



2020 LEGISLATURE: IMA STATUS REPORT

Week of February 3 – February 7, 2020

Top Priority Issues:

HB 387: Balance Billing Legislation – **OPPOSE**

HB 387 is balance billing legislation that imposes government price controls on healthcare services and will force physicians to accept discounted rates they have not agreed to. Rather than allowing physicians and insurers to negotiate contract reimbursement rates at arm's length, this legislation gives insurers 100% of the negotiation power to establish rates on a take it or leave it basis and gives providers no recourse.

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.

By taking away the ability to negotiate on a level playing field, HB 387 will hurt access to care in rural settings, as hospitals will struggle to provide on-call physician services for their local communities. This legislation will also disproportionately harm independent physician practices, most of which are small businesses.

Physicians can make a difference! In the last ten days, you and your colleagues have made numerous calls and sent many emails to legislators in opposition to HB 387.

Thank you for your efforts, but we still need you! Please pay attention to IMA updates and reach out to legislators when requested.

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 387 and that you are available as a resource to them.

Ask Legislators to OPPOSE HB 387:

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

Legislators need to know HB 387 will:

- 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 387 is awaiting a hearing in the House Health & Welfare Committee. It is IMA's understanding that insurance representatives have had behind the scenes discussions about possible changes to this legislation. These conversations may result in the introduction of yet another new bill that would replace HB 387. Unfortunately, IMA was not invited to participate in those meetings so we cannot say what the next steps may involve. Stay tuned for further updates, as this issue continues to move very quickly.*

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 will be heard in the House Health & Welfare Committee on Monday, February 10.*

HB 425: Idaho Patient Act (Melaleuca Legislation)

Melaleuca is proposing this legislation as a result of concerning debt collection practices, primarily in eastern Idaho. In these cases, significant attorney fees, other collection costs and interest were added to outstanding healthcare bills, sometimes increasing the bills exponentially.

The proposed legislation seeks to regulate those fees, but it also imposes significant new and troubling administrative processes into the realm of physician and hospital billing practices. IMA has met with representatives from Melaleuca on several occasions and requested changes to the bill to lessen the paperwork and cost burden on physician practices. These burdens will almost certainly be passed on to patients and increase the overall cost of healthcare in Idaho. Some of IMA's proposed changes have been accepted, but some have not.

IMA lobbyists, Idaho Hospital Association and attorneys from Melaleuca spent several hours in negotiations to try to come closer together to an agreement that adequately protects patients but isn't unduly overburdensome to providers.

IMA appreciates the progress we have made to date with Melaleuca, but we hope that additional refinements to the legislation will be considered.

Status: *HB 425 was introduced in the House Business Committee on February 5, and is expected to be heard in that committee next week.*

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 out of the House Health & Welfare Committee and is awaiting a vote on the floor of the House.

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.*

HB 317: Surgical Authority for Optometrists – *OPPOSE*

IMA and the Idaho Society of Ophthalmologists have worked with the Idaho Optometric Association for more than two years to try to reach a consensus on legislation that would allow optometrists to expand their scope of practice to a level that matches their current education and training. Unfortunately, the optometrists have repeatedly rejected the concerns of Idaho ophthalmologists and are seeking legislation that will give them a scope of practice expansion with surgical authority. This is particularly concerning because there is no standardized curriculum for schools of optometry, especially when it comes to advanced surgical procedures.

The Vermont Office of Professional Regulation (OPR), with the Vermont Secretary of State's office, recently issued a comprehensive report on expanding the scope of practice for optometric advanced procedures. Their conclusion states:

At this time, OPR recommends against the expansion of the optometric scope of practice to include the proposed advanced procedures. This conclusion is affected significantly by our inability to confirm that clearly established and appropriately-tailored didactic and in vivo education and training in specified procedures is universal to accredited educational programs.

We couldn't have said it better ourselves.

Status: *This bill passed the House on a 58-11 vote and is now awaiting a hearing in the Senate Health & Welfare Committee.*

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 a hearing in the Senate Health & Welfare Committee.*

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

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

Support IMPAC the IMA's Political Action Committee!



Give \$220 to Make a Difference in 2020

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

Gem members also receive a special IMA gift

Make your IMPAC donation [HERE](#)

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

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

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