IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

JULY 29-31, 2016

RESOLUTION 101 (16)

SUBJECT: STD AND STI TESTING AND TREATMENT IN MINORS

AUTHOR: JACLYN COOPERRIDER, MD

SPONSORED BY: IDAHO ACADEMY OF FAMILY PHYSICIANS

WHEREAS, "STD" refers to sexually transmitted diseases and "STI" refers to sexually transmitted infections. An infection is not a disease until it produces symptoms, however, many people use these terms interchangeably; and

WHEREAS, According to the Centers for Disease Control and Prevention (CDC), the incidence of chlamydia and gonorrhea in the United States continues to be high with over 1.4 million cases of chlamydia and 333,004 cases of gonorrhea reported in 2013; and

WHEREAS, As reported by the Idaho Department of Health and Welfare, 4,183 cases of chlamydia and 293 cases of gonorrhea have been reported in Idaho from January 2015 to September of 2015; and

WHEREAS, Half of all new STDs are acquired by persons less than 25 years of age, and adolescent females have a higher risk of acquiring STDs due to physiological differences in the cervix; and

ADOPTED

WHEREAS, According to the CDC, the higher prevalence of STDs among adolescents reflects multiple barriers to accessing quality testing and treatment, including concerns regarding confidentiality; and

WHEREAS, The American Medical Association (AMA) recognizes that, while parental involvement should be encouraged, in some cases it may be counterproductive to the health of a minor, and for this reason, the AMA encourages physicians to permit competent minors to consent to medical care including STD and STI testing and treatment; and

WHEREAS, The CDC recommends, and the American Academy of Pediatrics endorses, annual screening of all sexually active females younger than 25 years of age; and

WHEREAS, If untreated, chlamydia and gonorrhea can result in serious complications, such as pelvic inflammatory disease, chronic pelvic pain, infertility, potentially fatal ectopic pregnancy, and can increase a person's risk of acquiring HIV; and

WHEREAS, The state of Idaho currently does not allow adolescents under the age of 14 to confidentially consent to STD and STI testing and treatment; and

WHEREAS, To prevent infection in the community and to reduce re-infection rates in treated patients, all sexually active persons must be provided timely and appropriate screening and antibiotic treatment; and

WHEREAS, Removing barriers to adolescent testing and treatment allows a platform upon which the medical practitioner can counsel the adolescent on prevention of STDs and STIs, which has been shown to decrease subsequent STDs and STIs in primary care settings; therefore be it

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.

IMA POLICY: None

IMA FISCAL NOTE: $$$

STATE OF IDAHO FISCAL NOTE: N/A

IMA RESOURCE ALLOCATION: HIGH

DEGREE OF DIFFICULTY: HIGH

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

JULY 29-31, 2016

RESOLUTION 102 (16)

SUBJECT: FULL COVERAGE FOR GAP POPULATION

AUTHOR: KENNETH KRELL, MD

SPONSORED BY: IDAHO FALLS MEDICAL SOCIETY

WHEREAS, 78,000 Idahoans fall into the "Coverage Gap" with no health insurance because they earn too much money to qualify for Medicaid and earn too little to qualify for subsidies to purchase plans on the state health insurance exchange; and

WHEREAS, The gap population was again denied medical coverage due to the failure of the Idaho Legislature to address Medicaid expansion during the 2016 legislative session; and

WHEREAS, This failure to close the gap costs some Idahoans their lives, and costs the state of Idaho millions of dollars each year; and

WHEREAS, The Idaho Legislature's decision to delay closing the gap and to convene yet another workgroup to study the issue will result in more lives lost and greater cost to Idaho taxpayers; and

WHEREAS The Governor of Idaho has clear legal authority to close the gap by executive decision, without the consent of the Idaho Legislature; therefore be it

ADOPTED

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.

EXISTING IMA POLICY: That the Idaho Medical Association reaffirm its support and advocacy for expanding Medicaid eligibility for adults up to 133 percent of the Federal Poverty Level; and that the Idaho Medical Association support and advocate for the Medicaid Private Option, the Medicaid Managed Care Option, or other acceptable options to the IMA Board of Trustees as a means of covering low-income Idahoans.

IMA FISCAL NOTE: $$$

STATE OF IDAHO FISCAL NOTE: Approx $25 Million/Year

IMA RESOURCE ALLOCATION: HIGH

ADOPTED

1 DEGREE OF DIFFICULTY: HIGH

ADOPTED

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

JULY 29-31, 2016

RESOLUTION 103 (16)

SUBJECT:	LIMITING THE USE OF MAINTENANCE OF CERTIFICATION (MOC)
AUTHOR:	LARRY EVANS, DO; TERRY AMIEL, MD; PAUL BROOKE, MD; AND BARRY BENNETT, MD
SPONSORED BY:	IDAHO FALLS MEDICAL SOCIETY

WHEREAS, Maintenance of Certification (MOC) was established to be a voluntary process to allow physicians to show continued qualifications through testing and other requirements of the American Board of Medical Specialties (ABMS) and its affiliated national specialty boards; and

WHEREAS, Multiple peer-reviewed journal articles have discussed the burdensome demands on physicians in terms of time and money in order to comply with MOC standards for every specialty of medicine. The articles have concluded that MOC programs have little value in advancing good patient care and are often not relevant to the everyday practice of medicine; and

WHEREAS, Some licensure boards, hospitals, insurers and employers across the country have implemented policies mandating the currently-voluntary MOC process as a requirement to achieve licensure, credentials, reimbursement or employment; and

ADOPTED AS AMENDED

WHEREAS MOC principles adopted by the American Medical Association (AMA) in 2014 include the following, among others:

- MOC should be based on evidence and designed to identify performance gaps and unmet needs, providing direction and guidance for improvement in physician performance and delivery of care.
- The MOC program should not be a mandated requirement for licensure, credentialing, payment, network participation or employment.
- MOC activities and measurement should be relevant to clinical practice.
- The MOC process should not be cost-prohibitive or present barriers to patient care; and

WHEREAS, The AMA took further action on MOC in June 2016 to "call for the immediate end of any mandatory, secured recertifying examination by the American Board of Medical Specialties (ABMS) or other certifying organizations as part of the recertification process for all those specialties that still require a secure, high stakes recertification examination"; and

WHEREAS, Other states have passed laws restricting the use of MOC as a requirement for physician licensure, hospital privileges, insurance company credentialing or employment; therefore be it

ADOPTED AS AMENDED

RESOLVED, That the Idaho Medical Association adopt policy in opposition to requirements for physicians to achieve Maintenance of Certification (MOC) as a condition of licensure, hospital privileges, insurance company credentialing, reimbursement, network participation, or employment; and be it further

RESOLVED, That the Idaho Medical Association sponsor legislation to eliminate Maintenance of Certification (MOC) as a condition of licensure, hospital privileges, insurance company credentialing, reimbursement, network participation, or employment.

EXISTING IMA POLICY: None

IMA FISCAL NOTE: $$$

STATE OF IDAHO FISCAL NOTE: N/A

IMA RESOURCE ALLOCATION: HIGH

DEGREE OF DIFFICULTY: HIGH

ADOPTED AS AMENDED

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

JULY 29-31, 2016

RESOLUTION 104 (16)

SUBJECT: ALL VACCINE PROVIDERS REQUIRED TO REPORT IN IRIS

AUTHOR: BETH MARTIN, MD

SPONSORED BY: IMA BOARD OF TRUSTEES

WHEREAS, The Idaho Department of Health and Welfare's Idaho Immunization Program houses and maintains Idaho's Immunization Reminder Information System (IRIS). IRIS is a secure, statewide immunization registry which tracks, forecasts, and helps providers remind patients when immunizations are needed. IRIS also provides patients with a permanent immunization record to help reduce unnecessary immunizations and save providers time when requesting patient records; and

WHEREAS, The use of IRIS is beneficial to both providers and patients. Benefits include:

Centralized immunization-related information;

Combined immunization information from different sources into a single record to provide official immunization records for school and childcare;

Calculation of which vaccines are recommended in accordance with the latest Advisory Committee on Immunization Practices (ACIP) vaccine recommendations and intervals;

ADOPTED AS AMENDED

Generation of reminder and recall postcards and/or mailing labels to remind when immunizations are due or have been missed;

Provision of patient lists for special recalls or mailings;

Calculation of the immunization status of the provider's patient base;

Capability of exchanging immunization information with hospitals and medical providers; and

WHEREAS, The majority of Idaho physicians who provide vaccinations are registered as Vaccines For Children (VFC) providers. The VFC program is a federally-funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. The Centers for Disease Control and Prevention (CDC) buys vaccines at a discount and distributes them to grantees (i.e., state health departments and certain local and territorial public health agencies) which in turn distribute them at no charge to physicians' offices and public health clinics registered as VFC providers. Children who are eligible for VFC vaccines are entitled to receive those vaccines. As a condition of VFC participation, Idaho providers are required to enter their vaccination data into IRIS; and

WHEREAS, Pharmacists currently have the authority under Idaho law to administer vaccinations to children aged twelve (12) and over. The 2016 Idaho Legislature passed legislation that, when it goes in effect on July 1, 2016, lowers the patient age from the current twelve (12) years of age to six (6) years of age. Pharmacists are not VFC providers and, while they may voluntarily use IRIS, they are not required to use IRIS as are the majority of Idaho physicians who administer VFC vaccines; and

WHEREAS, Now that Idaho's pharmacists are authorized to administer vaccinations to a wider population of patients, it is more important than ever that all vaccine providers be required to enter their data into IRIS. This practice will provide more accurate vaccination records, help prevent repeat immunizations, provide accurate tracking of vaccinations received as well as vaccinations needed, and ensure that all of a patient's providers have the data they need to provide appropriate care; and

WHEREAS, IRIS accepts data for adult vaccinations in addition to pediatric vaccinations. The same issues exist across all patient populations, such as adult patients not being able to produce complete vaccination records, not knowing when and where they received their last vaccinations, and not knowing which vaccinations they have received and which they have not received; therefore be it

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.

IMA POLICY: None

IMA FISCAL NOTE: $$

STATE OF IDAHO FISCAL NOTE: None

IMA RESOURCE ALLOCATION: MODERATE

DEGREE OF DIFFICULTY: MODERATE

ADOPTED AS AMENDED

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

JULY 29-31, 2016

RESOLUTION 105 (16)

SUBJECT: OPPORTUNITIES FOR THE IDAHO MEDICAL ASSOCIATION TO PARTNER WITH THE IDAHO FOOD BANK

AUTHORS: TED EPPERLY, MD

SPONSORED BY: IDAHO ACADEMY OF FAMILY PHYSICIANS

WHEREAS, Food insecurity is one of the most important of the social determinants of health; and

WHEREAS, More than 240,000 Idahoans, including more than 80,000 children, are food insecure; and

WHEREAS, Food insecurity exists in every county in Idaho; and

WHEREAS, The Idaho Foodbank is the largest provider of free food in the state with an outreach network of more than 230 non-profit partners (e.g., food pantries, senior centers, churches, rescue shelters, etc.); and

WHEREAS, No one in Idaho should go hungry; and

WHEREAS, Idaho physicians see patients on a daily basis that would benefit from referral to food pantries in our communities; therefore be it

ADOPTED

RESOLVED, That the Idaho Medical Association establish policy in recognition of food insecurity as one of the most important social determinants that impacts the health status of Idahoans; and be it further

RESOLVED, That the Idaho Medical Association partner and explore opportunities to be educated about, and work with, the Idaho Foodbank and its 230 non-profit partners to help decrease food insecurity in our communities.

IMA POLICY: NONE

IMA FISCAL NOTE: $

STATE OF IDAHO FISCAL NOTE: N/A

IMA RESOURCE ALLOCATION: LOW

DEGREE OF DIFFICULTY: LOW

ADOPTED

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

JULY 29-31, 2016

RESOLUTION 106 (16)

SUBJECT:	REGULATION OF STERILE COMPOUNDING
AUTHOR:	PAUL BROOKE, MD
SPONSORED BY:	IDAHO FALLS MEDICAL SOCIETY

WHEREAS, In the aftermath of the New England Compounding Center meningitis outbreak, pharmacy boards around the country increased the level of inspection and regulation of such compounding pharmacies; and

WHEREAS, Historically, physicians have also compounded medications in-office for the use of their patients; and

WHEREAS, The Federation of State Medical Boards (FSMB) drafted a *Position Paper on Compounding of Medications by Physicians*, calling for physicians to discontinue any practice of sterile compounding that is done in a physician office and establish relationships with pharmacies or other entities that have registered as outsourcing facilities with the U. S. Food and Drug Administration (FDA) and that medications should not be compounded in bulk as this could fall under the definition of medication manufacturing. The FSMB position paper was referred to their Board of Directors for additional study; and

ADOPTED

WHEREAS, While many types of sterile compounding should be done only by a professional compounding pharmacy, certain widely accepted in-office sterile compounding practices would be negatively impacted by a broad ban, and

WHEREAS, The U.S. Department of Health and Human Services published an *Interim Policy on Compounding Using Bulk Drug Substances Under Section 503A of the Federal Food, Drug, and Cosmetic Act,* describing the Food and Drug Administration's (FDA) interim regulatory policy for licensed physicians who compound human drug products; and

WHEREAS, In order to comply with the FDA's *Interim Policy,* a licensed physician compounding a drug product using bulk drug substances must meet the following conditions:

1. Comply with standards of an applicable United States Pharmacopeia (USP) or National Formulary (NF) monograph, if a monograph exists, and the USP chapter on pharmacy compounding;
2. If monograph does not exist, are drug substances that are components of drugs approved by the Secretary; or
3. If monograph does not exist and the drug substance is not a component of a drug approved by the Secretary,

appears on a list developed by the Secretary through regulations issued under subsection (c) of section 503A; therefore be it

RESOLVED, That the Idaho Medical Association adopt policy supporting physician access to drugs compounded by compounding pharmacies; and be it further

RESOLVED, That the Idaho Medical Association adopt policy supporting the U.S. Department of Health and Human Services *Interim Policy on Compounding Using Bulk Drug Substances Under Section 503A of the Federal Food, Drug, and Cosmetic Act*; and be it further

RESOLVED, That the Idaho Medical Association communicate these positions to the Federation of State Medical Boards, the Idaho Board of Pharmacy and Idaho Board of Medicine and seek their opposition to any bans on sterile compounding that is done in physician offices or compounding pharmacies.

EXISTING IMA POLICY: None

IMA FISCAL NOTE: $

STATE OF IDAHO FISCAL NOTE: N/A

IMA RESOURCE ALLOCATION: LOW

DEGREE OF DIFFICULTY: LOW

ADOPTED

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

JULY 29-31, 2016

RESOLUTION 107 (16)

SUBJECT:	COMMERCIAL INSURANCE RECOUPMENT LIMITS
AUTHOR:	TYLER HUDON, MD
SPONSORED BY:	IDAHO ACADEMY OF FAMILY PHYSICIANS

WHEREAS, Physicians receive appropriate reimbursement for services performed utilizing the insurer information provided by the patient; and

WHEREAS, The insurance information on the patient account is current and accurate at the time the services were performed; and

WHEREAS, Physicians' contractual obligations require claims to be submitted within one year, or less, from date of service; and

WHEREAS, Recoupment requests received from an insurer beyond one year limits the physician from collecting reimbursement from another insurer that was not on the patient account, or from the patient, potentially resulting in non-payment for services provided; and

WHEREAS, Insurers should have knowledge within one year when a claim should have been reimbursed from another insurer; therefore be it

ADOPTED

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.

EXISTING IMA POLICY: None

IMA FISCAL NOTE: $$$

STATE OF IDAHO FISCAL NOTE: N/A

IMA RESOURCE ALLOCATION: HIGH

DEGREE OF DIFFICULTY: HIGH

ADOPTED

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

JULY 29-31, 2016

RESOLUTION 108 (16)

SUBJECT: NEWBORN SCREENING FOR CRITICAL CONGENITAL HEART DISEASE

AUTHOR: JULIO VASQUEZ, MD; EDA-CRISTINA LEON-ABUCHAIBE, DO

SPONSORED BY: SOUTHEASTERN IDAHO DISTRICT MEDICAL SOCIETY

WHEREAS, Critical congenital heart defects (CCHD) occur in approximately 2 out of every 1,000 live births. CCHD is life threatening and requires intervention in infancy. Morbidity and mortality from this condition can be reduced with newborn screening. In 2011, the Secretary of Health and Human Services (HHS) endorsed the recommendation that critical congenital heart defects be added to the uniform screening panel for all newborns; and

WHEREAS, Because early infancy intervention is essential for babies with CCHD, adding CCHD to newborn screening is an important strategy to assure that all newborns are screened. As of May 2, 2016, only 3 out of 50 states in the US have not implemented universal screening for CCHD. Idaho is one of the three states with no regulations for CCHD screening; and

WHEREAS, A simple, cost-effective and noninvasive screening test where oxygen saturation is assessed after the first 24 hours of life by means of pulse oximetry can help identify newborns with CCHD; therefore be it

ADOPTED

RESOLVED, That the Idaho Medical Association adopt a policy recognizing that newborn screening of critical congenital heart disease in Idaho is a 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 critical congenital heart disease; and be it further

RESOLVED, That the Idaho Medical Association support, and if necessary and politically feasible, sponsor legislation for newborn screening and reporting for critical congenital heart disease in the state of Idaho.

EXISTING IMA POLICY: None

IMA FISCAL NOTE: $$

STATE OF IDAHO FISCAL NOTE: TBD

IMA RESOURCE ALLOCATION: MODERATE

DEGREE OF DIFFICULTY: MODERATE

ATTACHMENT

ADOPTED

AAP – American Academy of Pediatrics
https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/PEHDIC/Pages/Newborn-Screening-for-CCHD.aspx?nfstatus=401&nftoken=00000000-0000-0000-0000-000000000000&nfstatusdescription=ERROR:+No+local+token

https://www.aap.org/en-us/advocacy-and-policy/state-advocacy/Documents/2016%20CCHD%20Newborn%20Screening%20Bills,%20Regulations,%20and%20Executive%20Orders%20-%20AAP%20Division%20of%20State%20Govt%20Affairs.pdf

CDC –
http://www.cdc.gov/ncbddd/heartdefects/screening.html

http://www.cdc.gov/ncbddd/heartdefects/hcp.html

March of Dimes –
http://www.marchofdimes.org/complications/congenital-heart-defects.aspx

http://www.marchofdimes.org/baby/newborn-screening-tests-for-your-baby.aspx

AHA – American Heart Association
http://www.heart.org/HEARTORG/Advocate/StateIssues/AccesstoCare/Access-to-Care---State-Issues_UCM_458698_Article.jsp#.V2x_i7h97IU

https://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_447111.pdf

ACC – American College of Cardiology
http://www.acc.org/latest-in-cardiology/ten-points-to-remember/2016/05/25/15/59/lessons-learned-from-newborn-screening-for-critical?w_nav=TI

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

JULY 29-31, 2016

RESOLUTION 109 (16)

SUBJECT: PRIOR AUTHORIZATION STANDARDIZATION

AUTHOR: RICHARD RADNOVICH, DO

SPONSORED BY: IDAHO PAIN SOCIETY

WHEREAS, Prior authorizations for medications have increased in frequency and complexity; and

WHEREAS, Additional, un-reimbursed time by physicians and office staff is required to fulfill prior authorization requirements; and

WHEREAS, The current prior authorization process can cause significant delays to providing care and negatively affect patient care; and

WHEREAS, Various insurers utilize their own forms requiring physicians and office staff to submit the appropriate form and information depending upon the insurer's policy; and

WHEREAS, Pharmacy benefit management companies are among the most profitable corporations in the United States; and

WHEREAS, The medical, scientific, clinical or financial basis for a prior authorization, or denial of prior authorization, is unclear; and

ADOPTED

WHEREAS, Formulary alternatives that do not require a prior authorization are frequently unclear; and

WHEREAS, The American Medical Association has developed a Health Insurance Portability and Accountability Act (HIPAA) Accredited Standards Committee (ASC) X12N 278 standardized tool to send electronic prior authorizations to insurers; therefore be it

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."

EXISTING IMA POLICY: Support utilization of American Medical Association's standard prior authorization process. (2015)

IMA FISCAL NOTE: $$

ADOPTED

STATE OF IDAHO FISCAL NOTE: N/A

IMA RESOURCE ALLOCATION: MODERATE

DEGREE OF DIFFICULTY: MODERATE

ADOPTED

IDAHO MEDICAL ASSOCIATION HOUSE OF DELEGATES

JULY 29-31, 2016

RESOLUTION 110 (16)

SUBJECT: PARITY OF PAYER COVERAGE FOR OPIOIDS

AUTHOR: RICHARD RADNOVICH, DO

SPONSORED BY: IDAHO PAIN SOCIETY

WHEREAS, Prescription opioid analgesics are an important treatment option for individuals with severe pain, such as those who have experienced catastrophic or acute injuries, often allowing some to resume their daily activities; and

WHEREAS, Some individuals have abused and misused opioid analgesics, creating an urgent and growing public health crisis; and

WHEREAS, The U.S. Food and Drug Administration recognizes and considers the development of opioids that are formulated to deter abuse a high public health priority; and

WHEREAS, Certain formulations of opioid medications can deter the misuse and abuse of such drugs by making it difficult to abuse the drug and/or reduce the appeal of using the drug illicitly; and

WHEREAS, There is no specific requirement for health insurance coverage of abuse-deterrent formulations of opioid medications; and

ADOPTED

WHEREAS, The abuse and misuse of generic forms of opioid analgesics could result in a financial burden on the state; and

WHEREAS, There is a need to eliminate barriers to abuse-deterrent formulations as an important step in reducing abuse of opiates, while ensuring that these medicines remain available to those who need them for legitimate medical purposes; therefore be it

RESOLVED, That the Idaho Medical Association adopt policy and seek legislation in support of restricting the ability of payers to impose dollar limits, copayments, deductibles or coinsurance requirements on coverage for an abuse-deterrent opioid analgesic drug product that are less favorable to a patient than the dollar limits and cost share requirements that apply to coverage for any other opioid analgesic drug product; and be it further

RESOLVED, That the Idaho Medical Association adopt policy and seek legislation in support of restricting the ability of payers to require a patient to first use an opioid analgesic drug product without abuse-deterrent labeling before providing coverage for an abuse-deterrent opioid analgesic drug product; and be it further

RESOLVED, That the Idaho Medical Association adopt policy and seek legislation in support of restricting the ability of payers to create

disparities in utilization review, including pre-authorization, for an abuse-deterrent opioid analgesic drug product, if the same utilization review requirements are not applied to non-abuse-deterrent opioid analgesic drug products

EXISTING IMA POLICY: The Idaho Medical Association has adopted numerous policies over the years demonstrating strong support for efforts to prevent prescription drug abuse.

IMA FISCAL NOTE: $$$

STATE OF IDAHO FISCAL NOTE: TBD

IMA RESOURCE ALLOCATION: HIGH

DEGREE OF DIFFICULTY: HIGH

ADOPTED