



2020 LEGISLATURE: IMA STATUS REPORT

Week of January 13 – January 17, 2020

Top Priority Issues:

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 341: Balance Billing Legislation – **OPPOSE**

HB 341 is troubling legislation that seeks to address "surprise billing" but does so by imposing government price controls on healthcare services and taking away the rights of patients and healthcare providers to contract directly for healthcare services.

IMA wants to keep patients out of the middle of disputes between physicians and insurance companies. Health plans should honor their commitments to provide adequate coverage for patients and establish a mechanism for providing reasonable reimbursement to out

of network physicians so that patients are held harmless for amounts owed over and above copays and deductibles.

HB 341 allows insurers to pay whatever network reimbursement rate they decide to pay and forces out of network physicians to accept discounted network rates that they have not agreed to. The result is that the bill gives all of the negotiating power to establish rates to insurance companies and gives providers no recourse.

HB 341 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.

Please contact your representatives today and ask them to **OPPOSE HB 341:**

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

Legislators need to know HB 341 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
- Take away the rights of patients and physicians to privately contract for services
- Drive physicians out of independent practice

Status: *This bill is awaiting a hearing in the House Health & Welfare Committee.*

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 was heard in the House Health & Welfare Committee on Thursday, January 23, and the committee voted to hold the bill until January 30 to allow committee members the opportunity to review the Vermont report.*

Liability Protection for Volunteer Healthcare Providers - *SUPPORT*

Idaho has 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 dietitians. 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 has been drafted and we expect it to be introduced soon.*

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 alone to establish a physician/patient relationship and for a patient to receive an evaluation, diagnosis and treatment, including prescription medication over the phone. 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 is awaiting a hearing in the House Health & Welfare Committee.*

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Healthcare Bills on the IMA Tracking List**](#)