



2020 LEGISLATURE: IMA STATUS REPORT

Week of February 17 – February 21, 2020

Top Priority Issues:

HB 506: Balance Billing Legislation – *OPPOSE*

The House Health & Welfare Committee introduced HB 506 last week, which is the latest version of three legislative proposals pushed by insurance companies. They drafted the bill 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.

IMA agrees that a fair solution to this issue must be found, and agrees patients should be protected from predatory billing practices. However, legislation imposing government price controls on private business is not an acceptable solution. Nor should any proposal be totally lopsided in favor of one party.

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

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 is awaiting a hearing in the House Health & Welfare Committee.*

Help Raise Awareness on the Dangers of HB 506

We need your help sharing the truth and stopping HB 506. We are looking for physicians who would be willing to submit a letter to the editor to their local paper. If you are willing to help, please email IMA Communications Director, Amika Empey, at amika@idmed.org.

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

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

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

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

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

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

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

- Within 45 days of the patient's visit, a claim must be submitted to insurance. Under certain circumstances, an additional 45 day grace period is granted.
- Within 60 days of the visit, a "Consolidated Summary of Services" (CSS) must be provided to the patient with the names and contact information for all the entities that may bill the patient separately. This is not required for physician visits that do not entail services outside the medical practice.
- For physicians that provide services in a hospital or other facility, that entity has the responsibility to send the patient a CSS listing the physician's name. If the facility doesn't

include the physician's name for whatever reason, the physician is subject to the stipulated restrictions in the bill on debt collection. IMA believes this is one of the most troubling provisions of the bill. In an attempt to address this unfair situation, Melaleuca provided an additional 90 day grace period for the physician to reconcile the problem and then rightfully seek payment from the patient for the services provided.

- After the claim has been adjudicated by insurance, the physician must then send what is called a "Final Statement" to the patient. This terminology is inaccurate and confusing because it doesn't align correctly with billing terminology commonly used in medical practices. What the legislation refers to as a Final Statement is actually the first bill that a physician will send to the patient.
- The legislation requires the Final Statement to contain many new pieces of information. Physicians will have to work with their software and billing vendors to make these changes. Medical practice managers tell IMA that this provision could be expensive to implement. IMA encourages physicians to review their vendor contracts to determine if vendors will cover changes required by new statutory provisions.
- After the Final Statement is sent, physicians must wait 60 days before transferring outstanding debt to a collection agency.
- After the Final Statement is sent, physicians must wait 90 days before taking an "Extraordinary Collection Action" (ECA) on outstanding debt. ECA is defined as transferring to a collection agency before 60 days, reporting to a credit reporting agency, or taking the patient to court.
- The legislation sets limits on interest, fees and costs on various aspects of the collection process.

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

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

Status: *HB 515 passed the House Business Committee on February 19 and is awaiting a vote on the floor of the House.*

HB 465: Genital Surgery and Gender Perception

The bill places prohibitions on medical procedures or medications that would alter or change a child's gender. According to the bill sponsor, this legislation would prohibit anyone from performing surgeries to remove otherwise healthy tissue or engage in practices to change or affirm the sex identity of anyone under 18. Any violations of the proposed law would be a felony punishable by up to life in prison. IMA is consulting with physicians in this field to ensure that no medically necessary, evidence-based procedures are outlawed by this legislation. IMA has general policy in opposition to the criminalization of legal and medically appropriate treatments that meet the recognized standard of care.

Status: *HB 465 will be heard on February 25 in the House Judiciary & Rules Committee.*

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

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

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

This legislation regulates PBMs in four ways:

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

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

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 the budget for health education programs on February 26th.*

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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