



2020 LEGISLATURE: IMA STATUS REPORT

Week of February 10 – February 14, 2020



Happy Valentine's Day!

Top Priority Issues:

HB 506: Balance Billing Legislation – *OPPOSE*

The House Health & Welfare Committee introduced HB 506 this week, which is a new version of HB 387. There are no substantive changes to the bill, just technical and re-wording changes. HB 506 was drafted by insurance companies behind closed doors with no representation or input from physicians. IMA remains ready to sit down at the negotiating table to find a fair solution, and we hope insurance companies will decide to do the same.

HB 506 **STILL** imposes government price controls on healthcare services and will **STILL** force physicians to accept discounted rates they have not agreed to. The bill **STILL** gives insurers 100% of the negotiation power to establish rates on a take it or leave it basis and **STILL** gives providers no recourse.

IMA wants to keep patients out of the middle, and agrees patients should be protected from predatory billing practices. IMA is strongly opposed to price gouging practices. The vast majority of Idaho physicians have in-network contracts with as many insurance companies as possible, for negotiated fair rates, so that they can care for as many patients as possible.

Even though some words have been rearranged, HB 506 will still hurt access to care as hospitals will struggle to provide on-call physician services for their local communities. This will especially impact rural communities, where the existing physician shortage is felt more acutely. This legislation will also disproportionately harm independent physician practices, most of which are small businesses.

Physicians can make a difference! Even though it's confusing for new bills to be continually introduced, your help is needed to let legislators know that HB 506 is STILL bad policy. Please reach out to your elected officials to let them know how this will impact your practice and your patients.

If you have NOT contacted your legislators and feel strongly about this issue, **please contact them TODAY.**

If you HAVE already contacted your legislators, **PLEASE send another message** reminding them that it is important they oppose HB 506 and that you are available as a resource to them.

Ask Legislators to OPPOSE HB 506:

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

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

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

Status: *HB 506 has replaced HB 387 and is awaiting a hearing in the House Health & Welfare Committee.*

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

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

Status: *This legislation passed the House on a unanimous 69-0 vote and will now head to the Senate Health & Welfare Committee for a hearing on Tuesday, February 18.*

HB 515: Idaho Patient Act (Melaleuca Legislation, formerly HB 425) - *NEUTRAL*

As previously reported to you, the company Melaleuca has undertaken an ambitious effort to revamp physician and hospital billing processes in response to concerns about medical debt collection practices.

Over the course of several weeks, IMA spent numerous hours negotiating with Melaleuca attorneys in an effort to come to an agreement that adequately protects patients but isn't unduly overburdensome to providers. Some of IMA's proposed changes have been accepted, but some have not. Because of IMA's desire to stay at the table for these negotiations, our Board has officially taken a neutral position on the bill.

IMA is thankful for the changes that were made to HB 515 to address many of our concerns. We urge physicians and their medical practice managers to assess the provisions of the legislation carefully to determine how compliance can occur. To assist in this process, IMA will develop a simplified explanatory guide for physician offices; Melaleuca provided a flow chart of the provisions in the bill as an additional resource.

Status: *HB 515 was introduced in the House Ways and Means Committee on February 13, and will be given a full hearing in the House Business Committee next week.*

HB 317: Surgical Authority for Optometrists – *OPPOSE*

Due to the tremendous efforts of the Idaho Society of Ophthalmologists, this bill was defeated in the Senate Health & Welfare Committee.

HB 317 attempted to allow optometrists to perform surgery. Ophthalmologists and other physicians expressed concern about the potential dangers to patients by allowing a scope of practice expansion with surgical authority for optometrists. This is particularly concerning because there is no standardized curriculum for schools of optometry, especially when it comes to advanced surgical procedures.

Status: *This bill passed the House on a 58-11 vote but was defeated in the Senate Health & Welfare Committee on February 13. Idaho ophthalmologists did a wonderful job outlining the very real patient safety concerns involved in this scope of practice expansion.*

HB 386: Pharmacy Benefit Managers (PBM) - *SUPPORT*

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

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

This legislation regulates PBMs in four ways:

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

Status: *This bill passed the House on a 51-17 vote and will now head to the Senate Commerce & Human Resources Committee for a hearing.*

HB 342: Weakening of Telehealth Laws – *OPPOSE*

The Idaho Telehealth Council was created in 2014 and worked to develop the original Idaho Telehealth Act legislation that was passed in 2015. IMA was a member of that council and worked with other council members to painstakingly craft the bill. Every section of the bill was carefully reviewed, debated and word-smithed. IMA, the Idaho Board of Medicine and other health organizations were in lockstep in their positions on the legislation, primarily that telehealth providers with patients in Idaho would have to hold an Idaho license to practice and that a physician/patient relationship can only be created through a two-way audio-*visual* connection.

If enacted, HB 342 would allow for a telephone call, as well as a secure voicemail or email, to establish a physician/patient relationship and for a patient to receive an evaluation, diagnosis and treatment, including prescription medication. IMA physician leaders do not believe this upholds the Idaho standard of care.

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

IMA opposes HB 342 as written. We believe HB 342 is premature given the work just now underway to improve Idaho's telehealth access through the Telehealth Task Force.

Status: *This bill passed the House on a 68-0 vote and is now awaiting amendments on the floor of the Senate.*

Graduate Medical Education (GME) - *SUPPORT*

On January 21, legislators on the Joint Finance & Appropriations Committee (JFAC) listened to a budget briefing by Ted Epperly, MD, coordinator of the Idaho State Board of Education's Graduate Medical Education (GME) Committee. Dr. Epperly shared the exciting news that Idaho has risen from 49th in the nation for primary care doctors per capita to 45th. Plus, Idaho moved from 49th to 47th for the number of GME positions per capita. Idaho is only three years into a ten-year GME expansion plan, so these improvements are very encouraging.

For over a decade, IMA's top legislative priorities have included expanding medical education and residency training positions. Over the years, we worked hard to increase the number of Idaho medical student seats in the WWAMI and University of Utah School of Medicine programs (from 20 to 40 and from 8 to 10, respectively). After successfully increasing access to undergraduate medical education, IMA is now focusing on expanding GME training opportunities across Idaho through the implementation of the ten-year plan.

The budget proposal supported by the Governor for the third year of GME expansion asks for \$1.25M to build out 25 residency positions and keeps the amount of funding for existing programs at current levels. IMA's lobby team is actively working with JFAC members to advocate for full funding of the Governor's proposal.

Status: JFAC is currently scheduled to set budgets for health education programs in late February.

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

Click Here to View the IMA Bill Tracker

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The IMA Political Action Committee (IMPAC) Board uses your contributions to support a variety of bi-partisan candidates based on the best interests of Idaho physicians and their patients. The 2020 election year is going to be interesting and, as the voice of

medicine in Idaho, it is critical that IMA has the resources to support legislators who will listen to our concerns.

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

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