Sublimaze)	2
Heroin	1
Hydrocodone (Lortab, Vicodin)	16
Hydromorphone (Dilaudid)	1
Meperidine (Demerol)	6
Meprobamate /Carisoprodol(Soma, Miltown)	0
Methamphetamine (Desoxyn)	1
Methylphenidate(Ritalin)	2
Morphine	0
N/A	13
Nalbuphine (Nubain)	1
Opiates	15
Oxycodone (Percodan, Oxycontin)	2
Propoxyphene (Darvocet,Darvon)	1
Tramadol (Ultram)	3
Unknown	1
Lysergic Acid Diethylamide (LDS)	1
Promethazine (Phenergen)	1

Box # 12

Specialty	All Cts.
Anesthesiology (AN)	9
Cardiology (CD)	5
Dermatology (D)	2
Emergency Medicine (EM)	14
Endocrinology (ENDO)	1
Family Practice (FP)	46
Gastroenterology	0
General Practice (GP)	10
Internal Medicine (IM)	21
Nephrology	1
Neurology (N)	3
OB/GYN (OBG)	10
Oncology (ON)	4
Ophthalmology	4
Otolaryngology-ENT (OTO)	5
Pathology	2
Pediatrics (PD)	3
Phys. Med. And Rehab. (PM&R)	1
Physician Assistant (PA)	27
Preventative Medicine	1
Psychiatry (P)	11
Radiology	2
Surgery-General/Specific (S)	18
Unknown	1
Urology (U)	3

Physician Recovery Network Statistic Report as of 7/19/2021

Box # 13

Participation Type	All Clients
CD	130
Dual	58
Mental Health	16

Box # 14

Region	All Cts.	Region	All Cts.
I	8	*V*	28
II	13	*VI*	14
III	17	*VII*	16
IV	66	*Out of St.*	42

Box # 15

Referral Source	All Clients
Board of Medicine	79
Board of Pharmacy	0
Colleague	47
Counselor	2
Employer	13
Family/Friend	5
Hospital	27
Interventionist	0
Other	4
Peer Assistance Program	6
Primary Care Physician	1
Self	17
Treatment Center	3

Box # 16

Method of Entry Into the Program 2002 - Present			
Board Investigation	15	Other	26
Diversion	8	Positive Drug Screen	1
DUI	22	Suspicion of Use	8
Noted Impairment	19	Transfer from other PHP	33

Box # 17

Reported Alcohol Levels of Physicians charged with DUI

0.12	0.13	0.14
.173/.176	0.15	.223/.222
0.20	0.22	.208/.195
.212/.222	.206/.196	

Noted Impairment Levels

0.18
0.26/.28
0.23

Box # 18

Number of clients UA testing only (2002 - Present)	12

REPORT: CR 4

Idaho Medical Association

FINANCIAL SERVICES PROGRAM ADVISORY BOARD

Randy James, MD, Rotating Chair, Caldwell
James Stewart, MD, PhD, Rotating Chair, Boise
Ralph Sutherlin, DO, Rotating Chair, Boise

Idaho Medical Association Financial Services (IMAFS) has been in operation since late 2007. IMAFS provides investment management, retirement planning, tax reduction strategies, and other services to Idaho physicians who are members of the IMA. IMAFS provides discounted service fees to IMA physician clients as a membership benefit.

Martin “Marty” A. Watkins, CFP and Jared Empey, MSFS are the two main advisors who provide the majority of services through IMAFS. Marty is based in Salt Lake City, UT and Jared is based in the Boise IMA office, but does outreach throughout Idaho. Richard M. Lee, MD is a part-time advisor for IMAFS while also fully employed as a physician at St. Luke’s Health System.

The IMAFS Program Advisory Board is comprised of Idaho physicians and provides an oversight and advisory function to IMAFS activities. The Advisory Board currently meets two or three times per year.

Since the IMA Annual Meeting on October 8, 2020, the IMAFS Advisory Board met on October 13, 2020, and April 20, 2021, for consideration of the following:

1. Regular review of program activities and IMA member client demographics.
2. Review and approval of programs, such as retirement plan options for physician practices.
3. Periodic review of current investment climate and global economic updates.
4. Review and advice regarding government programs designed to assist physicians during the COVID-19 pandemic.
5. Review of new marketing efforts to generate new business among Idaho physicians.
6. Review of terms of service of board members and plans to recruit new members.

The following is a summary of IMAFS client activity as of April 20, 2021:

Assets under management:	**IMA member response:**
$120.6 million	245 clients

Five percent gross revenue paid to IMA in 2020: $28,576.65

Respectfully submitted,

Steve Bushi, MD, Boise

Ronald Cornwell, MD, Caldwell
Brian Crownover, MD, Meridian
Ann Huntington, MD, Boise
Randy James, MD, Caldwell
Ron Kristensen, MD, Meridian
Russell Snow, DO, Caldwell
James Stewart, MD, PhD, Boise
Ralph Sutherlin, DO, Boise

October 2021

REPORT: CR5

Idaho Medical Association

REPORT OF THE IDAHO MEDICAL ASSOCIATION FOUNDATION

Keith E. Davis, MD, President, Shoshone

Foundation History

On July 8, 2010, the Idaho Medical Association formed the Idaho Medical Association Foundation (IMAF). Since its formation, IMAF has been recognized by the IRS as a private foundation exempt from tax under IRC Section 501(c)(3). IMAF is currently governed by an active board of directors and group of officers comprised of Idaho-based physicians. Keith Davis, MD was appointed President by the IMA Board of Trustees in June 2017.

According to its governing instrument, IMAF shall only engage in activities designed to promote the science and art of medicine and enhance the well-being of the people of the state of Idaho by improving the quality and accessibility of healthcare in the state. Specifically, from 2010-2021, IMAF has focused on the following three objectives:

A. Provide medical education financial assistance to full-time medical students and residents who have Idaho ties

B. Recruit and encourage qualified physicians to practice in Idaho

C. Assist medical professionals with improving the quality and accessibility of healthcare

Foundation Financial Report

As of August 4, 2021, IMAF had assets of $604,233.66. Since the date of the last report (October 2020), IMAF has awarded $45,000 in grants to Idaho medical education and residency training programs. The IMAF Board also created the Future Physicians of Idaho Award to provide individual awards to medical students and residents in Idaho medical education or residency programs who intend to train or practice in Idaho. This year, the IMA received a $20,000 grant from the Blue Cross of Idaho Foundation. Half of this grant was used to fund individual grants in 2021 and the other half will be used for the 2022 individual grants.

Individual Awards: The Foundation announced in May an opportunity for six individual award winners in the amount of $5,000 each for the 2021 Future Physicians of Idaho grants. Due to the strong candidate pool of 19 applicants, the IMA Foundation Board met on June 8 and decided to award 9 total grants – Five graduating medical students and four residents. Some of the award winners will be in attendance during the Annual Meeting President's dinner.

NAME	MEDICAL SCHOOL	RESIDENCY PROGRAM
Maggie Brown*	University of Washington	FMR Kootenai
Nicholas Henrie	University of Utah	ISU FMR
Taylor Wilkinson*	University of Washington	FMR Kootenai
William Thurston	University of Washington	FMRI Coeur d'Alene
James Petersen	University of Washington	ISU FMR

NAME	RESIDENCY PROGRAM	POST-RESIDENCY EMPLOYMENT
Daniel Sterner*	ISU FMR	Health West American Falls Clinic (FQHC)
Chance Christensen*	ISU FMR	Community Care Center - Rigby
Nicole Castagno	FMR Kootenai	Heritage Health – Coeur d'Alene
Nichole Aker	FMRI Boise	St. Luke's Elmore (Mountain Home)

**Top scoring recipients – Invited to IMA Annual Meeting.*

Next Steps for IMAF

The IMAF Board will host a meeting in October 2021 to consider program awards. The IMA will award these program grants in the fall of 2021.

Respectfully submitted,

Keith E. Davis, MD, President, Shoshone
Basil Anderson, MD, Jerome
Mary Barinaga, MD, Boise
Brad Beaufort, DO, Meridian
Darby Justis, MD, Lewiston
Steven Kohtz, MD, Twin Falls
Beth Martin, MD, Coeur d'Alene
Crystal Pyrak, MD, Cœur d'Alene
Susie Keller, IMA CEO, Boise
Zachary Warnock, MD, Pocatello
William Woodhouse, MD, Pocatello

October 2021

Idaho Medical Association

2021 NOMINATING COMMITTEE REPORT

Beth Martin, MD, Immediate Past President, Coeur d'Alene

The Nominating Committee reports that the following nominations will be presented at the 2021 IMA Annual Meeting.

The following physician was nominated for a one-year term as specified in the IMA Bylaws:

President-Elect - **Zachary Warnock, MD, Family Medicine, Pocatello**

The following physician(s) have agreed to be a candidate for re-election to a two-year term as specified in the IMA Bylaws:

AMA Alternate Delegate - **Keith E. Davis, MD, Family Medicine, Shoshone**
(seeking re-election)

Speaker of House - **Daniel Reed, MD, Family Medicine, Eagle**
(seeking election after appointment)

Vice Speaker of the House - **April Dillion, DO, Family Medicine, Boise**
(seeking election after appointment)

YPS Representative - **Sheev Dattani, MD, General Surgery, Boise**
(seeking re-election)

The IMA Bylaws provide that the current President-Elect, **Steven Kohtz, MD, Family Medicine, Twin Falls** shall become President automatically without further nominations or election by the House of Delegates.

Announcement of these nominations was made to the general membership and the House of Delegates by means of a newsletter in accordance with the Bylaws provision which requires publication of the list of nominees at least 30 days prior to the meeting.

Respectfully submitted,

Beth Martin, MD, Immediate Past President, Coeur d'Alene

October 2021

REPORT: SR1

Idaho Medical Association

REPORT OF THE IDAHO STATE BOARD OF MEDICINE

David McClusky, III, MD, Chairman, Ketchum

Members of the Idaho State Board of Medicine (Board) include: Chairman David McClusky, III, MD, Ketchum; Vice Chairman Catherine Cunagin, MD, Boise; Michele Chadwick, Public Member, Emmett; Col. Kedrick Wills, Director, Idaho State Police, Boise; Mark Grajcar, DO, Meridian; Paula Phelps, PA, Pocatello; Keith E. Davis, MD, Shoshone and Guillermo Marcelino Guzman Trevino, MD, Meridian. The following Board members' terms have expired but their replacements have not yet been appointed by the Governor: Steven Malek, MD, Coeur d'Alene and Erich Garland, MD, Idaho Falls.

Members of the Committee on Professional Discipline include: Chairman William Miller, MD, Coeur d'Alene; Robert Yoshida, Public Member, Boise; Michele Ebbers, MD, Boise; Larry Curtis, MD, Rexburg; and Amy Cooper, MD, Boise.

Members of the Physician Assistant Advisory Committee include: Chairwoman Mary Eggleston-Thompson, PA-C, Coeur d'Alene; Anntara Smith, PA-C, Meridian; Heather Whitson, PA-C, Salmon; Valentin Roy Garcia, Public Member, Boise and Erin Sue Carver, PA-C, Boise.

During calendar year 2020, the Board issued the following licenses: 940 medical licenses, 191 osteopathic licenses, and 140 physician assistant licenses. There were 69 medical resident registrations and 27 osteopathic resident registrations issued.

Currently, the total number of MD licenses in Idaho includes 7,902 active (876 of which were issued through the "IMLCC" Interstate Medical Licensure Compact Commission) and 53 inactive medical licenses; the total number of DO licenses includes 1,199 active (including 128 licenses issued through the IMLCC) and 6 inactive osteopathic licenses; and 1,402 physician assistant licenses. Since the Board's 2020 House of Delegates Report to the Idaho Medical Association, the Board has experienced an 18.3 percent increase in the number of active allopathic licenses (including IMLCC licenses). During that same time frame, the Board experienced an 8.0 percent increase in active osteopathic licenses (including IMLCC licenses); and a 4.4 percent increase in the number of active physician assistant licenses.

There are 393 physicians registered as supervising physicians for medical students, interns, and residents; 35 physicians registered as supervising physicians for cosmetic and laser medical personnel; and 58 physicians registered as directing physicians for athletic trainers. There are currently 8 volunteer physicians licensed in Idaho.

During 2020, the Board received 90 pre-litigation screening requests involving 193 respondents, and there were 87 pre-litigation panel hearings conducted. Of these hearings, 16 were found to have merit, 62 were found to have no merit, and 4 were found to have possible merit. The remaining hearings were either dismissed or withdrawn. The Board pays travel, lodging, and other panel expenses for each pre-litigation hearing. The Board continues to pay panel chairpersons $1,000 for each hearing. The Board remains grateful to the physicians, hospital administrators, and lay panelists who continue to contribute their time and expertise to the pre-litigation process.

The Committee on Professional Discipline and the Board considered 311 complaints in 2020 and opened 202 investigations. The Board issued 11 formal disciplinary actions (7 Stipulation and Orders, 2 orders for license surrender, and 2 orders for license revocation) and 39 informal actions (26 Letters of Concern, 5 Administrative Fines, and 8 Corrective Action Plans). The Board issued no orders for drug, alcohol, or other rehabilitation during 2020. There are currently 100 licensees being monitored for compliance with Board orders.

During the 2021 legislative session, the Board updated the Respiratory Therapy Practice Act, which had not been reworked significantly since it first went into place in 1991. In addition, the Board updated the Respiratory Therapy rules to align with the updated statute. Also, the Board provided input to the Idaho Academy of Physician Assistants on their bill to change physician assistant supervision to a collaborative practice agreement. The bill, which was signed into law in spring 2021, removed the requirement in the Medical Practice Act and Physician Assistant Rules, for all physician assistants to have a supervising physician and to have a Board-approved Delegation of Services Agreement. The updated law requires that any physician assistant not working in a facility with credentialing, privileging, and peer review, to have a collaborative practice agreement with one or more physicians. The law also requires a physician assistant to obtain their own liability insurance if not provided by their employer.

The Interstate Medical Licensure Compact (“Compact”) continues to grow with 33 states, the District of Columbia, and the Territory of Guam as member jurisdictions. Legislation is currently pending in four states – Massachusetts, New Jersey, New York, and North Carolina. By June 2021, the Compact had issued over 20,000 medical licenses to over 10,000 physicians. Since the beginning of licensing through the Compact in 2017, Idaho, as the State of Principal License, issued 70 Letters of Qualification to Idaho licensees who sought licenses in other states and issued 424 expedited licenses to applicants from other states.

The Idaho commissioners to the Compact are currently Mark Grajcar, MD, Meridian, Idaho State Board of Medicine Member; and Nicki Chopski, Executive Officer, Idaho State Board of Medicine.

Respectfully submitted,

Nicki Chopski, Executive Officer, Idaho State Board of Medicine

October 2021

REPORT: SR 2

Idaho Medical Association

SPECIAL REPORT ON POLICY PRIORITY TOOL

Steven Kohtz, MD, President-Elect, Twin Falls

The Idaho Medical Association seeks to provide greater transparency and more detailed updates to the House of Delegates (HOD) on the progress of its adopted actions and policies.

The attached Policy Priority Tool (PPT) gives the IMA Board of Trustees and staff a dynamic process to manage and prioritize the ever-growing body of HOD policies and directives and ensures that the IMA has the appropriate resources to be accountable in carrying through adopted HOD resolutions. This is especially relevant for legislative action directives for which the timing may not be right the year the resolution is adopted, but the feasibility of pursuing legislative actions may improve in the future.

The PPT also provides the HOD an ongoing feedback loop to keep members apprised of IMA's progress on completion of HOD directives, and the results of successful implementation of IMA policies. The PPT will also serve as the conduit to report on new developments in state and federal legislative and regulatory arenas that impact the ability of the IMA to carry through the original adopted HOD resolutions. And, importantly, the PPT gives the HOD the ability to challenge the IMA Board of Trustees' prioritization of certain issues if there is disagreement.

The attached PPT is a compilation of resolutions from 2008-2020 with directives that are ongoing or yet to be achieved. The IMA Board of Trustees reviewed all the resolutions and grouped them into broad categories to coincide with the IMA's strategic plan. The seven focus areas are: Relevance of the IMA, Medical Practice Models, Physician Experience: Personal and Professional, Reimbursement/Payor Issues, Physician Workforce, Cost of Care, and Patient Experience. Within those categories, the resolutions are labeled as either Legislative or Regulatory/Policy/Other.

IMA recently instituted a new process for obtaining input from the House of Delegates and general membership to provide their rankings of priority issues each year. The Board reviews this information and then assigns each resolution a priority status of High, Moderate, Low, Sunset, or Completed. The resolutions given the Sunset designation are removed from the IMA list of directives for action, although any established policy positions remain as adopted policy and continue to be recognized in the IMA Policy Manual.

Respectfully submitted,

Steven Kohtz, MD, President-Elect, Twin Falls

October 2021

Attachment

IMA Resolution and Policy Priority Tool
~ 2021 Annual Update ~

RES # (YR)	Description	Category	Resolved Clause(s)	Status Update	Priority
RELEVANCE OF THE IMA					
106(20)	Support for Science as a Basis for Public Health Decisions	Regulatory, Policy, or Other	RESOLVED, Idaho Medical Association strongly supports the use of scientific, evidence-based decision making for developing healthcare policies that impact our public health systems, healthcare providers, schools and universities, businesses, our economy, and our citizens; and be it further RESOLVED, Idaho Medical Association urge policy makers and elected officials to seek consultation and work closely with local physicians and other medical experts in creating public policies and guidelines that impact the health and safety of our citizens.	IMA is upholding this policy by opposing legislation that intends to remove or alter authority to declare a public health emergency, or otherwise degrade public health response. Additionally, IMA opposed legislation that would have limited public health initiatives such as vaccine distribution and mask wearing.	**High**
202(18)	Upholding Statutory Licensure Requirements	Legislative	RESOLVED, Idaho Medical Association adopts policy in support of its ongoing involvement in the changes to scope of practice and licensure laws, rules and regulations proposed by non-physician healthcare providers and their licensure and regulatory boards for the purpose of protecting the health and safety of Idaho patients; and be it further RESOLVED, Idaho Medical Association 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.	The IMA lobby team is actively working in the legislature to uphold existing healthcare provider licensure requirements for protection of the public.	**High**
203(18)	Non-Physician Provider Outcome Reporting	Regulatory, Policy, or Other	RESOLVED, Idaho Medical Association will adopt policy and 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 Idaho Medical Association use. If it is determined the use or release of this information outside of the Idaho Medical Association would be advantageous for a specific purpose, the Idaho Medical Association Board of Trustees would have authority to approve the use or dissemination of the information and set guidelines for its use.	2019: 1st draft of report being reviewed by IMA lobby team; tool has been deployed and reports of incidents have been coming in; staff reviews reports once a month and follows up as necessary. 2021: New staff will resume activity.	**High**
203(17)	IMA Policy on Removing Physician Supervision of Physician Assistant Practice in Idaho	Legislative	RESOLVED, The Idaho Medical Association shall adopt 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, and be it further RESOLVED, That Idaho Medical Association 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.	Fall 2017: IMA conducted physician survey to determine level of problems with BOM PA supervision paperwork, etc. IMA to convene workgroup with IAPA and BOM. 2019: BOM increased ratio of PAs to supervising docs to 4:1. BOM currently working on improvements to supervision procedures. 2020-2021: IMA takes a neutral positon on legislation to allow supervisory decisions to be made at the practice level - SB 1093 signed into law. 2021: IMA works with IAPA to create collaborative practice agreement resources for members to use to comply with SB 1093.	**High**

IMA Resolution and Policy Priority Tool
~ 2021 Annual Update ~

RES # (YR)	Description	Category	Resolved Clause(s)	Status Update	Priority
205(18)	Opposition to Interventional Pain Practice by Non-Physician Healthcare Providers	Legislative	RESOLVED, Idaho Medical Association adopt policy in opposition to non-physician healthcare providers practicing independent interventional pain management; and be it further RESOLVED, Idaho Medical Association 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.	2019: Not politically feasible at this time. Dr. Jessica Jameson may be in contact with Senator Mary Souza to discuss her concerns.	**Sunset**
MEDICAL PRACTICE MODELS					
103(18)	Statewide Healthcare Innovation Plan	Regulatory, Policy, or Other	RESOLVED, Idaho Medical Association 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.	IMA participation in the Idaho Healthcare Coalition concludes with the end of SHIP Jan 31, 2019. IMA is a key stakeholder for the HTCI moving forward as the next phase of delivery reform. HTCI will focus on Value Based Payments & preparing medical practices for transitioning to this payment model.	**High**
19(08)	Patient Centered Medical Home	Regulatory, Policy, or Other	RESOLVED, That the Idaho Medical Association actively advocate the principles of the Patient Centered Medical Home as outlined in the attached document.	IMA continues advocacy for PCMH and looking to next steps to integrate into the medical neighborhood.	**High**
PHYSICIAN EXPERIENCE: PERSONAL & PROFESSIONAL					
107(20)	Honoring Christine Hahn, MD for Tireless Dedication to the Public Health and Safety of Idaho Citizens	Regulatory, Policy, or Other	RESOLVED, That Idaho Medical Association recognize and sincerely honor the significant achievements of Christine Hahn, MD, in her role as Idaho State Epidemiologist and Medical Director of the Division of Public Health and extend to her the appreciation and gratitude of Idaho Medical Association members and staff for her years of dedication and service to Idaho's medical community and to the state of Idaho and its citizens.	March 2021: IMA sent letter of recognition to Dr. Hahn.	**Complete**
108(20)	Honoring Neva Santos for Decades of Service to Idaho's Medical Community	Regulatory, Policy, or Other	RESOLVED, That Idaho Medical Association recognize and sincerely honor the career achievements of Neva Santos during her tenure at the Idaho Academy of Family Physicians. IMA extends to her the appreciation and gratitude of our members and staff for her years of dedication and service to Idaho's family medicine physicians and the Idaho medical community as a whole.	March 2021: IMA sent letter of recognition to Neva Santos.	**Complete**
106(19)	Reducing Prior Authorization Requirements	Legislative	RESOLVED Idaho Medical Association adopt policy and 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; and be it further RESOLVED If feasible, Idaho Medical Association will sponsor and advocate for the passage of legislation to require commercial payers to 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	IMA continuing to work with Action Collaborative workgroup. IMA is highlighting this issue during physician-legislator meetings throughout the state in the fall.	**High**

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RES # (YR)	Description	Category	Resolved Clause(s)	Status Update	Priority
101(18)	Prescription Monitoring Program Searches Authorized by Physicians for Prescribers in their Charge	Regulatory, Policy, or Other	RESOLVED, Idaho Medical Association 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 be it further RESOLVED, Idaho Medical Association 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.	Aug 2019: IMA met with new Idaho Board of Pharmacy Executive Director and raised the issue. 2021: BOP recommends requiring monthly reports based on PDMP data as terms of employment. New portal allows EHR and PDMP integration. Monitoring to see if this solves oversight issue.	**High**
105(17)	Prior Authorization Reform	Legislative	RESOLVED, The Idaho Medical Association adopt 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 benefits; and be it further RESOLVED, The Idaho Medical Association organize 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.	2017: IMA met with DOI director and he has agreed to convene meeting with providers and insurers to discuss ways to lessen the burden. 2018: Meetings are ongoing with physicians, insurance med directors and DOI reps. 2019: Workgroup continues meeting; new Gov Little seeks input from groups for regulatory relief - prior auth is a top issue that will be conveyed to Gov. 2020-2021: Work continues primarily through the Action Collaborative. IMA staff is working with AMA and Congressional delegation to support federal Prior Authorization legislation.	**High**

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RES # (YR)	Description	Category	Resolved Clause(s)	Status Update	Priority
109(16)	Prior Authorization Standardization	Regulatory, Policy, or Other	RESOLVED, That the Idaho Medical Association reaffirm its policy to work with payers and physicians to utilize the American Medical Association's automated, streamlined, standard Prior Authorization (PA) process; and be it further RESOLVED, That the Idaho Medical Association 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."	Fall 2016: Publish in IMA newsletter, AMA links to prior authorization resources. IMA staff participating in AMA workgroup for national standardization.'February 2017: AMA published 21 points to work with commercial payers on prior authorization regulations and limiting the burden on physicians. 2018: meetings are ongoing. 2019: Opportunity to seek relief with new Gov and state administration. 2020-2021: Work continues primarily through the Action Collaborative	**High**
107(18)	Exempting Mentally Ill From Battery Against Healthcare Worker Statute	Legislative	RESOLVED, Idaho Medical Association adopt policy to oppose efforts to repeal Idaho Code § 18-915C, that make it a felony to commit battery against a healthcare worker; and be it further RESOLVED, Idaho Medical Association adopt 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.	IMA will work with coalition members who are working on this issue. IMA's focus will be maintaining protections for physicians and others while also keeping the best interests of individuals with mental illness at the forefront. Legislators are looking to address this issue in the future. IMA will convene ER physicians and psychiatrists to discuss next steps.	**Medium**
109(19)	Physician Complaints Reported to Idaho Department of Insurance	Regulatory, Policy, or Other	RESOLVED Idaho Medical Association adopt policy in support of creating a process for physicians to file complaints and report issues related to possible violations of Idaho Insurance Code to the Idaho Department of Insurance; and be it further RESOLVED Idaho Medical Association 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.	2019: Will be on the list of issues to address with DOI director. 2020: DOI director confirms that physicians do have the ability to file individual complaints about ins co practices.	**Completed**
209(18)	Death Certificates and Coroner Processes	Regulatory, Policy, or Other	RESOLVED, Idaho Medical Association will review Idaho's statutes regarding death investigation and coroner processes to assess whether amendments are needed and, if so, will pursue those amendments; and be it further RESOLVED, Idaho Medical Association 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.	2019: no action has taken place per prioritization by BOT.	**Sunset**
102(18)	Maintenance of Certification	Legislative	RESOLVED, Idaho Medical Association reaffirm existing policies from past years and, if politically feasible, 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.	The IMA Lobby Team will assess the feasibility of this resolution to determine whether there is a path forward.	**Sunset**

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RES # (YR)	Description	Category	Resolved Clause(s)	Status Update	Priority
REIMBURSEMENT					
101(20)	Telehealth deregulation, patient safety and payment parity	Legislative	RESOLVED, Idaho Medical Association adopts policy supporting reimbursement by all private and governmental third-party payers for telehealth services equitable to their reimbursement for comparable non-telehealth services that meet the applicable Idaho community standard of care; and be it further RESOLVED, Idaho Medical Association adopts policy in support of making permanent the telehealth coverage and payment policies enacted during the 2020 coronavirus (Covid-19) Public Health Emergency; and be it further RESOLVED, Idaho Medical Association advocate to and with the Idaho Legislature, the Governor's Office, the Idaho Department of Insurance, commercial insurance providers, the American Medical Association, the Centers for Medicare & Medicaid Services and the United States Congress, as appropriate, to make permanent the telehealth coverage and payment policies enacted during the Public Health Emergency including: 1. Allowing verbal consent at time of service; and 2. Allowing Rural Health Clinics and Federally Qualified Health Centers as distant site providers; and 3. Removing the existing rural geographic restriction; and 4. Allowing list of diagnosis codes that count toward Hierarchical Condition Category scoring to be counted equally when provided by telehealth or other electronic means; and 5. Centers for Medicare & Medicaid Services and commercial insurance providers covering site of service payment parity for telehealth Evaluation and Management (E&M) services on par with established patient office visits of comparable length; and 6. When audio-only visits are provided in lieu of in-person or telehealth visits when both means of communication are not simultaneously available or advisable, they also be covered at parity with E&M services on par with established patient office visits of comparable length; and 7. Public and commercial insurance providers standardizing eligible patient originating and distant sites of service to include home and various work settings to deregulate telehealth and telephone services to provide high quality, safe and timely patient care.	2021: IMA lobby team actively advocating for legislation based on the recommendations of the Telehealth Task Force- SB 1126 passed Senate 30-5 but stalled in House H&W due to amendments to allow OOS providers to practice telehealth w/o Idaho license	**High**

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RES # (YR)	Description	Category	Resolved Clause(s)	Status Update	Priority
206(18)	Network Adequacy and Out of Network Payments	Legislative	RESOLVED, In order to facilitate more fully informed decisions by patients, the Idaho Medical Association 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. Idaho Medical Association opposes unethical practices of inappropriately billing patients; and be it further RESOLVED, Idaho Medical Association 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; and be it further RESOLVED, Idaho Medical Association 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.	IMA is working with the Department of Insurance, insurers and hospitals to try to negotiate a consensus solution. Meetings are ongoing. 2019: Legislation is not expected. Aug 2019: Congress is considering legislation to address the issue but it is heavily slanted to the benefit of the insurance industry. IMA held in-person meetings with each member of the Idaho Congressional delegation to raise concerns and highlight the impacts on patients and physicians of implementing government price controls. 2020-2021: Congress passes legislation that is seen as a compromise; effective date is Jan 1, 2022. AMA and IMA will participate in rulemaking processes on the federal level	**High**
209(15)	Support for Equitable Reimbursement for Telehealth Services	Legislative	RESOLVED That the Idaho Medical Association adopt 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; and be it further RESOLVED That the Idaho Medical Association 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.	Jan 2016 IMA will introduce legislation. Mar 2016 HB 583 killed by House H&W Comm. 2017: Legislation introduced by Sen. Keough was killed; IMA lobby team continues to look for potential successes. 2019: Avenue may become available as PCMH deployment in rural areas will require robust telehealth use. Aug 2019: HTCI formed telehealth workgroup to target ways to increase telehealth usage in Idaho & IMA will be actively engaged in its work. 2020-2021: IMA is a member of Telehealth Task Force. Ongoing	**High**

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RES # (YR)	Description	Category	Resolved Clause(s)	Status Update	Priority
11(09)	Increased Payment for Primary Care Services	Regulatory, Policy, or Other	RESOLVED, That the Idaho Medical Association adopt a policy that supports actions that increases payment for primary care services.	Met w/ IAFP to discuss; Feb 2010 mtg on PCMH to address reimbursement; Ongoing discussions with Medicaid and other third party payors. Ongoing.	**High**
105(19)	Uniform Idaho Practitioner Credentials Verification Application	Legislative	RESOLVED Idaho Medical Association adopt policy in support of developing a uniform Idaho Practitioner Credentials Verification Application that would be used by commercial payers and Idaho hospitals; and be it further RESOLVED Idaho Medical Association adopt 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; and be it further RESOLVED Idaho Medical Association 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 be it further RESOLVED Idaho Medical Association support legislation to require commercial payers and Idaho hospitals to accept the Idaho Practitioner Credentials Verification Application.	Workgroup discussions are taking place; IHA and some payers are interested in joining the conversation.	**Medium**
104(20)	No Substitutions of Primary Care Physicians by Insurers	Regulatory, Policy, or Other	RESOLVED, Idaho Medical Association oppose the practice of insurance companies changing a patient's primary care physician without the consent of the patient; and be it further RESOLVED, Idaho Medical Association will communicate to the Idaho Department of Insurance and insurance companies doing business in Idaho this policy in opposition to insurers changing a patient's primary care physician without the consent of the patient and communication with the physician and the patient; and be it further RESOLVED, Idaho Medical Association communicate with the American Medical Association to request they communicate at the national level similar opposition to insurers changing a patient's primary care physician without the consent of the patient and communication with the physician and the patient.	No action yet	**Medium**
101(19)	Private Payer Coverage of Newborn Hearing Screening	Regulatory, Policy, or Other	RESOLVED That Idaho Medical Association partner with the Idaho State Department of Health and Welfare and other stakeholders to establish regulations and hospital guidelines for newborn hearing screening; and be it further RESOLVED That Idaho Medical Association work with private payers for newborn hearing screening to be an insurance covered benefit in the state of Idaho.	IMA lobby team members will meet with DOI director and begin discussions with insurers.	**Medium**
106(17)	Accurate Provider Directories for Meaningful Access to Physicians and Other Health Care Providers	Regulatory, Policy, or Other	RESOLVED, The Idaho Medical Association adopt 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; and be it further RESOLVED, The Idaho Medical Association organize 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.	Fall 2017: no action has taken place per prioritization by BOT. 2018 & 2019: IMA raise the issue whenever possible in discussing other issues such as network adequacy.	**Medium**

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RES # (YR)	Description	Category	Resolved Clause(s)	Status Update	Priority
202(19)	Mental Health Parity	Legislative	RESOLVED, That Idaho Medical Association adopt policy in support of mental health parity; and be it further RESOLVED, That Idaho Medical Association participate in a parity implementation 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; and be it further RESOLVED, That Idaho Medical Association support the coalition's efforts 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 that is attached.	Idaho Psychiatric Assn and APA will send a letter to DOI about a specific issue. IMA will engage in discussions with DOI director. Ongoing	**Medium**
104(18)	Reimbursement for Medical Interpreters in Medical Practices	Regulatory, Policy, or Other	RESOLVED, Idaho Medical Association adopt policy and 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); and be it further RESOLVED, Idaho Medical Association 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 Idaho Medical Association members.	IMA will work with AMA on lessening the impact of the requirement; IMA will reach out to other states about discounted interpreter service fees. Ongoing.	**Low**
17(13)	Disparity in Worker's Compensation Physician Reimbursement	Regulatory, Policy, or Other	RESOLVED, That the policy of the Idaho Medical Association is to support the reduction of the disparities in payment that currently exist within the Idaho Industrial Commission physician fee schedule; and be it further RESOLVED, That the Idaho Medical Association support 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.	2015 - IIC proposed another physician payment freeze. Public negotiated rulemaking with IIC to address 2015 fees. Discussions continuing. 2015 and 2016 physician conversion factor remain frozen. Claim data continues to show 70% of claims billed below current fee schedule. Education ongoing to encourage practices to review billed amounts for injured worker treatment. IIC proposed to keep conversion factor frozen in 2017, 2018 and 2019.	**Low**
107(16)	Commercial Insurance Recoupment Limits	Legislative	RESOLVED, That the Idaho Medical Association adopt 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; and be it further RESOLVED, That Idaho Medical Association support legislation to add regulation to the Idaho Insurance Code limiting commercial insurers from recouping reimbursement beyond one year from date of payment.	IMA Lobby Team is working with physicians and other stakeholders to assess the best approach on this issue. Currently not feasible.	**Low**
203(19)	Improvements in Pain Care	Regulatory, Policy, or Other	RESOLVED, That Idaho Medical Association work with policymakers and health insurance companies to ensure pain patients receive the individualized, comprehensive and compassionate care they deserve from licensed physicians and physician assistants and nurse practitioners associated with such licensed physicians; and be it further RESOLVED, That Idaho Medical Association work with policymakers and health insurance companies to remove administrative and other barriers to comprehensive, multimodal, multidisciplinary pain care and rehabilitation programs; and be it further RESOLVED, That Idaho Medical Association 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.	IMA will continue to promote these provisions through our involvement with the Office of Drug Policy workgroup and the Governor's Opioid Taskforce.	**Low**

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RES # (YR)	Description	Category	Resolved Clause(s)	Status Update	Priority
PHYSICIAN WORKFORCE					
208(15)	Updated Policy on Medical Education and Residency Training in Idaho	Legislative	RESOLVED That the Idaho Medical Association 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 Idaho Medical Association support; and be it further RESOLVED That there are important minimum criteria that must be met in order for the Idaho Medical Association to consider supporting a specific proposal from any source. The minimum criteria, as defined by the Idaho Medical Association Medical Education Affairs Committee and approved by the Idaho Medical Association 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	Fall 2017: IMA continues to be focused on the improvement of medical education and residency training options in Idaho for programs that meet our policy standards. Work continues with increase in funding proposed. SBOE formed a GME subcommittee on which IMA is actively involved. IMA is pushing a 10 year plan to fund new residency slots in Idaho. Currently in year 4. Ongoing.	**High**
COST OF CARE					
102(20)	Mitigating the Negative Impacts of the Idaho Patient Act	Legislative	RESOLVED, Idaho Medical Association immediately seek an extension to the effective date of the Idaho Patient Act beyond January 1, 2021; and be it further RESOLVED, Idaho Medical Association continue to work with the Idaho Hospital Association and Melaleuca representatives to address the three areas of concern for physicians with the Idaho Patient Act: 1) Handicaps physicians' ability to fully pursue all collection avenues if a hospital or facility excludes the physician from the Consolidated Summary of Services, 2) Potential for increased software vendor costs of adding new elements of information to the Final Statement, and 3) Eliminates the ability to immediately pursue amounts owed when the patient passes a bad check.	IMA lobby team has worked extensively with Melaleuca and Idaho Hospital Association on a legislative delay. HB 42 signed by the Governor to delay certain portions of the law to 2021. Future discussions will take place on fundamental fixes to the law. Ongoing	**High**

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RES # (YR)	Description	Category	Resolved Clause(s)	Status Update	Priority
207(18)	Pharmacy Benefit Manager Transparency and Regulation	Legislative	RESOLVED, Idaho Medical Association adopt 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; and be it further RESOLVED, Idaho Medical Association support 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; and be it further RESOLVED, Idaho Medical Association work with the American Medical Association 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.	2020: Governor signed House Bill 386: 1. Requires PBMs to register annually with the Department of Insurance; 2. Prohibits "gag clauses." Currently, gag clauses are prohibited by Federal law on Medicare Part D and Advantage plans; this legislation extends that to all plans that operate in the state; 3. PBMs must disclose how they determine the maximum allowable cost (MAC) they reimburse pharmacies for prescriptions and require PBMs to update pharmacies regularly on MAC price changes; and, 4. Prohibits PBMs from retroactively denying or reducing a claim for reimbursement, except for legitimate reasons.	**High**
107(19)	Prescription Drug Affordability And Accessibility	Legislative	RESOLVED Idaho Medical Association adopt policy in support of prescription drug pricing transparency; and be it further RESOLVED Idaho Medical Association support prohibiting penalties to an entity that discloses alternative and less expensive methods for purchased medications; and be it further RESOLVED Idaho Medical Association encourage pharmacies to provide medication cost transparency information to patients; and be it further RESOLVED Idaho Medical Association 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.	2019: Issue added to 2020 IMA Legislative Talking points and discussed at physician-legislator meetings around the state throughout the fall. Talked with previous bill sponsor about the opportunity to re-draft legislation for another attempt in 2020. Idaho federal delegation supports Lower Costs, More Cures Act of 2019 which has transparency measures for manufacturers in advertising and costs increases over a certain threshold.	**Low**
207(19)	Volunteer Healthcare Professional Immunity	Legislative	RESOLVED, The Idaho Medical Association support the 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.	2019: Legislation has been drafted and the issue is being discussed at physician-legislator meetings around the state throughout the fall.	**Completed**

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RES # (YR)	Description	Category	Resolved Clause(s)	Status Update	Priority
PATIENT EXPERIENCE					
105(20)	Recognition and Support of Health Equity	Regulatory, Policy, or Other	RESOLVED, Idaho Medical Association maintains a position of zero tolerance toward racially or culturally based disparities in care and supports the use of evidence-based guidelines to promote the consistency and equity of care for all persons; and be it further RESOLVED, Idaho Medical Association supports and adopts the American Medical Association policy on Health Equity, which is defined as optimal health for all, a goal we will work towards by advocating for health care access, research, and data collection; promoting equity in care; increasing health workforce diversity; influencing determinants of health; and voicing and modeling commitment to health equity; and be it further RESOLVED, Idaho Medical Association will assess its Strategic Plan and incorporate aspects of health equity in the priorities, goals, strategies, and tactics contained therein.	No action yet	**High**
102(19)	Spinal Muscular Atrophy Newborn Screening	Regulatory, Policy, or Other	RESOLVED That the Idaho Medical Association adopt policy recognizing that newborn screening of spinal muscular atrophy in Idaho is an important public health issue; and be it further RESOLVED That the Idaho Medical Association 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.	2019: IMA will work with DHW to include this provision in rules. DHW in process of switching labs from OR to WA and hopes to add SMA in the fall of 2021. Ongoing.	**High**
204(19)	Medication-Assisted Treatment (MAT) and Related Issues	Legislative	RESOLVED, Idaho Medical Association adopt policy in support of improved access to Medication-Assisted Treatment; and be it further RESOLVED, Idaho Medical Association 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.Streamline education 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 department 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.	IMA staff will formulate a plan to address the provisions of the resolution. Ongoing.	**High**

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RES # (YR)	Description	Category	Resolved Clause(s)	Status Update	Priority
13(13)	Prescription Drug Abuse Policies	Regulatory, Policy, or Other	RESOLVED, That the Idaho Medical Association encourage the ability of 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; and be it further RESOLVED, That the Idaho Medical Association support physician registration and regular usage of the Idaho State Board of Pharmacy Prescription Drug Monitoring Program (PDMP); promote the PDMP through outreach through the Idaho Medical Association newsletter and website; and provide physician feedback to the Board of Pharmacy for improvements to the PDMP; and be it further RESOLVED, That the Idaho Medical Association 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; and be it further RESOLVED, That the Idaho Medical Association oppose legislative mandates or other provisions that require physicians to engage in a burdensome process before writing controlled substance prescriptions; or mandate a physician's participation in continuing medical education (CME) courses specifically focused on pain management; or any mandates that compromise a physician's medical judgment or interfere with physician-patient relationship.	10/17/13 - have sent out different newsletter blurbs to members about awareness and promotion of PMP - continue to attend Gov's Rx Abuse Workgroup Meetings; IMA supported legislation requiring doc registration for PMP is now law. 2016: continued work with Rx Abuse Workgroup and Board of Pharmacy. 2017: Participation with ODP strategic plan. Ongoing. 2019: Will be on BOT Retreat Agenda to discuss potential mandates. Ongoing participation in ODP groups and Gov's Advisory Committee.	**High**
201(19)	Mental Health Holds in the Outpatient Setting	Legislative	RESOLVED, Idaho Medical Association adopt policy in support of a practical, safe and streamlined process to place a 24-hour mental health hold on patients outside of the Emergency Department; and be it further RESOLVED, Idaho Medical Association 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.	Lobby team will work to convene stakeholders for a discussion of how to address various issues with the mental health holds process.	**Medium**
206(16)	Medically Necessary Treatment for Children	Legislative	RESOLVED, That the Idaho Medical Association adopt policy 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; and be it further RESOLVED, That the Idaho Medical Association support legislation or other efforts 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.	Fall 2016: IMA Lobby Team is working with physicians and other stakeholders to assess the best approach on this issue. Lobby team is attending legislative interim committee meetings and is working with committee chairs to develop appropriate policy. Fall 2017: lobby team members will continue to monitor and work on issues as they arise in the 2018 Legislature. 2019: monitoring. Ongoing.	**Medium**
109(18)	Advance Directives for Patients with Dementia	Regulatory, Policy, or Other	RESOLVED, Idaho Medical Association shall adopt policy in support of the creation of advance directives tailored to the unique challenges faced by Idaho patients with dementia and for acceptance of those advance directives in Idaho's advance directive registry; and be it further RESOLVED, Idaho Medical Association 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.	2019: work is ongoing; the Idaho Health Continuum of Care Alliance (IMA is a member) is working to develop language.	**Medium**

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RES # (YR)	Description	Category	Resolved Clause(s)	Status Update	Priority
13(10)	Recommendation for Increased Involvement of Psychiatrists in Idaho's Public Mental Health System	Regulatory, Policy, or Other	RESOLVED, That the Idaho Medical Association work in partnership with and support of the Idaho Psychiatric Association in strongly urging the Idaho Department of Behavioral Health, Governor's Task Force on Mental Health, the legislative Health Care Task Force Subcommittee on Mental Health, and other appropriate entities to adopt and implement the following recommendations: 1. Prioritize involvement of qualified psychiatrists who are active in the treatment of severely mentally ill adults and seriously emotionally disturbed children as it moves to transform the public mental health and substance abuse treatment systems; 2. Recruit and retain a state-contracted or employed psychiatrist as medical director to help lead the transformation of the public mental health and substance abuse treatment systems; 3. Place a minimum of at least one regional mental health director in each of the defined regions in the state of Idaho who is a qualified psychiatrist experienced in the care of severely mentally ill adults and seriously emotionally disturbed children.	Ongoing. Coordination of various groups needed. The Behavioral Health Integration workgroup of SHIP includes three psychiatrists, one is a co-chair. The Behavioral Health Integration (BHI) workgroup was formed to advise and address the behavioral health needs of the Statewide Healthcare Innovation Plan.	**Medium**
204(17)	Medication Management in Idaho Schools	Regulatory, Policy, or Other	RESOLVED, The Idaho Medical Association shall adopt policy in support of Idaho school district policies on medication management for students that are based on best clinical practices for the condition being treated; and be it further RESOLVED, The Idaho Medical Association will work with stakeholders to improve Idaho school district policies on medication management for students based on best clinical practices for the condition being treated.	Fall 2017: no action has taken place per prioritization by BOT. 2019: additional work will begin if sunscreen in schools resolution is successful.	**Low**
106(18)	Self-Administration of Sunscreen by Public School Students	Regulatory, Policy, or Other	RESOLVED, Idaho Medical Association shall adopt 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; and be it further RESOLVED, Idaho Medical Association 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.	Preliminary discussions have begun. IMA staff will add this issue to others that must be addressed with school administrators and other education stakeholders.	**Low**
103(19)	Importance of CPR Training for Idaho Public School staff, Teachers and Coaches	Regulatory, Policy, or Other	RESOLVED Idaho Medical Association work with the American Heart Association and relevant education organizations to bring cardiopulmonary resuscitation 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 be it further RESOLVED Idaho Medical Association work with the American Heart Association and Idaho school systems to implement cardiac resuscitation quality improvement programs in all Idaho schools and encourage that all staff members involved in any aspect of physical activity programs or athletics are trained in cardiopulmonary resuscitation.	IMA staff will add this issue to others that must be addressed with school administrators and other education stakeholders.	**Low**
104(19)	Gun Safety Practice Recommendations	Regulatory, Policy, or Other	RESOLVED That Idaho Medical Association adopt policy in support of improving gun safety without infringing on second amendment rights; and be it further RESOLVED That Idaho Medical Association urge their members to increase awareness of gun safety among their patient populations; and be it further RESOLVED That Idaho Medical Association encourage members 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; and be it further RESOLVED That Idaho Medical Association identify organizations providing free trigger locks and offer that information to members interested in furnishing them to their patients.	2019-2020: IMA will provide notice to members about opportunities to engage in gun safety activities as we become aware of them.	**Low**
110(19)	Minor Consent for Vaccinations	Legislative	RESOLVED That Idaho Medical Association reaffirm their policy in support of all efforts towards reducing barriers and improving childhood vaccination rates in Idaho; and be it further RESOLVED That Idaho Medical Association 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.	BOT does not believe the legislation is feasible given the anti-immunization rhetoric that is pervasive in the Legislature.	**Low**

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RES # (YR)	Description	Category	Resolved Clause(s)	Status Update	Priority
103(20)	Kratom Safety and Risk Disclosure Statements Required for Retailers	Legislative	RESOLVED, Idaho Medical Association opposes the sale or distribution of kratom by retailers in Idaho; and be it further RESOLVED, Idaho Medical Association will work with stakeholders to require that Idaho retailers display warnings to the public in a conspicuous location near the point of sale inside their retail establishments regarding the potentially fatal dangers of kratom and the fact that there have been no controlled clinical trials conducted to determine its safety for human use.	No action yet	**Low**
207(16)	Severe Mental Illness Exclusion of Death Penalty Sentencing	Legislative	RESOLVED, That the Idaho Medical Association adopt a policy to oppose 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; and be it further RESOLVED, That the Idaho Medical Association 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.	Fall 2016: IMA Lobby Team is working with physicians and other stakeholders to assess the best approach on this issue. IMA is part of a coalition, including the ACLU and the Idaho Prosecuting Attorneys Association to work on this issue. Fall 2017: the coalition continues to look for openings to move this issue forward. They are hoping to make presentations to the germane legislative committees in 2018. No movement yet.	**Low**
111(19)	Screening, Intervention and Treatment for Adverse Childhood Experiences	Regulatory, Policy, or Other	RESOLVED Idaho Medical Association adopt policy in support of physicians and other healthcare providers performing screening, intervention and treatment for Adverse Childhood Experiences (ACEs); and be it further RESOLVED Idaho Medical Association 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.	2019-2020: IMA will provide notice to members as educational opportunities and other resources become available.	**Low**
209(19)	Idaho Maternal Health Workforce Study Initiative	Regulatory, Policy, or Other	RESOLVED, Idaho Medical Association adopt 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.	2019: IMA will provide this recommendation to the newly created MMRC.	**Low**

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RES # (YR)	Description	Category	Resolved Clause(s)	Status Update	Priority
210(19)	Ensuring Access to Comprehensive Family Planning and Reproductive Health Services	Regulatory, Policy, or Other	RESOLVED, That Idaho Medical Association join the American College of Obstetricians and Gynecologists and the 11 other obstetrics and gynecology academic leadership organizations (American Journal of Obstetrics and Gynecology, 2018) in affirming support for access to comprehensive reproductive healthcare including abortion care; and be it further RESOLVED, That Idaho Medical Association take an active role to defend against legislation in the Idaho Legislature that attempts to restrict women's access to comprehensive reproductive care inclusive of, but not limited to contraception, maternity services, and abortion by the provider of her choice without undue barriers; and be it further RESOLVED, That Idaho Medical Association oppose legislation that criminalizes patients who seek abortion or physicians who provide abortion care by taking a resolution to the American Medical Association to partner with the American College of Obstetricians and Gynecologists in position papers to defend access to safe and legal abortion across the United States; and be it further RESOLVED, That Idaho Medical Association take a resolution to the American Medical Association supporting the right of physicians to provide miscarriage management and medication abortions with mifepristone in their general family practices.	2019: Referred to the BOT for decision and report back to the HOD. Will be discussed at the Oct 2019 BOT mtg. BOT approved draft policy statement that will be incorporated into report to the 2020 HOD. The BOT will review the report in February 2020. The report was adopted by the BOT and submitted to the 2020 HOD, which also adopted the report	**Completed**
102(17)	Treatment Options for Pregnant Patients on Idaho Medicaid with Substance Use Disorders	Regulatory, Policy, or Other	RESOLVED, That the Idaho Medical Association adopt a 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; and be it further RESOLVED, That the Idaho Medical Association 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.	March 2018 - Working with IDHW BPA dept to find solution of inpatient treatment for pregnant women. Watch U.S. House bill H.R. 5789: To amend title XIX of the Social Security Act to provide for Medicaid coverage protections for pregnant and post-partum women while receiving inpatient treatment for a substance use disorder, and for other purposes.	**Completed**
102(16)	Full Coverage for Gap Population	Legislative	RESOLVED, That the Idaho Medical Association reaffirm 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; and be it further RESOLVED, That the Idaho Medical Association, in the event of continued inaction by the Idaho Legislature, respectfully requests Governor Otter to issue an immediate Executive Order to provide full health care coverage for the 78,000 Idahoans in the gap without health insurance.	Current: IMA is a leader on this issue and is heavily involved at the strategy, grassroots, and legislative levels. 2018: IMA is supporting IFH to pass and work toward implementation of Prop 2. 2019: ongoing work toward full implementation.	**Completed**
101(16)	STD and STI Testing and Treatment in minors	Legislative	RESOLVED, That the Idaho Medical Association adopt a 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; and be it further RESOLVED That the Idaho Medical Association, if politically feasible, sponsor legislation to support the confidential consent to sexually transmitted disease and sexually transmitted infections testing and treatment for all minors.	Fall 2016: IMA Lobby Team is working with physicians and other stakeholders to assess the best approach on this issue. 2017 Legislature: met with DHW; no ability to address issue through child endangerment program. Currently not feasible.	**Sunset**
104(16)	All Vaccine Providers Required to Report in IRIS	Legislative	RESOLVED, That the Idaho Medical Association adopt a policy in support of 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; and be it further RESOLVED, That the Idaho Medical Association 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.	Fall 2016: IMA Lobby Team is working with physicians and other stakeholders to assess the best approach on this issue. 2017 Legislature: bill failed on the floor of the House due to anti vaccine sentiment; no path forward.	**Sunset**

Idaho Medical Association

SPECIAL REPORT ON IMA STRATEGIC PLAN

Joe Williams, MD, President, Meridian

The Idaho Medical Association (IMA) undertook a strategic planning process to ensure that our organization is focused on the top issues that are most meaningful to our members, and that IMA resources are allocated in the most productive way.

The process started with the Board of Trustees' spring retreat in April 2018. Working with a facilitator, the IMA Board and staff brainstormed issues impacting the practice of medicine in Idaho and had a series of discussions as to why those issues were most relevant.

Ultimately, the Board identified and approved seven major issue categories to form the foundation of the IMA strategic plan:

- Relevance of the IMA
- Medical Practice Models
- Physician Experience: Personal and Professional
- Reimbursement/Payor Issues
- Physician Workforce
- Cost of Care
- Patient Experience

The IMA Board and staff members developed specific goals and strategies for each of the seven issue areas. After the retreat, staff worked with the facilitator to flesh out tactics for each of the strategies and assign these tasks to the appropriate staff members. An IMA Strategic Plan spreadsheet was developed to track the various aspects of the plan.

At its August and October 2018 meetings, the Board approved the Strategic Plan spreadsheet and identified priority areas and goals to be targeted first. The following list shows the goals that were selected as priorities:

<u>Relevance of the IMA ~ Goals:</u>

- IMA brand and resources are recognized and valued by all IMA members and stakeholders
- Continue leadership role in advocacy and policy for physicians and patients

<u>Medical Practice Models ~ Goals:</u>

- Understand the needs of and provide support to physicians in all medical practice models

Physician Experience: Personal and Professional ~ Goals:

- Promote and advocate for physician wellness
- Make Idaho an enjoyable and attractive place to practice medicine

Reimbursement/Payor Issues ~ Goals:

- Help physicians get paid for their work in a timely and efficient manner
- Maintain continuity of care for patients and access to prescribed treatments

Physician Workforce ~ Goals:

- Continue support for quality undergraduate and graduate medical education
- Support and strengthen the physician workforce pipeline: recruitment, retention, and distribution

Cost of Care ~ Goals:

- Support ways to reduce the cost of medical care through liability protection

Patient Experience ~ Goals:

- Advocate to improve the health of all Idahoans through access to quality care
- Promote patient satisfaction by simplifying the medical practice experience

The attached IMA Strategic Plan spreadsheet shows the strategies and tactics to be deployed in achieving each of the goals identified as priority status. IMA staff will use this tool to keep the Board and membership apprised of our progress on each of the goals throughout the year.

Respectfully submitted,

Joe Williams, MD, President, Meridian

October 2021

Attachment

Idaho Medical Association Strategic Plan

MISSION: **Idaho Medical Association (IMA) is the leading organization representing physicians in all specialties, practice settings and geographic locations in our state, and is recognized as the voice of medicine in Idaho. IMA's mission is to unify and advocate for all Idaho physicians, promote the art and science of medicine, and remain dedicated to improving the health and well-being of all Idahoans.** ***(2018)***

Value / Degree of Difficulty / Resource Allocation: **1=Low | 2=Medium | 3=High**

Time Frame: **1=Short Term | 2=Medium Term | 3=Long Term**

ISSUES	GOALS	STRATEGIES	TACTICS	VALUE	DEGREE OF DIFFICULTY	RESOURCE ALLOCATION	TIME FRAME	DEPARTMENT AND/OR STAFF RESPONSIBILITY	STATUS UPDATE
1. Relevance of the Idaho Medical Association (IMA)	**Relevance GOAL 1**: IMA brand and resources are recognized and valued by all IMA members & stakeholders	**RG 1, Strategy 1**: Develop a comprehensive marketing and communications plan	• Create comprehesive communications plan that will include social media engagement plan and style guide • Achieve ability to segment membership and target marketing/communication strategies • Train staff on all aspects of communications plan and social media plan	**3**	**3**	**3**	**1**	**Amika / Susie**	New Comms Director hired late 2019; website review and comprehensive redesign accomplished; significant increase in social media activity sustained; style-guide created to align brand across IMA service areas; several communication designs updated including newsletters, memos and legislative reports; new IMA logo created and incorporated in all communications; comprehensive communications plan under development.
1. Relevance of the Idaho Medical Association (IMA)	**Relevance GOAL 2**: Increase engagement of all IMA members (physicians, residents, medical students)	**RG 2, Strategy 1**: Creation of medical student, resident and young physician sections	• Develop a phase-in plan for the sections, starting with young physicians, residents then medical students • Use IMA database and marketing plan for more targeted messaging to these three segments • Create resources for local societies to engage medical students, residents, young physicians at the community level	**2**	**2**	**3**	**3**		
1. Relevance of the Idaho Medical Association (IMA)	**Relevance GOAL 2**: Increase engagement of all IMA members (physicians, residents, medical students)	**RG 2, Strategy 2**: Develop a leadership program for all IMA members	• Evaluate other state medical society programs and create a pathway for member input to determine essential program elements • Determine partnership opportunities for program development & funding support • Develop programs on leadership training, conflict resolution, healthcare financing, meeting management, etc	**3**	**3**	**3**	**2**		
1. Relevance of the Idaho Medical Association (IMA)	**Relevance GOAL 3:** Continue leadership role in advocacy and policy for physicians and patients	**RG3, Strategy 1:** Engage more physicians to support efforts of lobby team through grassroots advocacy	• Urge physicians to support the Idahoans for Healthcare campaign through grassroots activity, community outreach, financial contributions, etc. • Find ways to engage more physicians in regional legislative meetings • Increase numbers of physicians who provide testimony at legislative hearings • Urge more physicians to send messages to legislators via IMA web tool	**3**	**2**	**2**	**1**	**Susie**	IFH tactic completed. Ongoing efforts occurring currently throughout the year.
1. Relevance of the Idaho Medical Association (IMA)	**Relevance GOAL 3**: Continue leadership role in advocacy and policy for physicians and patients	**RG3, Strategy 2**: Strengthen role as advocate for physicians by developing, maintaining and broadening key relationships with stakeholders across all IMA service areas: membership, reimbursement, advocacy, meetings, website, social media, etc	• Cultivate relationships with individuals in the following areas: Legislature, state agencies, licensure boards, physician practices, hospital systems, insurance companies, networks, allied health organizations and associations, medical practice managers, and any other entities with strategic importance • Develop an internal spreadsheet or database for IMA staff to log information about interactions with individual physicians that indicate interest in a specific issue; use information to recruit committee members, grassroots contacts, or involvement with other IMA activities	**2**	**2**	**2**	**2**		
1. Relevance of the Idaho Medical Association (IMA)	**Relevance GOAL 3**: Continue leadership role in advocacy and policy for physicians and patients	**RG3, Strategy 3:** Strongly advocate for and promote physician-led, team-based care to maximize the complementary skill sets of all healthcare professionals on the care team	• Continue advocacy for patient safety as top priority • Assess involvement in scope of practice issues on a case by case basis • Explore opportunities to develop programs like the "Know Your Doctor" campaign • Coordinate with other health care organizations	**2**	**2**	**2**	**1**	**Jamie / Susie**	Currently engaged in patient safety advocacy; contacts with legislators and Gov's office on Licensure Freedom Act impacts. Communication with IDOPL (such as a townhall) and other boards to negotiate language and file comments on scope expansions by non-physician providers.
2. Medical Practice Models	**MPM GOAL 1:** Understand the needs of and provide support to physicians in all medical practice models	**MG1, Strategy 1**: Identify relevant issues within each model of practice	• Identify the number of physicians in each practice model • Conduct a needs assessment survey among physicians in all models • Based on needs assessment, conduct focus groups with physicians in all medical practice models to identify major issues • Capture information and identify specific issues from staff conversations with physicians • Based on information gathered, identify trends impacting medical practice models	**2**	**1**	**2**	**1**	**Tracie / Susie**	Initial survey deployed; need analysis of results and formation of next steps. Coronavirus pandemic has shifted this work to focus on identifying the needs and resources for physician practices to respond to and survive the financial difficulties caused by COVID-19.

Value / Degree of Difficulty / Resource Allocation: **1=Low | 2=Medium | 3=High**

Time Frame: **1=Short Term | 2=Medium Term | 3=Long Term**

ISSUES	GOALS	STRATEGIES	TACTICS	VALUE	DEGREE OF DIFFICULTY	RESOURCE ALLOCATION	TIME FRAME	DEPARTMENT AND/OR STAFF RESPONSIBILITY	STATUS UPDATE
2. Medical Practice Models	**MPM GOAL 1:** Understand the needs of and provide support to physicians in all medical practice models	**MG1, Strategy 2:** Develop resources and tools to address the issues within each model of practice	• Based on identification of trends, issues and needs within each model of practice, develop member benefits by practice model • Continue existing education efforts and develop new programs reflective of issues • Broaden focus of reimbursement resources to align with changing practice model needs • Ensure that website provides easily accessible resources and tools to address the issues within each model of practice	**2**	**1**	**2**	**2**		
2. Medical Practice Models	**MPM GOAL 1:** Understand the needs of and provide support to physicians in all medical practice models	**MG1, Strategy 3:** Encourage alignment of the IMA Board composition with current member demographics	• Annual evaluation conducted at the spring retreat of board demographics and representation • Assess the need for potential bylaws changes to allow a process to obtain representation from identified groups	**1**	**1**	**1**	**3**		
3. Physician Experience: Personal & Professional	**Phys Exp GOAL 1**: Promote and advocate for physician wellness	**PhG1, Strategy 1:** Identify pathways and barriers to satisfaction/wellness	• Identify pathways and barriers to satisfaction/wellness through existing resources on state and national levels • As physicians express needs to IMA staff, evaluate opportunities to address specific requests for assistance • Create pathways for input from medical office staff or other stakeholders	**2**	**1**	**1**	**1**	**Steve Reames**	The COVID-19 pandemic has created an opportunity to share the Physician Vitality Program (confidential counseling) statewide to address increased physician stress and burnout.
3. Physician Experience: Personal & Professional	**Phys Exp GOAL 1**: Promote and advocate for physician wellness	**PhG1, Strategy 2:** Develop resources to promote satisfaction/wellness	• Continue and expand educational programs • Develop connections for physicians in need • Expand participation in confidential counseling programs on the local level	**3**	**2**	**2**	**2**		
3. Physician Experience: Personal & Professional	**Phys Exp GOAL 1:** Promote and advocate for physician wellness	**PhG1, Strategy 3:** Facilitate mental health support (substance abuse and non-substance abuse; independent, non-punitive, anonymous; IMA mediated)	• Ensure that Physicians Recovery Network mental health participants are not addressed in the same manner as PRN participants with addiction issues • Expand PRN focus to provide increased mental health recovery resources and services • Identify what local societies are doing to facilitate mental health support and develop a comprehensive summary • Based on work of local societies, determine the appropriate role of IMA in expanding local resources to all areas of the state	**3**	**3**	**2**	**1**	**Steve Reames**	Idaho Board of Medicine is moving administration of PRN away from the Idaho Medical Association. ACMS and the IMA Foundation have partnered to expand access to physician wellness programs and individual counseling opportunities to IMA members throughout the state.
3. Physician Experience: Personal & Professional	**Phys Exp GOAL 1**: Promote and advocate for physician wellness	**PhG1, Strategy 4:** Facilitate support for spouses, partners, families, teams, etc. of physicians	• Determine the feasibility of developing successful programs • Promote more local family events through newsletter, targeted emails, Facebook, etc.	**1**	**1**	**1**	**2**		
3. Physician Experience: Personal & Professional	**Phys Exp GOAL 2**: Make Idaho an enjoyable and attractive place to practice medicine	**PhG2, Strategy 1**: Promote a sense of community through physician collegiality at state and local levels	• IMA Board events, Annual Meeting and other member meetings: create opportunities to engage personally and informally • Create opportunities for interaction among physicians of all specialties, practice models, geographic locations, etc. • Develop a Welcome Packet for new Idaho physicians	**2**	**1**	**1**	**1**	**Sara / Steve R. / Tracie**	IMA staff increasing presence at existing local events. New app at annual meeting. Considered online forum, but expensive and would require a lot of staff monitoring. Currently send letters to new Idaho physicians and a postcard when dues are new or renewed. Email mostly. ACMS does welcome packet. IMA staff now working to attend local medical society events.
3. Physician Experience: Personal & Professional	**Phys Exp GOAL 2:** Make Idaho an enjoyable and attractive place to practice medicine	**PhG2, Strategy 2:** Assist and collaborate with other medical societies and specialty organizations	• Enhance collaboration among staff who assist in managing local medical societies and specialty organizations • Identify IMA resources available to local and specialty societies for administration, meetings, advocacy, special projects, etc.	**3**	**2**	**3**	**1**	**Sara / Shelbi**	N. Idaho hired an administrator. Other options are being considered for other local and specialty societies. Once the immediate Covid19 crisis eases, more ideas will be discussed for in-person meetings.
3. Physician Experience: Personal & Professional	**Phys Exp GOAL 2:** Make Idaho an enjoyable and attractive place to practice medicine	**PhG2, Strategy 3:** Optimize professional development opportunities	• Encourage physician participation in IMA meetings and educational activities • Create opportunities for participation on IMA committees and statewide workgroups • Develop programs on Career Readiness for resident physicians • Review current IMA committees and evaluate the need for changes, additions, etc.	**3**	**3**	**3**	**2**		
3. Physician Experience: Personal & Professional	**Phys Exp GOAL 2:** Make Idaho an enjoyable and attractive place to practice medicine	**PhG2, Strategy 4:** Sustain and increase physician empowerment in medical practice	• Encourage physician participation in IMA meetings and educational activities • Engage more physicians to participate with IMA staff in meetings with stakeholders: legislators, insurance companies, Idaho Industrial Commission, Department of Health & Welfare, Board of Medicine, etc.	**2**	**3**	**3**	**1**	**Susie / All**	Increased physician participation: Action Collaborative, legislative interactions, ODP workgroup, etc.

Value / Degree of Difficulty / Resource Allocation: **1=Low | 2=Medium | 3=High**

Time Frame: **1=Short Term | 2=Medium Term | 3=Long Term**

ISSUES	GOALS	STRATEGIES	TACTICS	VALUE	DEGREE OF DIFFICULTY	RESOURCE ALLOCATION	TIME FRAME	DEPARTMENT AND/OR STAFF RESPONSIBILITY	STATUS UPDATE
4. Reimbursement/Payor Issues	**Reimbursement GOAL 1:** Help physicians get paid for their work in a timely and efficient manner	**RG1, Strategy 1:** Provide resources for physicians to understand and navigate reimbursement systems and practice management issues	• Increase outreach and interaction with physicians and office staff to identify and collaboratively address areas of need • Develop relevant educational webinars by researching national and state trends, as well as incorporating input from practices • Look for opportunities to participate in statewide conferences to provide education and outreach to practices • Explore ways to increase resources to assist physicians with practice management, legal guidance and compliance	**2**	**1**	**2**	**1**	**Susie**	Staffing changes have created an opportunity to partner with an outside vendor to provide billing and coding assistance to IMA members. The feedback has been positive and IMA has saved money in the budget while providing a higher level of service.
4. Reimbursement/Payor Issues	**Reimbursement GOAL 1:** Help physicians get paid for their work in a timely and efficient manner	**RG1, Strategy 2:** Increase leverage of physicians in negotiations with insurers	• Serve as a clearinghouse and advocate on behalf of physicians in researching, tracking and resolving payer issues • Encourage and facilitate peer-to-peer interactions between member physicians and physician medical directors at insurance companies • Develop a statewide list of attorneys who provide assistance with contractual issues	**1**	**1**	**1**	**1**	**Susie**	
4. Reimbursement/Payor Issues	**Reimbursement GOAL 1:** Help physicians get paid for their work in a timely and efficient manner	**RG1, Strategy 3:** Partner with payors to determine solutions and decrease administrative hassle	• Conduct quarterly meetings with private insurers, as well as Medicare and Medicaid, to focus on administrative issues • Explore ways to develop or share resources and tools as a result of meetings • Develop a reimbursement committee with physicians and office staff	**2**	**3**	**2**	**2**		
4. Reimbursement/Payor Issues	**Reimbursement GOAL 2:** Maintain continuity of care for patients and access to prescribed treatments	**RG2, Strategy 1:** Reduce administrative barriers that delay or prevent patient treatment	• Provide prior authorization tools for medical offices that reflect best practices • Highlight success stories of medical practices to educate other practices • Support legislative initiatives to reduce barriers to delayed patient treatment	**2**	**2**	**2**	**1**	**Susie / Jamie**	Ongoing efforts. Idaho physician survey on prior authorization and widespread sharing of results; ongoing highlights and series in IMA newsletter. Continued work with the Action Collaborative. Work with Congressional delegation to gain cosponsorship on federal legislation.
4. Reimbursement/Payor Issues	**Reimbursement GOAL 2:** Maintain continuity of care for patients and access to prescribed treatments	**RG2, Strategy 2:** Advocate for network adequacy among insurance plans	• Continue support for legislative initiatives to advocate for established IMA policy positions • Urge the Department of Insurance to develop more regulations on network adequacy standards, maps of networks, accurate physician registries, etc. • Develop or share tools to help practices navigate out-of-network policies	**2**	**2**	**2**	**1**	**Jamie / Susie**	Work with hospitals and insurers to identify a facilitator for a negotiated solution to balance billing problems in Idaho. In 2020, federal legislation was passed to address balance billing that focus on the IDR process. However, state law is still primary, so continued engagement with the Legislature is still a major focus for the lobby team.
4. Reimbursement/Payor Issues	**Reimbursement GOAL 2:** Maintain continuity of care for patients and access to prescribed treatments	**RG2, Strategy 3:** Promote full disclosure and transparency of insurance policies re: patient coverage	• Urge insurers to provide easily understood information to patients about potential restrictions on coverage	**1**	**1**	**1**	**2**		
5. Physician Workforce	**Workforce GOAL 1:** Continue support for quality undergraduate and graduate medical education	**WG1, Strategy 1:** Advocate to maintain and expand current state-funded medical school programs	• Facilitate and support the Medical Education Affairs Committee to convene stakeholders to develop annual medical education plans and legislative initiatives • Engage in discussions with the State Board of Education to assess how the Med Ed Affairs Committee can collaborate with SBOE and support their efforts	**3**	**2**	**2**	**1**	**Susie/ Jamie**	IMA Med Ed Affairs Committee is folded into the SBOE GME Subcommittee; not currently active. Continued lobbying for expanded residency programs in Idaho.
5. Physician Workforce	**Workforce GOAL 1:** Continue support for quality undergraduate and graduate medical education	**WG1, Strategy 2:** Advocate for funding of GME expansion	• Advocate for adoption and full funding of the Ten Year Strategic Expansion Plan for GME as approved by the State Board of Education • Support and participate in the GME Council created by the State Board of Education	**3**	**2**	**2**	**1**	**Susie / Jamie**	Ongoing efforts. IMA CEO is on the GME Committee of the SBOE. Lobby team advocacy with JFAC. Currently in year 4 of 10 year plan. Increasing awareness with legislator visits to programs is a focus of 2021.
5. Physician Workforce	**Workforce GOAL 2:** Support and strengthen the physician workforce pipeline: recruitment, retention, distribution	**WG2, Strategy 1:** Expand loan repayment opportunities and programs	• Build upon the recent 2:1 state match for rural physicians in primary care, and explore opportunities to expand scope and geography of awardees • Expand promotion of IMA Foundation Future Physician of Idaho awards	**3**	**2**	**2**	**1**	**Susie / Jamie**	IMAF awarded 9 grants to residents and medical students in 2021 after receving 16 strong applicants. IMAF will put out a program award opportunity in the fall.
5. Physician Workforce	**Workforce GOAL 2:** Support and strengthen the physician workforce pipeline: recruitment, retention, distribution	**WG2, Strategy 2:** Promote Idaho as a great place to practice medicine and to live	• Update website with a "Why Practice in Idaho" page utilizing existing resources from state agencies and other entities • Explore potential roles of late stage practice and/or retired physicians • Develop a profile of the type of physician who loves to work in Idaho	**1**	**1**	**1**	**2**		

Value / Degree of Difficulty / Resource Allocation: 1=Low | 2=Medium | 3=High									
Time Frame: 1=Short Term | 2=Medium Term | 3=Long Term									
ISSUES	**GOALS**	**STRATEGIES**	**TACTICS**	**VALUE**	**DEGREE OF DIFFICULTY**	**RESOURCE ALLOCATION**	**TIME FRAME**	**DEPARTMENT AND/OR STAFF RESPONSIBILITY**	**STATUS UPDATE**
6. Cost of Care	**Cost GOAL 1:** Support ways to reduce the cost of medical care	**CG1, Strategy 1:** Promote transparency of costs and services	• Assist practices with accurate value-based payment data that would be available to patients • Support legislative initiatives to provide transparency of healthcare costs • Explore existing resources that physicians can use to provide cost estimates to patients	**2**	**3**	**3**	**3**		
6. Cost of Care	**Cost GOAL 1:** Support ways to reduce the cost of medical care	**CG1, Strategy 2:** Reduce the administrative burdens of medical practice	• Identify main issues of concern through member input and utilization of state and national resources • Develop educational resources and tools to reduce administrative burdens and overhead • Utilize stakeholder relationships to leverage potential solutions • Communicate potential strategies and solutions to physicians and practice managers • Ensure that website provides easily accessible resources and tools to address the specific issues • Explore opportunities to develop a uniform credentialing process	**2**	**2**	**2**	**2**		
6. Cost of Care	**Cost GOAL 1:** Support ways to reduce the cost of medical care	**CG1, Strategy 3:** Find ways to reduce the cost of pharmaceuticals	• Research what resources are currently available to patients • Explore opportunities for IMA to develop a business partnership to offer prescription discount cards to patients • Identify non-PhRMA entities that are undertaking the manufacturing of prescription drugs or vaccines to determine if less expensive options are available	**2**	**3**	**3**	**3**		
6. Cost of Care	**Cost GOAL 1:** Support ways to reduce the cost of medical care	**CG1, Strategy 4:** Maintain favorable liability reform climate	• Continue advocacy for legislative initiatives to uphold and expand liability protections • Maintain involvement with and increase awareness of the Idaho Liability Reform Coalition	**3**	**1**	**1**	**1**	**Susie**	Ongoing efforts. IMA participates in ILRC Board meetings and discussions. A special legislative session produced limited liability relief for COVID-19; the sunset was extended in the 2021 session.
7. Patient Experience	**Patient GOAL 1:** Advocate to improve the health of all Idahoans through access to quality care	**PtG 1, Strategy 1:** Promote access to healthcare through coverage for all Idahoans	• Advocate for insurance coverage for telehealth services to expand access in rural areas • Support strategies to ensure that health insurance premiums are affordable • Support initiatives to grow the physician workforce	**3**	**2**	**3**	**1**	**Jamie / Susie**	Current focus on telehealth reimbursement through CEO's participation on the Telehealth Task Force(TTF). Advanced TTF legislation in Idaho Senate but died in House due to licensure concerns. Working with Congressional delegation on Telehealth Modernization Act.
7. Patient Experience	**Patient GOAL 1:** Advocate to improve the health of all Idahoans through access to quality care	**PtG 1, Strategy 2:** Advocate for optimal care by encouraging every patient to have a primary care physician	• Support and participate in statewide efforts to educate patients • Provide three physician names when patients call in for referrals • Encourage patients to visit the physician directory on the website as an online resource	**2**	**3**	**3**	**2**		
7. Patient Experience	**Patient GOAL 2:** Promote patient satisfaction by simplifying the medical practice experience	**PtG 2, Strategy 1:** Improve patient experience through promotion of the Patient Centered Medical Home (PCMH)	• Continued participation and advocacy for statewide initiatives to support and expand the PCMH model among Idaho medical practices • Provide education and updates on the PCMH model to physicians • Ensure that physician specialists are aware of the extension of PCMH to the "medical neighborhood"	**2**	**1**	**1**	**1**	**Susie**	IMA CEO involvement on the statewide HTCI workgroup with focus on moving practices to adopt value based reimbursement models.
7. Patient Experience	**Patient GOAL 2:** Promote patient satisfaction by simplifying the medical practice experience	**PtG 2, Strategy 2:** Provide resources to help streamline the patient visit	• Share practice management resources and tools for offices to assist patients • Collaborate with IMGMA and enhance relationship with practice administrators	**1**	**2**	**2**	**2**		

2021
50-Year Club

In keeping with a tradition long observed by the Idaho Medical Association, the IMA recognizes and appreciates the following individuals' 50 years of dedicated humanitarian service in the practice of medicine.

Stephen W. Asher, MD, 76, Boise
Neurology; Sleep Medicine
University of Rochester School of Medicine
Current Status: Retired

Bruce D. Bellin, MD, 77, Harrison
Ophthalmology
Medical College of Wisconsin
Current Status: Retired

Theodore W. Bohlman, MD, 78, Meridian
Gastroenterology; Internal Medicine
Loma Linda University School of Medicine
Current Status: Retired

William F. Chapman, MD, 75, Coeur d'Alene
General Practice
Oregon Health & Science University School of Medicine
Current Status: Currently Practicing

Wayne L. Hollopeter, MD, 75, Grangeville
Family Medicine
Indiana University School of Medicine
Current Status: Retired

Warren N. Miller, MD, 76, Nampa
Dermatology
University of Utah School of Medicine
Current Status: Retired

James M. Oldroyd, MD, 75, Idaho Falls
Obstetrics and Gynecology
University of Utah School of Medicine
Current Status: Currently Practicing

Delmer J. Pletcher, MD, 77, Sun Valley
Orthopedic Surgery
David Geffen School of Medicine - UCLA
Current Status: Currently Practicing

Eric G. Stackle, MD, FAAFP, 76, Boise
Family Medicine
St. Louis University School of Medicine
Current Status: Retired

Roger L. Stagg, MD, 76, Kuna
Internal Medicine
Loma Linda University School of Medicine
Current Status: Retired

Dennis L. Stevens, MD, 79, Meridian
Infectious Diseases; Internal Medicine
University of Utah School of Medicine
Current Status: Currently Practicing

Robert E. Vestal, MD, 75, Boise
Internal Medicine; Clinical Pharmacology
University of California San Francisco
School of Medicine
Current Status: Retired

Donald E. Walker, MD, 76, Garden Valley
Urology
Oregon Health & Science University School of Medicine
Current Status: Retired

Gerald L. Young, MD, 75, Soda Springs
Family Medicine
University of Utah School of Medicine
Current Status: Retired