WHEREAS, The Idaho Medical Association is the leading physician organization in our state with a proven track record of success in advocating for increased medical education and residency training positions; and

WHEREAS, IMA developed a set of criteria upon which to evaluate proposed medical education programs, in order to be on the forefront of expanding this important asset in Idaho. IMA seeks to be agnostic with respect to a program’s location, school affiliation, type of degree, or any other variation. The criteria are as follows:

- Eligibility for Liaison Committee on Medical Education (LCME) or Commission on Osteopathic College Accreditation (COCA) accreditation
- Provides affordable access to medical education for qualified Idaho students
- Focus on the goal of continued expansion of Idaho medical school graduates
ADOPTED AS AMENDED

- Integrate with, and support expansion of, Accreditation Council for Graduate Medical Education (ACGME) accredited residency programs
- Education and training of specialties based on physician workforce numbers and needs in Idaho
- Focus on recruitment and retention of program graduates; and

WHEREAS, On February 25, 2016, it was announced that the Idaho College of Osteopathic Medicine (ICOM) would open in Meridian as a private, for-profit medical school. ICOM will take its first class of 150 students in 2018 with clinical rotations beginning in 2020. ICOM intends to focus on a five-state region of Idaho, Montana, North Dakota, South Dakota and Wyoming with clinical rotations and residency training positions throughout the region; and

WHEREAS, IMA was intentionally excluded from discussions about ICOM’s development leading up to the February 25 announcement, and IMA physician leaders have numerous questions and concerns about the availability of clinical rotations and residency training slots, tuition and other costs, accreditation, and the need to not adversely impact the current clinical opportunities for Idaho’s medical, physician assistant and nurse practitioner students and residents; and

WHEREAS, As ICOM is still very early in the development process, definitive
answers regarding most of these issues are not currently available; however, ICOM has indicated its primary goals are to increase medical training opportunities for Idaho students and to increase the Idaho physician workforce; and

WHEREAS Antitrust laws preclude IMA members from taking concerted action with respect to the development of ICOM specifically, leaving this as a matter of IMA policy concerning medical education in Idaho generally; therefore be it

RESOLVED, That the Idaho Medical Association adopt a neutral position toward the Idaho College of Osteopathic Medicine until such time as the Idaho Medical Association House of Delegates votes to approve a change in position; and be it further

RESOLVED, That the Idaho Medical Association adopt a position of support for deliberate and collaborative efforts to promote a quality physician training pipeline, and support for increasing opportunities for Idaho students and increasing the Idaho physician workforce. Idaho Medical Association looks forward to seeing additional information from the Idaho College of Osteopathic Medicine as to how their particular approach could contribute to meeting these goals and be it further

ADOPTED AS AMENDED
RESOLVED, That the Idaho Medical Association recognize that the Idaho College of Osteopathic Medicine proposal has increased attention to the discussion of expanding medical education in Idaho, and Idaho Medical Association sees this as an opportunity to advance the growth of residency training in Idaho; and be it further

RESOLVED, That the Idaho Medical Association adopt policy to continue to positively promote legislative support for funding of Idaho medical student seats at the University of Utah and the University of Washington.

IMA POLICY: See attached

IMA FISCAL NOTE: $

STATE OF IDAHO FISCAL NOTE: NONE

IMA RESOURCE ALLOCATION: LOW

DEGREE OF DIFFICULTY: LOW

ADOPTED AS AMENDED
Background
The Idaho Medical Association (IMA) is the leading physician organization in our state with a proven track record of success in advocating for increased medical education and residency training positions. In order to be on the forefront of expanding this important asset in Idaho, IMA developed a set of criteria upon which to evaluate proposed medical education programs. We seek to be agnostic with respect to a program’s location, school affiliation, type of degree, or any other variation.

The criteria are as follows:
- Eligibility for Liaison Committee on Medical Education (LCME) or Commission on Osteopathic College Accreditation (COCA) accreditation
- Provides affordable access to medical education for qualified Idaho students
- Focus on the goal of continued expansion of Idaho medical school graduates
- Integrate with, and support expansion of, Accreditation Council for Graduate Medical Education (ACGME) accredited residency programs
- Education and training of specialties based on physician workforce numbers and needs in Idaho
- Focus on recruitment and retention of program graduates

Prior to the February 25, 2016 announcement of the Idaho College of Osteopathic Medicine’s (ICOM) launch in Idaho, IMA was not afforded the opportunity to obtain information about the proposed development of this private, for-profit, osteopathic medical school. On April 1, 2016 the IMA Board of Trustees met with ICOM Founding Dean Robert Hasty, DO and others for a full briefing about the plans for the proposed school.

Idaho College of Osteopathic Medicine (ICOM)
ICOM intends to focus on a five-state region of Idaho, Montana, North Dakota, South Dakota and Wyoming with clinical rotations and residency training positions throughout the region. ICOM expects to begin its first class of 150 students in 2018 with clinical rotations beginning in 2020.

IMA outlined questions and concerns about the availability of clinical rotations and residency training slots, tuition and other costs, accreditation, and the need to not adversely impact the current clinical opportunities for Idaho’s medical, physician assistant and nurse practitioner students and residents. As ICOM is still very early in the development process, definitive answers regarding these issues were not available.

Idaho Medical Association Position
IMA supports the stated goals of ICOM to increase opportunities for Idaho students and to increase the Idaho physician workforce. IMA looks forward to seeing additional information from ICOM as to how their particular approach could be successful in that regard. The ICOM proposal has increased attention to the discussion of expanding medical education in Idaho, and IMA sees this as an opportunity to advance the growth of residency training in Idaho.
WHEREAS, The Idaho College of Osteopathic Medicine (ICOM) has notified the physicians of Idaho of their intent to establish a for-profit medical school in Idaho by fall of 2018; and

WHEREAS, The Idaho Falls Medical Society has multiple concerns over the following issues surrounding ICOM:

1. The high number of students in each of the four years of the degree program (e.g., 150 students per class, per year)
2. The rapidity of the school’s anticipated opening date in fall of 2018
3. ICOM’s refusal of input from the largest organized physician group in Idaho, the Idaho Medical Association
4. Clinical rotations in Idaho for ICOM’s third and fourth year students will compete with existing Idaho healthcare education programs (including the University of Utah School of Medicine, University of Washington WWAMI, Idaho State University Physician Assistant Program, and nursing programs at Idaho’s universities)
5. The potential negative impact on existing state funding of medical school seats for Idaho students and existing Idaho residency programs

RESOLUTION 202 (16)
6. The potential loss of future funding of any expansion of medical school seats for Idaho students at University of Washington WWAMI, the University of Utah School of Medicine or other potential partnership for seats for Idaho students at other out-of-state medical schools beyond the current 50 seats  

7. The potential implications of contractual agreements between hospitals and physicians in coercing staff physicians to participate in potential preceptor responsibilities for ICOM students; therefore be it 

RESOLVED, That the Idaho Medical Association adopt policy to maintain a neutral position toward the Idaho College of Osteopathic Medicine until such time as the Idaho Medical Association House of Delegates votes to approve a change in position based upon the future performance of the Idaho College of Osteopathic Medicine. 

IMA POLICY: See attached. 

IMA FISCAL NOTE: $ 

STATE OF IDAHO FISCAL NOTE: NONE 

IMA RESOURCE ALLOCATION: LOW 

DEGREE OF DIFFICULTY: LOW 

NOT ADOPTED
Background
The Idaho Medical Association (IMA) is the leading physician organization in our state with a proven track record of success in advocating for increased medical education and residency training positions. In order to be on the forefront of expanding this important asset in Idaho, IMA developed a set of criteria upon which to evaluate proposed medical education programs. We seek to be agnostic with respect to a program’s location, school affiliation, type of degree, or any other variation.

The criteria are as follows:
- Eligibility for Liaison Committee on Medical Education (LCME) or Commission on Osteopathic College Accreditation (COCA) accreditation
- Provides affordable access to medical education for qualified Idaho students
- Focus on the goal of continued expansion of Idaho medical school graduates
- Integrate with, and support expansion of, Accreditation Council for Graduate Medical Education (ACGME) accredited residency programs
- Education and training of specialties based on physician workforce numbers and needs in Idaho
- Focus on recruitment and retention of program graduates

Prior to the February 25, 2016 announcement of the Idaho College of Osteopathic Medicine’s (ICOM) launch in Idaho, IMA was not afforded the opportunity to obtain information about the proposed development of this private, for-profit, osteopathic medical school. On April 1, 2016 the IMA Board of Trustees met with ICOM Founding Dean Robert Hasty, DO and others for a full briefing about the plans for the proposed school.

Idaho College of Osteopathic Medicine (ICOM)
ICOM intends to focus on a five-state region of Idaho, Montana, North Dakota, South Dakota and Wyoming with clinical rotations and residency training positions throughout the region. ICOM expects to begin its first class of 150 students in 2018 with clinical rotations beginning in 2020.

IMA outlined questions and concerns about the availability of clinical rotations and residency training slots, tuition and other costs, accreditation, and the need to not adversely impact the current clinical opportunities for Idaho’s medical, physician assistant and nurse practitioner students and residents. As ICOM is still very early in the development process, definitive answers regarding these issues were not available.

Idaho Medical Association Position
IMA supports the stated goals of ICOM to increase opportunities for Idaho students and to increase the Idaho physician workforce. IMA looks forward to seeing additional information from ICOM as to how their particular approach could be successful in that regard. The ICOM proposal has increased attention to the discussion of expanding medical education in Idaho, and IMA sees this as an opportunity to advance the growth of residency training in Idaho.

Adopted by the IMA Board of Trustees April 30, 2016
WHEREAS, The Idaho College of Osteopathic Medicine (ICOM) is planning on opening a 150 student per year, for profit medical school in Idaho in the fall of 2018; and

WHEREAS, The Idaho Medical Association (IMA) was given no opportunity to be involved in the planning or acceptance of this school and its attending challenges; and

WHEREAS, The IMA, by policy established over many years by the House of Delegates, has been the strongest advocate for medical education in Idaho and has been instrumental in the development of, and the legislative support of, 50 Idaho medical student seats at the University of Utah and the University of Washington as well as the existing residency programs that exist within the state; and

WHEREAS, There are real and significant concerns that the development of this new for profit medical school may erode the stability and strength of the
RESOLVED, That the Idaho Medical Association adopt policy to positively promote legislative support for funding of Idaho medical student seats at the University of Utah and the University of Washington as if the Idaho College of Osteopathic Medicine was not in existence; and be it further RESOLVED, That the Idaho Medical Association will adopt policy to positively support the Idaho College of Osteopathic Medicine only when it has demonstrated to the satisfaction of the Idaho Medical Association House of Delegates that it is positively contributing to the quality and strength of medical education in Idaho without destruction of existing programs. The Idaho Medical Association will remain neutral toward the Idaho College of Osteopathic Medicine until the Idaho Medical Association House of Delegates votes to approve a change in position.

IMA POLICY: See attached.

IMA FISCAL NOTE: $

STATE OF IDAHO FISCAL NOTE: NONE

IMA RESOURCE ALLOCATION: LOW

DEGREE OF DIFFICULTY: LOW

NOT ADOPTED
IMA Policy Position on Idaho College of Osteopathic Medicine

Background
The Idaho Medical Association (IMA) is the leading physician organization in our state with a proven track record of success in advocating for increased medical education and residency training positions. In order to be on the forefront of expanding this important asset in Idaho, IMA developed a set of criteria upon which to evaluate proposed medical education programs. We seek to be agnostic with respect to a program’s location, school affiliation, type of degree, or any other variation.

The criteria are as follows:
- Eligibility for Liaison Committee on Medical Education (LCME) or Commission on Osteopathic College Accreditation (COCA) accreditation
- Provides affordable access to medical education for qualified Idaho students
- Focus on the goal of continued expansion of Idaho medical school graduates
- Integrate with, and support expansion of, Accreditation Council for Graduate Medical Education (ACGME) accredited residency programs
- Education and training of specialties based on physician workforce numbers and needs in Idaho
- Focus on recruitment and retention of program graduates

Prior to the February 25, 2016 announcement of the Idaho College of Osteopathic Medicine’s (ICOM) launch in Idaho, IMA was not afforded the opportunity to obtain information about the proposed development of this private, for-profit, osteopathic medical school. On April 1, 2016 the IMA Board of Trustees met with ICOM Founding Dean Robert Hasty, DO and others for a full briefing about the plans for the proposed school.

Idaho College of Osteopathic Medicine (ICOM)
ICOM intends to focus on a five-state region of Idaho, Montana, North Dakota, South Dakota and Wyoming with clinical rotations and residency training positions throughout the region. ICOM expects to begin its first class of 150 students in 2018 with clinical rotations beginning in 2020.

IMA outlined questions and concerns about the availability of clinical rotations and residency training slots, tuition and other costs, accreditation, and the need to not adversely impact the current clinical opportunities for Idaho’s medical, physician assistant and nurse practitioner students and residents. As ICOM is still very early in the development process, definitive answers regarding these issues were not available.

Idaho Medical Association Position
IMA supports the stated goals of ICOM to increase opportunities for Idaho students and to increase the Idaho physician workforce. IMA looks forward to seeing additional information from ICOM as to how their particular approach could be successful in that regard. The ICOM proposal has increased attention to the discussion of expanding medical education in Idaho, and IMA sees this as an opportunity to advance the growth of residency training in Idaho.

Adopted by the IMA Board of Trustees April 30, 2016
RESOLUTION 204 (16)

SUBJECT: COMMEMORATING THE THIRTIETH YEAR OF THE IDAHO MEDICAL ASSOCIATION PHYSICIAN RECOVERY NETWORK PROGRAM

AUTHOR: PHYSICIANS RECOVERY NETWORK COMMITTEE

SPONSORED BY: PHYSICIANS RECOVERY NETWORK COMMITTEE

WHEREAS, In 1986, the IMA House of Delegates passed a resolution creating the IMA Physician Recovery Network (PRN) program; and

WHEREAS, While the PRN program has grown over the years from a group of physician volunteers trying to provide a recovery program for their peers while maintaining their busy practices, to a fully staffed program, PRN’s goals have not changed: to provide a safe, confidential, non-punitive environment for physicians and physician assistants (PAs) who suffer from substance abuse or mental health disorders to obtain treatment and a helping hand on their road to recovery; and

WHEREAS, The PRN program not only provides monitoring, support groups and guidance for program participants, the PRN has also advocated for participants who are in recovery before the Board of Medicine, in state court, before other state and federal agencies, in the Idaho Legislature and, through the IMA, before the AMA House of Delegates; and

ADOPTED
WHEREAS, The success of the PRN has been due to the physician, PA and lay volunteers who, over 30 years, have contributed their time and expertise in an effort to help their physician and PA colleagues by helping participants find their way to recovery and sometimes offering participants tough love when needed; and

WHEREAS, Many of these volunteers remain on the PRN Committee for years or even decades: one physician has been on the committee since its creation 30 years ago; and

WHEREAS, Over 30 years, physicians from all parts of the state and in all specialties have participated in the PRN and have found sustained recovery in the vast majority of cases; and

WHEREAS, The PRN was the first peer assistance program in Idaho and its model has since been duplicated by most other health-related professions as well as attorneys through the Idaho State Bar; and

WHEREAS, The PRN receives on-going financial and in-kind support from the IMA and the Idaho State Board of Medicine; therefore be it

RESOLVED: That the Idaho Medical Association House of Delegates hereby commemorates 30 years of service by the Physician Recovery

ADOPTED
ADOPTED

Network program, and extends sincere gratitude to the physicians and others who have served their peers by participating on the Physician Recovery Network Committee.

EXISTING IMA POLICY: The IMA strongly supports the PRN Committee and its activities on behalf of impaired physicians.

IMA FISCAL NOTE: $

STATE OF IDAHO FISCAL NOTE: N/A

IMA RESOURCE ALLOCATION: LOW

DEGREE OF DIFFICULTY: LOW
WHEREAS, Idaho ranks 49th in the nation for number of physicians per capita; and

WHEREAS, Idaho ranks 48th in the nation for the number of primary care physicians per capita; and

WHEREAS, Idaho ranks 48th in the nation for the number of Graduate Medical Education (GME) residency positions per capita; and

WHEREAS, The data is compelling that 50-75 percent of residents will reside within 100 miles of where they complete their residencies1; and

WHEREAS, There are only five sources of federal funding in the United States for GME: 1) Medicare (the largest); 2) Medicaid (the second largest); 3) the Veteran’s Administration (VA); 4) the Department of Defense (DoD); and 5) the Health Resources and Services Administration (HRSA); and
WHEREAS, Idaho is one of only eight states in the U.S. that does not have some level of GME payment under their Medicaid program; and

WHEREAS, Under the GME Medicaid funding program, existing Idaho State Board of Education (SBOE) GME funds qualify for matching funds from the federal government and this will amplify the SBOE dollars that can be used to improve and expand GME training opportunities in Idaho; and

WHEREAS, This amplification of SBOE funding has the potential to increase GME funding for all SBOE-approved Idaho programs without increasing the SBOE budget and negatively impacting the Idaho state budget; therefore be it

RESOLVED, That the Idaho Medical Association adopt a position in support of Medicaid Graduate Medical Education funding for all Idaho Graduate Medical Education programs that receive funding from the state of Idaho; and be it further

RESOLVED, That the Idaho Medical Association advocate on a legislative and administrative level for the development of Medicaid Graduate Medical Education funding for all Idaho Graduate Medical Education programs that receive funding from the state of Idaho.

ADOPTED AS AMENDED
REFERENCES


IMA POLICY: IMA is a leader in advancement of medical education and residency training in Idaho. IMA has many policies in place in support of increased funding for medical education and residency training in Idaho.

IMA FISCAL NOTE: $$

STATE OF IDAHO FISCAL NOTE: There may be a nominal state fiscal impact for administration and fund transfers

IMA RESOURCE ALLOCATION: Moderate

DEGREE OF DIFFICULTY: Moderate
WHEREAS, Idaho is a state whose legislature is protective of both religious freedom and the authority of parents or guardians to have autonomy regarding issues of child-rearing; and

WHEREAS, Idaho has citizens who do not believe in medical treatment of any kind for either themselves or their children; and

WHEREAS, Child deaths and conditions of permanent impairment have resulted in Idaho due to the refusal of medical care. Physicians and other officials have stated those poor outcomes could have been avoided with appropriate medical intervention; and

WHEREAS, The current Idaho child injury law provides a legal exemption from prosecution for faith-healing parents or guardians who choose treatment for their child by prayer or spiritual means alone; and

WHEREAS, In the instance of parents or guardians making potentially life-changing or life-ending decisions on behalf of their child, the child generally does not have a voice in the decision and does not have
independent representation such as a guardian ad litem to protect the interests of the child; therefore be it

RESOLVED, That the Idaho Medical Association adopt policy in support of the treating physician’s determination that the life and long-term health of the child demands access to medical care over the right of the parents or guardians to exercise their right to deny treatment for religious or spiritual reasons; and be it further

RESOLVED, That the Idaho Medical Association support legislation or other efforts in support of the treating physician’s determination that the life and long-term health of the child demands access to medical care over the right of the parents or guardians to exercise their right to deny treatment for religious or spiritual reasons.

EXISTING IMA POLICY: None
IMA FISCAL NOTE: $$
STATE OF IDAHO FISCAL NOTE: N/A
IMA RESOURCE ALLOCATION: MODERATE
DEGREE OF DIFFICULTY: HIGH

ADOPTED
WHEREAS, According to the Federal Bureau of Prisons, up to 64 percent of inmates, including those in state and federal prisons and county jails, have a mental health problem; and

WHEREAS, Disability Rights Idaho, a longstanding statewide organization that works to protect and advocate for individuals with disabilities, states that, even though admissions to Idaho’s state psychiatric hospitals are increasing, Idaho’s prisons and jails have more inmates with severe mental illness than our hospitals do; and

WHEREAS, Although exact numbers are difficult to determine, there are a high number of death row inmates with mental health issues. Those inmates who receive a court-ordered psychiatric assessment and are found to have severe and persistent mental illness should not be sentenced to death for crimes committed during the course of their illness; and

WHEREAS, If a defendant alleges during the course of trial that he or she suffers from severe and persistent mental illness and that his or her mental health

ADOPTED
status is a mitigating factor in the case, the court will order a psychiatric assessment of the defendant. If the court’s assessment determines the defendant was suffering from severe and persistent mental illness at the time of the crimes alleged against the defendant, the court should not have the option of sentencing the defendant to death; therefore be it RESOLVED, That the Idaho Medical Association adopt a policy to oppose the imposition of a death sentence upon individuals determined by a court following a court-ordered psychiatric assessment to have suffered from severe and persistent mental illness at the time of their criminal acts; and be it further RESOLVED, That the Idaho Medical Association support legislation to prevent the imposition of a death sentence upon individuals determined by a court following a court-ordered psychiatric assessment to have suffered from severe and persistent mental illness at the time of their criminal acts.

IMA POLICY: None

IMA FISCAL NOTE: $$

STATE OF IDAHO FISCAL NOTE: Undetermined, but likely a net savings for the state as death penalty cases are notoriously high cost.

IMA RESOURCE ALLOCATION: MODERATE

DEGREE OF DIFFICULTY: HIGH

ADOPTED
IDaho medical association house of delegates

july 29-31, 2016

resolution 208 (16)

subject: idaho preceptor tax incentive program

author: mary barinaga, md; ted epperly, md; bill woodhouse, md; dick mclandress, md; kirsten williams, md; brandon mickelsen, do; suzanne allen, md; moe hagman, md; patrice burgess, md; justin glass, md; and dave schmitz, md

sponsored by: ima medical education affairs committee

1 whereas, currently, there are seven accreditation council for graduate medical education (acgme) accredited residency programs in idaho that train nearly 120 residents per year:

family medicine residency of idaho (fmri)

fmri magic valley rural training track

fmri Caldwell rural training track

idaho state university (isu) family medicine residency

kootenai clinic family medicine coeur d’alene residency

university of washington (uw) internal medicine residency (boise)

uw psychiatry residency (boise)

in addition, there are currently four fellowship programs in idaho.

all four are located in boise at fmri and consist of sports medicine, hiv/primary care, geriatrics, and obstetrics; and

whereas, the uw/wwami program has just increased the number of idaho medical students being trained to 40 per year, per class and the

adopted
University of Utah School of Medicine increased to ten students per year, per class; and

WHEREAS, In addition to physician training, ISU’s Physician Assistant (PA) Program produces 72 PA students per year who must each do eight rotations of five weeks’ duration. There are also several Registered Nurse (RN) and Advanced Practice Registered Nurse (APRN) programs in the state that place well over 100 nursing students per year into clinical settings for rotations; and

WHEREAS, The newly announced Idaho College of Osteopathic Medicine (ICOM), if accredited, will have a starting class of approximately 150 students for an approximate total of 600 students at full buildout; and

WHEREAS, Expansion of medical education and residency training in Idaho cannot succeed without sufficient numbers of community preceptors to train students. Recruitment and retention of a sufficient number of preceptors in high-performing practices is going to be a continual challenge given the evolving healthcare environment and the increasing number of medical students and other trainees requiring clinical placements; and

ADOPTED
WHEREAS, Physicians cite several reasons for their reluctance to be preceptors, with a potential loss of productivity being at, or near the top, of most lists. In order to help offset this problem, appropriate incentives can be offered. One such incentive is to create a meaningful tax relief program for physicians who are preceptors; therefore be it

RESOLVED, That the Idaho Medical Association adopt a policy in support of the creation of a tax incentive program for physician preceptors of students and residents of Idaho Liaison Committee on Medical Education (LCME) or Commission on Osteopathic College Accreditation (COCA) medical education and Accreditation Council for Graduate Medical Education (ACGME) accredited residency training programs; and be it further

RESOLVED, That the Idaho Medical Association sponsor legislation to support the creation of a tax incentive program for physician preceptors of students and residents of Idaho Liaison Committee on Medical Education (LCME) or Commission on Osteopathic College Accreditation (COCA) medical education and Accreditation Council for Graduate Medical Education (ACGME) accredited residency training programs.
IMA POLICY: None
IMA FISCAL NOTE: $$
STATE OF IDAHO FISCAL NOTE: TBD
IMA RESOURCE ALLOCATION: MODERATE
DEGREE OF DIFFICULTY: MODERATE

ADOPTED
Whereas, infertility is a common medical problem that affects up to 15 percent of all couples; and

Whereas, advances in assisted reproductive technology (ART) have made it possible for an increasing number of people affected by infertility to achieve pregnancy and parenthood; and

Whereas, the use of a gestational carrier (or a gestational surrogate) has become an increasingly important treatment option to assist individuals who are unable to successfully or safely carry a pregnancy to term; and

Whereas, a comprehensive set of medical and ethical guidelines has been established by the American Society of Reproductive Medicine with respect to the use of gestational carriers in the treatment of infertility; and

Whereas, there is no statute in Idaho providing direction to the state’s courts or to the Idaho Bureau of Vital Records and Health Statistics.

Adopted
ADOPTED

regarding the proper handling of a newborn infant’s birth certificate when born to a couple (the “intended parents”) who have utilized a gestational carrier during the pregnancy; and

WHEREAS Decisions regarding the appropriate use of ART options, including the potential use of a gestational carrier, should be matters determined by the patient and his/her physician and not be subject to unclear and potentially inconsistent rules and regulations; therefore be it

RESOLVED, That the Idaho Medical Association adopt a policy in support of:

1. Recognition of gestational carrier agreements in the state of Idaho

2. A uniform system for courts and the Idaho Bureau of Vital Records and Health Statistics to follow when recording a live birth under a gestational carrier agreement

3. Establishment of effective standards to protect the interests of all parties subject to such an agreement; and be it further

RESOLVED, That the Idaho Medical Association work with stakeholders in the field of Assisted Reproductive Technology and others, if politically feasible, to sponsor legislation that recognizes gestational carrier agreements in the state of Idaho, provides a uniform system for courts and the Idaho Bureau of Vital Records
and Health Statistics to follow when recording a live birth under a
gestational carrier agreement, and establishes effective standards
to protect the interests of all parties subject to such an agreement;
and be it further

RESOLVED, That the Idaho Medical Association work with stakeholders in the
field of Assisted Reproductive Technology and others to oppose
any legislation that restricts the physician/patient relationship in
decisions regarding the appropriate use of Assisted Reproductive
Technology methodologies, including the use of a gestational
carrier, or in any manner restricts a patient’s access to Assisted
Reproductive Technology in Idaho.

EXISTING IMA POLICY: None

IMA FISCAL NOTE: $$$

STATE OF IDAHO FISCAL NOTE: N/A

IMA RESOURCE ALLOCATION: HIGH

DEGREE OF DIFFICULTY: HIGH

ADOPTED
WHEREAS, Adults with cognitive impairment and minors are often unable to be interrogated or questioned about traumatic events in the same way as adults without impairments. Instead, they may participate in a private forensic interview process; and

WHEREAS, Forensic interviews are structured conversations conducted by a trained individual with an impaired adult or with a minor about events or crimes the individual may have witnessed. This conversation is conducted according to a nationally recognized protocol and is observed by law enforcement, Department of Health and Welfare staff, attorneys and/or medical providers as appropriate; and

WHEREAS, The forensic interview is instrumental in abuse investigations and when an impaired adult or a minor is a witness to a crime. This non-leading interview provides a developmentally appropriate manner for the interview subject to tell his or her narrative about the experience in his or her own words. The narrative will include facts, times, dates and sensory details about the event as it was experienced. This allows law

ADOPTED
ADOPTED enforcement, Department of Health and Welfare staff, attorneys and
medical providers to obtain the information needed to keep the impaired
adult or minor safe and healthy; and

WHEREAS, The forensic interview can be pivotal in criminal court matters. In many
other states, the recorded forensic interview is allowed to be used in court
as the testimony of the impaired adult or minor. This prevents the
retraumatization of having to walk in to court, sit on the witness stand,
testify about what the defendant, sitting a few feet away, has done and
run the gauntlet of cross examinations; and

WHEREAS, Idaho does not have a statute to allow these recorded interviews to be
admitted in court as the testimony of the impaired adult or minor. For
this reason, an offender can often not be prosecuted unless and until the
impaired adult or minor is able to testify; and

WHEREAS, It would be in the best interest of the health and safety of the impaired
adults and minors of Idaho to allow recorded, properly conducted
forensic interviews of those individuals who are witnesses to or victims
of crime to be admissible in court as their testimony; therefore be it

RESOLVED, The Idaho Medical Association adopt policy in support of allowing
recorded, properly conducted forensic interviews of adults with cognitive

ADOPTED
RESOLVED,

The Idaho Medical Association work with interested stakeholders, including advocates for adults with cognitive impairment and minors, prosecutors, courts and other parties, to investigate the possibility of developing a consensus plan to allow recorded, properly conducted forensic interviews of adults with cognitive impairment and minors who are witnesses to or victims of crime to be admissible in court; and be it further

RESOLVED,

That the Idaho Medical Association support, and if necessary and politically feasible, sponsor legislation or advocate for the adoption of court rules of evidence to allow recorded, properly conducted forensic interviews of adults with cognitive impairment and minors who are witnesses to or victims of crime to be admissible in court.

IMA POLICY: None

IMA FISCAL NOTE: $$

STATE OF IDAHO FISCAL NOTE: N/A

IMA RESOURCE ALLOCATION: MODERATE

DEGREE OF DIFFICULTY: HIGH

ADOPTED
RESOLUTION 211 (16)

RESOLVED, That the Idaho Medical Association adopt policy in support of a
requirement for all physicians and other prescribers who obtain a valid controlled substance registration with both the Idaho State Board of Pharmacy and the Drug Enforcement Administration (DEA) to have at least one hour per calendar year of continuing medical education, or comparable continuing education, in safe prescribing of opioids; and be it further

RESOLVED, That the Idaho Medical Association work with the Idaho Office of Drug Policy and the relevant licensure boards and provider associations to support regulation or legislation requiring all physicians and other prescribers who obtain a valid controlled substance registration with both the Idaho State Board of Pharmacy and the Drug Enforcement Administration (DEA) to have at least one hour per calendar year of continuing medical education, or comparable continuing education, in safe prescribing of opioids; and be it further

RESOLVED, That Idaho Medical Association, through its website, newsletter or through partnership with other organizations, provide resources to inform physicians how to obtain continuing medical education in safe prescribing of opioids.

EXISTING IMA POLICY: The IMA will communicate to the Board of Medicine that it does not support mandatory continuing medical education. Most

NOT ADOPTED
physicians, on a voluntary basis, receive ample CME during the year, and there is no correlation between continuing medical education and quality of medical treatment. (1999)

IMA FISCAL NOTE: $

STATE OF IDAHO FISCAL NOTE: TBD

IMA RESOURCE ALLOCATION: LOW

DEGREE OF DIFFICULTY: LOW